



FIRE DECLARATION POLICY
UIN Number - IRDAN190CP0082V01201819

1. Insured's Details :

| | | |
|---------------|---|---|
| Insured Name | : | GIMATEX INDUSTRIES PVT. LTD |
| Customer ID | : | PO96198047 |
| Address | : | 1, BEHIND MICROWAVE TOWER, TRANSED ROAD, DHOLKA, AHMEDABAD DHOLKA ,GUJARAT, 387810 |
| Phone No. | : | |
| E-mail Id/Fax | : | kailash@jainuineinsurance.co.in, / |
| PAN No. | : | AAACV5657K |
| GSTIN/UIN. | : | 24AAACV5657K1Z1 |

2. Issuing Office Details :

| | | |
|-----------------|---|---|
| Office Name | : | AHMEDNAGAR D.O. 151800 (151800) |
| Office Code | : | 151800 |
| Address | : | ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001 |
| Phone No. | : | 02412321538 / 02412329761 |
| E-mail Id/Fax | : | nia.151800@newindia.co.in / 02412341439 |
| S.Tax Regn. No. | : | AAACN4165CST178 |
| GSTIN | : | 27AAACN4165C3ZP |
| SAC | : | 997137 (Other property insurance services) |

3. Policy Details :

| | | |
|--------------------------------------|---|---|
| Policy Number | : | 15180011220200000002 |
| Period of Insurance | : | From: 01/04/2022 12:00:01 AM To: 31/03/2023 11:59:59 PM |
| Date of Proposal | : | 01-Apr-22 |
| Prev. Policy no. | : | |
| Client Type | : | Non-Corporate |
| Business Source Code | : | |
| Dev.Off level./Broker | : | Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623), |
| Agent/Bancassurance/SPECIFIED PERSON | : | |
| Phone No. | : | 02402350377, 9850049400 / NA |
| E-mail Id/Fax | : | kailash@jainuineinsurance.co.in, / / |

4. Collection Particulars :

| | | |
|--------------------|---|---------------------------------|
| Premium | : | 322625 |
| GST | : | 58073 |
| Total (₹) | : | 380698 |
| Receipt No. & Date | : | 15180081220000003299 - 05/06/22 |

5. Policy Level Covers :

| | | |
|--------------------------------|---|-------------------------|
| Description of Property | : | As per Location Details |
| Location Address with Pin Code | : | As per Location Details |
| Risk Description | : | As per Location Details |



| | | |
|-----------------------|---|----------------------------|
| Risk Code | : | As per Location Details |
| STFI Deletion | : | NO |
| RSMD Deletion | : | NO |
| Sum Insured on Stocks | : | As per Sum Insured Summary |

6. Location-wise details :

| Sl.No. | Risk Code | Risk Description | Location Address | Pin Code | District Name | State Name |
|--------|-----------|---|--|----------|---------------|------------|
| 1 | 55 | Cloth Processing units situated outside the complex / compound of Textile mills | SURVEY NO.1454 TO 1457 , BEHIND MICRO WAVE, TOWER, TRANSAD ROAD, DHOLKA 382340 AHMEDABAD, GUJRAT | 387810 | DHOLKA | GUJARAT |

7. Sum Insured Summary :

| Sl. No. | Description of Stocks | Sum Insured (₹) |
|---------|--|-----------------|
| 1 | FINISHED GOODS STOCK, i.e.All Types of Finished Fabrics, Packed with packing material and Loose/Or Unpacked with Packing Materia.. | 222500000 |

8. Add on Covers Opted :

| Sl. No. | Add on Cover | Sum Insured (₹) |
|---------|---|-----------------|
| 1 | Earthquake (Fire and Shock) (Add On 1009) | 222500000 |
| 2 | Spontaneous Combustion (Add On 1007) | 50000000 |

9. Terrorism :

| | | |
|-------------------|---|-----------|
| Terrorism Covered | : | NOT OPTED |
|-------------------|---|-----------|

10. Hypothecation Details :

| Sl.No. | Name of the Financiers |
|--------|----------------------------|
| 1 | BANK OF INDIA BR AHMEDABAD |

11. Coinsurance Details :

| Sl.No. | Coinsurance Type | Company | Office Code | % Share | Premium Share |
|--------|------------------|-------------------------------------|-------------------------|---------|---------------|
| 1 | Outgoing | NEW INDIA ASSURANCE CO. LTD. | AHMEDNAGAR D.O. 151800 | 85 | 274232 |
| 2 | Outgoing | RELIANCE GENERAL INSURANCE CO. LTD. | CL1001_Corporate Office | 15 | 48394 |

12. Subjectivities :

| | | |
|----------------------|---|--|
| Basis of Declaration | : | The highest value at risk during the month |
|----------------------|---|--|

The insurance under this policy is subject to

| | | |
|--------------------------|---|--|
| Warranties | : | N/A |
| Endorsements | : | Endorsement7 - Spontaneous Combustion, Endorsement9 - Earthquake (Fire and Shock), |
| Clauses | : | Clause1 - Agreed bank Clause, Clause3 - Designation of property clause, Clause10 - Declaration Clause, |
| Special Conditions | : | |
| Risk Covered | : | As per Risk covered attached |
| Fire Products-Exclusions | : | As per Exclusions attached |



13. Deductibles :

(a) Compulsory:-

| | |
|----|---|
| 1. | Sum Insured upto ₹10 Cr per location: 5% of the claim amount subject to a minimum of ₹ 10,000/- each and every loss. |
| 2. | Sum Insured above ₹10 Cr per upto ₹ 100Cr per location: 5% of the claim amount subject to a minimum of ₹ 25,000/- each and every loss. |
| 3. | Sum Insured above ₹100 Cr per upto ₹ 1500Cr per location: 5% of the claim amount subject to a minimum of ₹ 5,00,000/- each and every loss. |
| 4. | Sum Insured above ₹1500 Cr per upto ₹ 2500Cr per location: 5% of the claim amount subject to a minimum of ₹ 25,00,000/- each and every loss. |
| 5. | Sum Insured above ₹2500 Cr per location: 5% of the claim amount subject to a minimum of ₹ 50,00,000/- each and every loss. |

(b) Voluntary / Imposed:-

Not Applicable

(c) Terrorism Deductibles:-

| Nature of Risk | Deductibles (as a % of claim/loss amount) | Minimum Limit | Maximum Limit |
|-----------------------|---|---------------|--|
| Shops and Residential | 1 % of claim amount | ₹ 10,000/- | ₹ 5,00,000/- (Rupees 5 Lacs) |
| Non Industrial | 1 % of claim amount | ₹ 25,000/- | ₹ 10,00,000/- (Rupees 10 Lacs) |
| Industrial | 5 % of claim amount | ₹ 1,00,000/- | ₹ 25,00,000/- (₹ Twenty five Lakhs) |

14. Premium Details :

| Premium Head | Premium Amount (₹) |
|--|--|
| Premium for Terrorism Cover | : |
| Net Premium under the policy | : |
| GST | : |
| Total premium including GST | : |
| Total premium including GST(In words) | : |
| | RUPEES THREE LAC EIGHTY THOUSAND SIX HUNDRED NINETY-EIGHT ONLY |

Premium and GST Details

| | | |
|---------|---|-------------|
| Premium | : | ₹ 322625.00 |
| SGST | 9 | 0 |
| CGST | 9 | 0 |
| IGST | 0 | 58073 |

In witness whereof the undersigned being duly authorized by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 05th day of June,2022.

For and on behalf of



The New India Assurance Company Limited

Duly Constituted Attorney(s)

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt
number _____ Dt. _____.

Stamp Duty under the Policy is ₹1

Tax Invoice No : 15180022P0003931

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C