

पॉलिसी नंबर/ Policy Number: 321800112310000129	व्यवसाय स्रोत/Business Source: 910275
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड /Office Code: 321800 कार्यालय पता /Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD, - 455001. राज्य कोड/State Code: 23 , Madhya Pradesh जीएसटीआइन/GSTIN: 23AAACN9967E1ZB संपर्क संख्या/Contact Number: 7272 250074 मोबाइल नंबर/Mobile Number:	विक्रय चैनल विवरण/Sales Channel Details: विक्रय चैनल कोड /Sales Channel Code: 91027500000001 नाम /Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE संपर्क संख्या/ Contact Number: 9893131223 सह दलाल कोड / Co Broker Code: UIN: IRDAN058RP0007V01202021 कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number:1800 345 0330 ईमेल/email:customer.support@nic.co.in

ग्राहक का नाम /Customer Name: M/S SPECTRUM ELECTRICAL INDUSTRIES LTD	ग्राहक आईडी /Customer ID: 9702016973	पैन /PAN: AAUCS2152E
पता/ Address: V-195 AJANTA ROAD MIDC JALGAON MH, शहर/City: JALGAON, जिला/District: JALGAON, राज्य/State: MAHARASHTRA, पिन/ PIN: 425003. सेल/Cell: 9893131223	आधार /AADHAR: फोन /Phone: 9893131223 ई-मेल /E-Mail: slibindore@gmail.com	
पॉलिसी प्रभावी होने का समय घंटे को Policy Effective from 00:00 hours, on 19/07/2023 की मध्य रात्रि तक प्रभावी/to midnight of 18/07/2024		
प्रीमियम/ Premium	₹ 55,616.00 ₹	कवर नोट संख्या और तिथि / Cover Note Number and Date
Less:Digital Discount	₹ 0.00	
Total Premium	₹ 55,616.00	
सीजीएसटी/CGST	₹ 0.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date 8800230714809368 दिनांक/Dt. 14/07/2023
एसजीएसटी/यूटीजीएसटी / SGST/UTGST	₹ 0.00	
आईजीएसटी/IGST	₹ 10,011.00	
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	
वसूली योग्य योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date 321800812310001683 दिनांक/Dt. 18/07/2023
कुल राशि /Total Amount	₹ 65,626.00	पिछली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date लागू नहीं /NA
(रूपए/Rupees Sixty Five Thousand Six Hundred Twenty Six केवल/Only.)		
*सरकारी सब्सिडी Government Subsidy: ₹ 0.00		

Policy Type : Standard
Number of Locations : 1

Location Name and Address:1-V 195 AJANTA ROAD,MIDC JALGAON,Maharashtra,Jalgaon,Jalgaon,425003

Occupancy Code	2224	Occupancy Description	Engineering Workshop & Pipe Extruding, Stamping, Pressing, Forging Mills, Metal; Smelting, Foundries, Galvanising Work
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संपत्ति का प्रकार Type of property	ब्लॉक में संपत्ति का विवरण Description of the property in the block	बीमा राशि Sum Insured
Other Contents	ON STOCK OF ALL TYPE OF RAW MATERIALS, SEMIFINISHED, FINISHED GOODS PACKING MATERIAL TARPULIN & SUCH OTHER SIMILAR GOODS STOCK HELD IN TRUST ALSO COVERED	6,54,30,000.00
Total Sum Insured		6,54,30,000.00
Total Sum Insured (in Words)	Rupees Six Crore Fifty Four Lakh Thirty Thousand Only.	

Cover Name	Sum Insured
Fire Basic Cover	6,54,30,000.00

Additional Covers	
Cover Name	Sum Insured

पॉलिसी नंबर/ **Policy Number:**
321800112310000129

व्यवसाय स्रोत/Business Source: 910275

जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड /Office Code: 321800

कार्यालय पता /Office Address: DEWAS
DIVISION 2-TARANI COLONY, A.B ROAD,,
- 455001.

राज्य कोड/State Code: 23 , Madhya Pradesh

जीएसटीआइन/GSTIN: 23AAACN9967E1ZB

संपर्क संख्या/Contact Number: 7272 250074

मोबाइल नंबर/Mobile Number:

विक्रय चैनल विवरण/Sales Channel Details:

विक्रय चैनल कोड /Sales Channel Code:
91027500000001

नाम /Name: JAINUINE INSURANCE

BROKERS PVT LTD - INDORE संपर्क संख्या/

Contact Number: 9893131223

सह दलाल कोड / Co Broker Code:

UIN: IRDAN058RP0007V01202021

कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free
Number:1800 345 0330

ईमेल/email:customer.support@nic.co.in

Terrorism

6,54,30,000.00

Financier Name and Address:

Hypothecation,BAJAJ FINANCE LTD,NA

Financier Name and Address:

Hypothecation,AXIS BANK LTD,JALGAON

Financier Name and Address:

Hypothecation,HDFC BANK LTD,JALGAON

Excess Clause as applicable for each and every Loss:

Standard Excess

- 1) 5% of claim amount subject to a minimum of INR 10,000/-

Excess Imposed(Higher): NA

Voluntary Deductible Opted(If a Voluntary Deductible (VD) is imposed and mentioned in the policy, then it should supersede the above mentioned deductible):

AOG Peril	0
Other Perils	0

In case of claim, standard excess or Imposed excess which ever is higher will be applicable

Excess for Terrorism

- 1) Industrial Risk: 5% of claim amount subject to a minimum of INR 1,00,000/- and a maximum of INR 25,00,000/-
- 2) Non Industrial Risk: 5% of claim amount subject to a minimum of INR 25,000/- and a maximum of INR 10,00,000/-

Debris Removal: Upto 2% of the claim amount for reasonable costs of removing debris from the site

खंडों, पृष्ठांकनों एवं वारंटों/ List of Clauses, Endorsements, Warranties

विवरण/Description
TERRORISM DAMAGE, IMPACT DAMAGE; OMISSION TO INSURE; DESIGNATION OF PROPERTY, REINSTATEMENT VALUE AND AGREED BANK CLAUSE ATTACHED HERETO

Remarks: AGREED BANK CLAUSE

Subject to:

1. No cover for stocks stored in basement and open.
2. Warranted that go downs/ risks in which stocks are stored to be of Class I construction.
3. CD Exclusion Clause,Cyber exclusion clause.
- 4 .Value at risk on inception of policy not to exceed 05 Cr.
5. Adequate number of Fire Extinguishers should be installed with valid AMC.
6. Electric wirings should be checked regularly and loose wiring if any is to be removed immediately.
7. Housekeeping of the premises should be proper. Floors must be kept clean and free of loose and/ or waste materials.
8. Activities not associated and/ or not related to the declared manufacturing activity should not be carried out.
9. It is warranted that the finished goods should be removed from the process area on a regular basis.
10. It is warranted that proper books of accounts like stock registers and other accounting records should be maintained and kept in a safe and secured place. Wherever there are multiple ownerships and/ or multiple occupancies there should be segregation and occupancy wise and occupant wise record to be maintained by the insured at a safe and secured place.
11. Warranted that all statutory licenses/ approvals are obtained from the appropriate authority and maintained at all times during the currency of the policy period.

All other terms, conditions, exclusions and excess as per NBLUS policy

पॉलिसी अनुसूची/ Policy Schedule- National Bharat Laghu Udayam Suraksha	
पॉलिसी नंबर/ Policy Number: 321800112310000129	व्यवसाय स्रोत/Business Source: 910275
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड /Office Code: 321800 कार्यालय पता /Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD, - 455001. राज्य कोड/State Code: 23 , Madhya Pradesh जीएसटीआइन/ GSTIN: 23AAACN9967E1ZB संपर्क संख्या/Contact Number: 7272 250074 मोबाइल नंबर/Mobile Number:	विक्रय चैनल विवरण/Sales Channel Details: विक्रय चैनल कोड /Sales Channel Code: 91027500000001 नाम /Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE संपर्क संख्या/ Contact Number: 9893131223 सह दलाल कोड / Co Broker Code: UIN: IRDAN058RP0007V01202021 कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number:1800 345 0330 ईमेल/email:customer.support@nic.co.in



जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उल्लिखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाइट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लिखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक की अस्वीकृति के मामले में, यह दस्तावेज स्वतः आरंभ से ही निरस्त मानी जाएगी । **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 18/July/2023. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इंश्योरेन्सईंडियालिमिटेड ओम्बड्समैन का विवरण/Ombudsman Details: Office of the Insurance Ombudsman, Janak Vihar Comp lex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003.
Tel.: 0755 - 2769201 / 2769202
Email: bimalokpal.bhopal@cioins.co.in

स्टॉप ड्यूटी
Stamp
Duty:
(₹ 1.00)

कृते नेशनल इंश्योरेन्स कंपनी लिमिटेड/
**For and on behalf of National
Insurance Company Limited**
अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**

टैक्स इनवॉयस/TAX INVOICE

इनवॉयस क्र.सं./Invoice Serial No: 30878F3PE0000129

इनवॉयस तिथि/Invoice Date: 18/07/2023

आपूर्तिकर्ता का विवरण/Details of Supplier:

नेशनल इन्श्योरेंस कंपनी लिमिटेड/National Insurance Company Limited.,
DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001
राज्य/State : 23 , Madhya Pradesh
जीएसटीआएन नंबर/
GSTIN No : 23AAACN9967E1ZB

प्राप्तकर्ता का विवरण/Details Of Receiver : M/S SPECTRUM ELECTRICAL INDUSTRIES LTD

पता/Address : V-195 AJANTA ROAD MIDC JALGAON MH
शहर/City : JALGAON,
जिला/District: JALGAON,
राज्य/State: MAHARASHTRA,
पिन/PIN: 425003.

आपूर्ति का स्थान/Place Of Supply State : Maharashtra

राज्य कोड/State Code : 27

जीएसटीआईएन नंबर/GSTIN No : 27AAUCS2152E1Z7

सैक कोड/SAC Code	सेवा का विवरण/Description of Service	कुल/Total(₹)	छूट/Discount	टैक्स योग्य/मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/CGST		एसजीएसटी/यूटीजीएसटी/SGST/UTGST		आईजीएसटी/IGST		Kerala Flood Cess राशि/Amount(₹)
					दर/Rate	राशि/Amount(₹)	दर/Rate	राशि/Amount(₹)	दर/Rate	राशि/Amount(₹)	
997137	Other property insurance services	55,616	0%	55,616	0%	0	0%	0	18%	10,011	0
TOTAL		55,616		55,616		0		0		10,011	0

कुल इनवॉयस मूल्य (अंकों में)Total Invoice Value (In figures) : ₹ 65,626

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees Sixty Five Thousand Six Hundred Twenty Six केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि/ Amount of Tax Subject to Reverse Charge : No

E.&.O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/

For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

