

**BURGLARY - STANDARD POLICY SCHEDULE**

**Policy No.** : 151400/48/2022/4145 **Prev. Policy No.** : 151400/48/2021/7896  
**Cover Note No** : - **Cover Note Date** : -  
**Insured's Code** : 64172993 **Issue Office Code** : 151400  
**Insured's Name** : R C PATEL INSTITUTE OF TECHNOLOGY (GSTIN: 0) **Issue Office Name** : DO 4 INDORE (GSTIN: 23AAACT0627R4Z4)  
**Address** : NIMZARI NAKA, SHIRPUR **Address** : "Kanchan Sagar"  
DISTT-DHULE 18/1,Old Palasia,A.B.Road  
INDORE  
DHULE MAHARASHTRA 424001 INDORE MADHYA PRADESH 452003  
**Tel./Fax/Email** : 0 / 0 / slibindore@gmail.com **Tel./Fax/Email** : 0731-2534550 / 0731-4067574 /  
Iskanoj@orientalinsurance.co.in;151400@orientalinsurance.co.in

**Agent/Broker Details**

**Dev.Off.Code** :  
**Agent/Broker** : LC0000000281 JAINUINE INSURANCE BROKERS PVT LTD  
**Address** : F-63 FIRST FLOOR, GOLANI MARKET,JALGAON,JALGAON,MAHARASHTRA,425001  
**Tel/Fax/Email** : 02572225747/

Period of Insurance : FROM 00:00 ON 17/11/2021 TO MIDNIGHT OF 16/11/2022

Collection No & Dt. : DC\_I\_IND 3100009979 - 16/11/2021 GST INVOICE NO :2320265081 UIN :0

Gross Premium : 6,634 **GST** 1194 Stamp Duty : .5 Total : 7,828

Co-insurance Details : NIL

**Particulars of Property Covered**

Loc. No.	Loc. Desc.	Loc. Address	SMI Description	Sum Insured
1	EDUCATIONAL INSTITUTION	NIMZARI NAKA, SHIRPUR, DISTT-DHULE, MS,DHULE-425405,MAHARASHTRA	COMPUTER AND ACCESSORIES MACHINERIES ( LAB EQUIPMENTS)	3,60,00,000 4,55,00,000

**Cover wise Details**

Basic Cover-Burglary Standard

Total Sum Insured in words : Indian Rupees Eight Crores Fifteen Lakhs Only

Total Premium in words : Indian Rupees Seven Thousand Eight Hundred Twenty-Eight Only

The Insurance under this policy is subject to Warranties & Clauses :

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac,the insured will comply with the provisions of the AML policy of the Company.The AML policy is available in all our operating offices as well as Company's website.

Compl.Excess 2% of claim amount Minimum Rs 10000/- in each and every claim.

Excess : USER ENTERED

Place : INDORE  
Date : 15/06/2022

For and on behalf of  
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

**Attached to and forming part of policy number 151400/48/2022/4145**

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Hypothecation /Lease//Hire Names are as per the List Attached: None

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The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at DO 4 INDORE (GSTIN: 23AAACT0627R4Z4) on 16TH DAY OF NOVEMBER 2021

For and on behalf of  
The Oriental Insurance Company Limited

Entered By : SANJAY RAGHUWANSHI

Examined By : RAJENDRA TAYADE

Authorised Signatory

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Place : INDORE  
Date : 15/06/2022

For and on behalf of  
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll  
Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory