



BHARAT GRIHA RAKSHA POLICY
UIN-IRDAN190RP0024V01202223

| 1. Insured's Details : | | | |
|------------------------|---|--|---|
| Insured Name | : | MAHENDRA DULICHAND GOENKA . | E-mail Id/Fax : s s s g p f @ g m a i l . c o m , kailash@jainuineinsurance.co.in / |
| Customer ID | : | PO83222468 | PAN No. : |
| Address | : | SR NO.69/2/3,PLOT NO.1 TO 4, MAIN ROAD,MOUJE BALAPUR, TQ KALAMNURI DIST HINGOLI AKHADA BALAPUR ,MAHARASHTRA, 431701 | GSTIN/UIN. : 27AEWPG9245H1ZW / NA |
| Phone No. | : | | |

| 2. Issuing Office Details : | | | |
|-----------------------------|---|--|---|
| Office Name | : | AURANGABAD DO-160400 (160400) | E-mail Id/Fax : nia.160400@newindia.co.in / 02402331226 |
| Office Code | : | 160400 | S.Tax Regn. No. : AAACN4165CST178 |
| Address | : | AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 MAHARASHTRA , 431005. | GSTIN : 27AAACN4165C3ZP |
| Phone No. | : | 02402333572 / 02402333361 | SAC : 997137 (Other property insurance services) |

| 3. Policy Details : | |
|--------------------------------------|---|
| Policy Number | : 16040011238600000033 |
| Period of Insurance | : From: 18/09/2023 12:00:01 AM To: 17/09/2024 11:59:59 PM |
| Date of Proposal | : 18-Sep-23 |
| Prev. Policy no. | : 16040111286000000137 |
| 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 | : | 642 | Total (₹) : 756 |
| GST | : | 114 | Receipt No. & Date : 16040081230000007092 - 05/09/23 |

| 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) |
| Sum Insured | : ₹ 2,000,000 |

6. Block Details :

Policy No. : 16040011238600000033 Document generated by 40073 at 05/09/2023 17:37:33 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



| Risk SI No. | Location Address with Pin Code | Carpet Area of the structure(sq m) | Rate of Cost of Construction(₹ /sq.m) | Building SI | SI of Addl. Structure | Details of Addl. Structure | F.F.F.(Home Furnishing) SI |
|-------------|--|------------------------------------|---------------------------------------|-------------------|----------------------------|----------------------------|----------------------------|
| 1 | Mahendra Dulichand Goenka, Industrial Property At Sy.No.58-C,GP No.1025, A Balapur,Tq Kalamnuri, Hingoli, 431702 | 1,000 | 2,000 | 20,00,000 | 0 | 0 | 0 |
| Risk SI No. | Location Address with Pin Code | Electrical/Electronic Sum Insured | Others General Contents Sum Insured | Total Sum Insured | Type of Construction-Walls | Type of Construction-Floor | Type of Construction-Roof |
| 1 | Mahendra Dulichand Goenka, Industrial Property At Sy.No.58-C,GP No.1025, A Balapur,Tq Kalamnuri, Hingoli, 431702 | 0 | 0 | 20,00,000 | Pucca | Pucca | Pucca |

7. Additional Covers:

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

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

7(b) Optional Covers:

i)Valuable Contents:

| SI No | Item Name | Sum Insured | Valuation Certificate Attached | Valuation agency |
|-------------------|-----------|-------------|--------------------------------|------------------|
| Total Sum Insured | | | | 20,00,000 |

ii)PA cover

| Name of Policy Holder | Age | Sum Insured | Nominee Name | Relationship |
|-----------------------|-----|-------------|--------------|--------------|
| NA | 0 | 0 | NA | NA |
| Name of your Spouse | Age | Sum Insured | Nominee Name | Relationship |
| NA | 0 | 0 | NA | NA |

(7c) Add-on Covers

| Sl. 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 Engineers Fees (In excess of 5% & 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 |

8. Sum Insured Summary :

| Sl. No. | Asset Description | Sum Insured (₹) |
|---------|---|-----------------|
| 1. | Home building Sum Insured | 20,00,000 |
| 2. | SI of additional structure | 0 |
| 3. | Furniture, Fixtures and Fittings(Home Furnishings)Sum Insured | 0 |

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| | | | |
|----|--|---|------------------|
| 4. | Electrical/Electronic Sum Insured | : | 0 |
| 5. | Other General Contents SI | : | 0 |
| 6. | Other property specifically required to be covered | : | 0 |
| | Total Sum Insured | : | 20,00,000 |

| | | | |
|-------------------------------|---|-----|--------------------|
| 9. Terrorism/EQ/STFI : | | | |
| Terrorism Covered | : | Yes | Earthquake Covered |
| | : | Yes | STFI Covered |
| | : | Yes | |

| | |
|------------------------------------|-------------------------|
| 10. Hypothecation Details : | |
| Sl.No. | Name of the Financiers |
| 1 | HDFC BANK LTD BR NANDED |

| | | | | | |
|----------------------------------|------------------|---------|-------------|---------|---------------|
| 11. Coinsurance Details : | | | | | |
| Sl.No. | Coinsurance Type | Company | Office Code | % Share | Premium Share |
| 1 | NOT OPTED | | | | |

12. Subjectivities :

The insurance under this policy is subject to

| | | | | |
|--------------------------|---------------|---|----------------|----------|
| Special Conditions | : | HDFC BANK LTD BR NANDED . On Building Built of A Class Construction used for Residence Purpose only. | | |
| Special Warranties | : | NA | | |
| Warranty Number | Secti on Code | Occu panc y Code | Warranty Title | Wordings |
| | | | | |
| Special Exclusion | : | NA | | |
| Clauses/ In-built Covers | : | (1) Terrorism Clause (2) Agreed Bank Clause (3) Architect, surveyor, consulting engineer fees: Reasonable fees up to 5% of the claim amount (4) Removing debris from the site: Reasonable costs up to 2% of the claim amount | | |
| Risk Covered | : | As per Risk covered attached | | |
| Fire Products-Exclusions | : | As per Exclusions attached | | |

13. Terrorism Deductibles:-

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

14. Premium Details :

| Premium Head | Premium Amount (₹) |
|---------------------------------------|-------------------------------------|
| Net Premium under the policy | 642 |
| GST | 114 |
| Total premium including GST | 756 |
| Total premium including GST(In words) | RUPEES SEVEN HUNDRED FIFTY-SIX ONLY |

| Premium and GST Details | | |
|-------------------------|-------------|---------------|
| | Rate of Tax | Amount in INR |
| Premium | | ₹ 642 |
| SGST | 9 | 57 |
| CGST | 9 | 57 |
| IGST | 0 | 0 |



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 September, 2023.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 05/09/2023

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 : 16040023P0010705

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|---|
| IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C |
|---|