



# BHARAT GRIHA RAKSHA POLICY UIN-IRDAN190RP0024V01202223

| 1. Insured's Details : |     |   |               |   |                            |  |  |  |
|------------------------|-----|---|---------------|---|----------------------------|--|--|--|
| Insured Name           | •   | VINOD BHAI K SANGHVI & RAMILABEN V<br>SANGHAVI .  | E-mail Id/Fax | : | info.jainuine@gmail.com, / |  |  |  |
| Customer ID            | ••• | PO89319982  | PAN No.       | : |                            |  |  |  |
| Address                |     | B 1002 10TH FLOOR FRIENDVILLE<br>LIFESTYLE NR PANCHVATI CROSS ROAD<br>CG ROAD GUJARAT AHMEDABAD<br>AHMEDABAD ,GUJARAT, 380009 |               | : | NA / NA                    |  |  |  |
| Phone No.              | :   | XXXXXX9408  |               | : |                            |  |  |  |

### 2 Issuing Office Details :

| E. Iooung Onioc |   |  |                 |   |  |
|-----------------|---|--|-----------------|---|--|
| Office Name     | : | JALNA BRANCH (160501)  | E-mail Id/Fax   | : | nia.160501@newindia.co.in /                |
| Office Code     | : | 160501   | S.Tax Regn. No. | : | AAACN4165CST178                            |
| Address         |   | K.K.NIWAS LAKKAD KOT NEAR BUS<br>STAND AURANGABAD ROAD JALNA<br>,431203<br>MAHARASHTRA , 431203. | GSTIN           | : | 27AAACN4165C3ZP                            |
| Phone No.       | : | 02482232708 / 02482232709  | SAC             | : | 997137 (Other property insurance services) |

## 3. Policy Details :

| o. Tonoy Dotano .                       |     |   |
|---|-----|---|
| Policy Number                           | :   | 16050111238600000016  |
| Period of Insurance                     | :   | From: 08/08/2023 06:59:34 PM To: 07/08/2024 11:59:59 PM   |
| Date of Proposal                        | :   | 08-Aug-23   |
| Prev. Policy no.                        | :   | NA  |
| Client Type                             | •   | Non-Corporate   |
| Business Source Code                    | ••• |   |
| Dev.Off level./Broker                   | :   | Jainuine Insurance Brokers Pvt. Ltd (DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd (SI00028623), |
| Agent/Bancassurance/SPECIFIED<br>PERSON | •   |   |
| Phone No.                               | :   | 02402350377, 9850049400 / NA  |
| E-mail Id/Fax                           | :   | kailash@jainuineinsurance.co.in, / /  |

#### 1 Collection Particulars :

| Premium | : | 1,864 | Total (₹)             | : | 2,199                           |  |  |  |
|---------|---|-------|-----------------------|---|---------------------------------|--|--|--|
| GST     | : | 335   | Receipt No. &<br>Date | : | 10000089230800258596 - 08/08/23 |  |  |  |

#### 5. Policy Level Covers : Description of Property : As per Block Details Location Address with Pin Code : As per Block Details **Risk Description** : As per Block Details Risk Code : 1001(Dwelling: Individual) :₹ 5,500,928 Sum Insured

#### Block Details : 6.

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| Ris<br>k<br>SI<br>No | Location Address with Pin<br>Code         | Carpet Area of<br>the<br>structure(sq<br>m) | Rate of Cost of<br>Construction(₹<br>/sq.m)  | Building SI          | SI of Addl.<br>Structure          | Details of<br>Addl. Structure     | F.F.F.(Home<br>Furnishing) SI    |
|----------------------|---|---|--|----------------------|-----------------------------------|-----------------------------------|----------------------------------|
| 1                    | B 1002 10TH FLOOR<br>FRIENDVILLE , 380009 | 4,352                                       | 1,264  | 55,00,928            | 0                                 | 0                                 | 0                                |
| Ris<br>k<br>SI<br>No | Location Address with Pin<br>Code         | Electrical/Elect<br>ronic Sum<br>Insured    | Others<br>General<br>Contents Sum<br>Insured | Total Sum<br>Insured | Type of<br>Construction-<br>Walls | Type of<br>Construction-<br>Floor | Type of<br>Construction-<br>Roof |
| 1                    | B 1002 10TH FLOOR                         | 0   | 0  | 55.00.928            | Pucca                             | Pucca                             | Pucca                            |

#### **Additional Covers:** 7.

## 7(a) Inbuilt Cover:

Cover for Loss of Rent

| Risk Serial Number | Sum Insured for No. of Months | No. of Months |
|--------------------|-------------------------------|---------------|
| 1                  | 0                             | 0             |

## Cover for Rent for Alternative Accommodation

0

| Risk Serial Number | Sum Insured for No. of Months | No. of Months |
|--------------------|-------------------------------|---------------|
| 1                  | 0                             | 0             |

# 7(b) Optional Covers: i)Valuable Contents:

|                           | i)valuable Conter | 163. |             |                                |                  |
|---------------------------|-------------------|------|-------------|--------------------------------|------------------|
| SI<br>No                  | Item Name         |      | Sum Insured | Valuation Certificate Attached | Valuation agency |
|                           |                   |      |             | Total Sum Insured              | 55,00,928        |
|                           | ii)PA cover       |      |             |                                |                  |
| Name of Policy Holder Age |                   | Age  | Sum Insured | Nominee Name                   | Relationship     |
| NA 0                      |                   | 0    | 0 NA        |                                | NA               |
| Name of your Spouse Age   |                   | Age  | Sum Insured | Nominee Name                   | Relationship     |

NA

0

## (7c) Add-on Covers

NA

| SI. No. | Add-on Covers   | SI/Maximum limit of Indemnity                            | Availed/Not Availed |
|---------|---|--|---------------------|
| 1       | Removal of Debris (In Excess of 2% and maximum up to 5% of claim amount)  | In Excess of 2% and Maximum up to 5% of the claim amount | Not Availed         |
| 2       | Architects, Surveyors and Consulting<br>Engineers Fees (In excess of 5% &<br>maximum up to 10% of claim amount) | In Excess of 5% & Maximum up to 10% of the claim amount  | Not Availed         |
| 3       | Reimbursement of Food Expense   | Maximum 3 days up to ₹15000/-                            | Not Availed         |

| SI. No. | Asset Description   |   | Sum Insured (₹) |  |  |  |  |
|---------|---|---|-----------------|--|--|--|--|
| 1.      | Home building Sum Insured                                     | : | 55,00,928       |  |  |  |  |
| 2.      | SI of additional structure 0                                  |   |                 |  |  |  |  |
| 3.      | Furniture, Fixtures and Fittings(Home Furnishings)Sum Insured | : | 0               |  |  |  |  |
| 4.      | Electrical/Electronic Sum Insured                             | : | 0               |  |  |  |  |
| 5.      | Other General Contents SI                                     | : | 0               |  |  |  |  |
| 6.      | Other property specifically required to be covered            | : | 0               |  |  |  |  |
|         | Total Sum Insured   | : | 55,00,928       |  |  |  |  |

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NA



| Terrorism | errorism Covered : Yes Earthquake Covered : Yes STFI Covered : Yes |                |    |         |  |             |         |      |            |
|-----------|--|----------------|----|---------|--|-------------|---------|------|------------|
| 10. Hy    | 10. Hypothecation Details :  |                |    |         |  |             |         |      |            |
| SI.No.    | SI.No. Name of the Financiers                                      |                |    |         |  |             |         |      |            |
| 1         |  | ICICI BANK LTD |    |         |  |             |         |      |            |
| 11. Co    | 11. Coinsurance Details :  |                |    |         |  |             |         |      |            |
| SI.No.    | Coinsurance  | е Ту           | pe | Company |  | Office Code | % Share | Prer | nium Share |

# 12. Subjectivities :

1

The insurance under this policy is subject to

NOT OPTED

| anty   | Secti<br>on<br>Code | Occu<br>panc<br>y<br>Code | ,      | Wordings |   |  |  |
|--------|---------------------|---------------------------|--------|----------|---|--|--|
| Specia | al Exclu            | usion                     |        | :        | NA  |  |  |
| Claus  | ses/ In-            | built C                   | overs  | •        | <ol> <li>(1) Terrorism Clause</li> <li>(2) Agreed Bank Clause</li> <li>(3) Architect, surveyor, consulting engineer fees: Reasonable fees up to 5% of the claim amount</li> <li>(4) Removing debris from the site: Reasonable costs up to 2% of the claim amount</li> </ol> |  |  |
| Risk C | overed              | ł                         |        | :        | As per Risk covered attached  |  |  |
| Fire P | roducts             | s-Exclu                   | isions | :        | As per Exclusions attached  |  |  |

# 13. Terrorism Deductibles:-

| Nature of Risk              | Deductibles (as a % of claim/loss amount) | Minimum Limit | Maximum Limit                   |  |
|-----------------------------|---|---------------|---------------------------------|--|
| Shops & Residential<br>Risk | 1 % of claim amount                       | ₹ 10,000/-    | ₹ 5,00,000/-<br>(Rupees 5 Lacs) |  |

# 14. Premium Details :

| Premium Head                          |   | Premium Amount (₹)                                  |
|---------------------------------------|---|---|
| Net Premium under the policy          | : | 1,864   |
| GST                                   | : | 335   |
| Total premium including GST           | : | 2,199   |
| Total premium including GST(In words) | : | RUPEES TWO THOUSAND ONE HUNDRED NINETY-NINE<br>ONLY |

| Premium and GST Details |             |               |  |  |
|-------------------------|-------------|---------------|--|--|
|                         | Rate of Tax | Amount in INR |  |  |
| Premium                 |             | ₹ 1,864       |  |  |
| SGST                    | 0           | 0             |  |  |
| CGST                    | 0           | 0             |  |  |
| IGST                    | 18          | 335           |  |  |

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 08th day of August,2023.

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Date of Issue: 08/08/2023



For and on behalf of The New India Assurance Company Limited

Hondhower

(Mr. Anil Kandharkar) [Branch Manager]

Duly Constituted Attorney(s)

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 16050123P0004794

**IRDA Registration Number: 190** NIA PAN NUMBER: AAACN4165C

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