पॉलिसी अनुसूची/ Policy Schedule - National Bharat Sookshma Udayam Suraksha



| Policy Number: 321800112310000234         | व्यवसाय स्त्रोत / Business Source: 910275 |  |  |  |
|---|---|--|--|--|
|   | विक्रय चैनल विवरण/                        |  |  |  |
|   | Sales Channel Details                     |  |  |  |
|   | कोड/ Code: 91027500000001                 |  |  |  |
| जारीकर्ता कार्यालय/Issuing Office         | नाम/Name: JAINUINE INSURANCE              |  |  |  |
| कार् <b>यालय कोड/ Office Code: 321800</b> | BROKERS PVT LTD - INDORE                  |  |  |  |
| कार्यालय पता/ Office Address: DEWAS       | Contact Number: 9893131223                |  |  |  |
| DIVISION 2-TARANI COLONY, A.B ROAD,, -    | सह दलाल कोड / Co Broker Code:             |  |  |  |
| 455001.  State Code: 23 , Madhya Pradesh  | the game was a proper asset               |  |  |  |
| GSTIN: 23AAACN9967E1ZB                    |   |  |  |  |
| Contact Number: 7272 250074               | कस्टमर केयर टॉल फ्री नंबर/Customer        |  |  |  |
| Mobile Number:                            | Care Toll Free Number:                    |  |  |  |
|   | 1800 345 0330                             |  |  |  |
|   | ईमेल/                                     |  |  |  |
|   | email:customer.support@nic.co.in          |  |  |  |

| ग्राहक का नाम /Customer Name: M/S B R GOYAL<br>INFRASTRUCTURE PVT LTD   | ग्राहक आईडी /Customer ID:<br>9702089234 | पैन /PAN: |  |  |
|---|---|-----------|--|--|
| पता/ Address: 3-A AGRAWAL NAGAR SAPNA SANGEETA ROAD INDORE, City: INDORE, District: INDORE, State: MADHYA PRADESH, PIN: 452001.<br>Cell: 9893131223 | फोन /Phone:                             |           |  |  |
|   | ई-मेल /E-Mail: slibindore@gmail.c       | om        |  |  |

| पॉलिसी: 30/12/2023 के 00:00 व<br>midnight of 29/12/2024          | प्ते 29/12/2024 की मध | प्य रात्रि तक प्रभावी /Policy Effecti  | ve from 00:00 hours, on 30/12/2023 to |  |  |
|--|-----------------------|--|---------------------------------------|--|--|
| प्रीमयिम/ Premium  | ₹ 12,615.00           | कवर नोट संख्या और तथि ि Cover<br>Note Number and Date                                | लागू नहीं/NA                          |  |  |
| CGST   | ₹ 1,135.00            |  | 8800231213490245 Dt. 13/12/2023       |  |  |
| SGST/UTGST   | ₹ 1,135.00            |  |                                       |  |  |
| IGST   | ₹ 0.00                | प्रस्ताव संख्या और तथि। Proposal   |                                       |  |  |
| कम:जीएसटी_टीडीएस /<br>Less:GST_TDS                               | ₹ 0.00                | Number and Date  |                                       |  |  |
| पुनर्प्राप्ति योग्य स्टाम्प<br>इ्यूटी<br>/Recoverable Stamp Duty | ₹ 0.00                | रसीद संख्या और तथिि/Receipt<br>Number and Date                                       | 321800812310004190 Dt. 14/12/2023     |  |  |
| कुल /Total Amount  | ₹ 14,890.00           | पछिली पॉलिसी संख्या और समाप्ती<br>तथि7ि<br>Previous Policy Number and<br>Expiry Date | लागू नहीं/NA                          |  |  |
| (Rupees Fourteen Thousand Eig                                    | ht Hundred Ninety O   | nly.)  |                                       |  |  |

Policy Type : Standard Number of Locations : 1

# LocationAddress:

1)375/1 MUSAKHEDI NEMAWAR ROAD OPP MANCHMUKHI HANUMAN MANDIR NEAR GEETASHREE TOLKANTA,INDORE,Indore,Indore,Madhya Pradesh,452020.

Occupancy Code:
2040 Occupancy Description:
Cement / asbestos/concrete products Manufacturing

| संपत्ति का प्रकार Type of property                                    | ब्लॉक में संपत्ति का विवरण Description of<br>the property | बीमा राश Sum Insured |  |  |  |  |
|---|---|----------------------|--|--|--|--|
| Plant and Machinery   | PLANT & MACHINERY BATCING P & M                           | 14500000             |  |  |  |  |
| Total Sum Insured   |   | 14,500,000           |  |  |  |  |
| Total Sum Insured (in Words) (Rupees One Crore Forty Five Lakh Only.) |   |                      |  |  |  |  |

| Cover Name       | Sum Insured/Limit |  |  |  |
|------------------|-------------------|--|--|--|
| Fire Basic Cover | 14500000          |  |  |  |

Excess Clause as applicable for each and every Loss:

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| Policy Number: 321800112310000234                     | व्यवसाय स्त्रोत / Business Source: 910275 |  |  |  |
|---|---|--|--|--|
|   | विक्रय चैनल विवरण/                        |  |  |  |
|   | Sales Channel Details                     |  |  |  |
|   | कोड/ Code: 91027500000001                 |  |  |  |
| जारीकर्ता कार्यालय/Issuing Office                     | नाम/ Name: JAINUINE INSURANCE             |  |  |  |
| कार् <b>यालय कोड/ Office Code: 321800</b>             | BROKERS PVT LTD - INDORE                  |  |  |  |
| कार्यालय पता/ Office Address: DEWAS                   | Contact Number: 9893131223                |  |  |  |
| DIVISION 2-TARANI COLONY, A.B ROAD,, -                | सह दलाल कोड / Co Broker Code:             |  |  |  |
| State Code: 23 , Madhya Pradesh                       |   |  |  |  |
| GSTIN: 23AAACN9967E1ZB<br>Contact Number: 7272 250074 | कस्टमर केयर टॉल फ्री नंबर/Customer        |  |  |  |
| Mobile Number:  | Care Toll Free Number:                    |  |  |  |
|   | 1800 345 0330                             |  |  |  |
|   | ईमेल/                                     |  |  |  |
|   | email:customer.support@nic.co.in          |  |  |  |

#### Standard Excess

1) INR 5000 for each and every loss.

#### Excess Imposed(Higher):

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 whichever 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 वारंटी/ List of Clauses, Endorsements, Warranties

वविरण/Description

EARTHQUAKE DAMAGE, IMPACT DAMAGE; OMISSION TO INSURE; DESIGNATION OF PROPERTY, REINSTATEMENT VALUE AND AGREED BANK CLAUSE ATTACHED HERETO

Arbitration clause given in Point No 4 of Clause-J under the subject policy stands deleted as per IRDAI Circular Ref: IRDAI/NL/CIR/MISC/188/10/2023, Dated: 27/10/2023

टप्पणयां/ Remarks: BASIC COVER, EQ, STFI

PLANT & MACHINERY BATCING P & M 1525 SI-14500000/- & P & M CONVEYOR SI 1800000/-(WITH ALL STANDARD EQUIPMENTS & ACCESSORIES

### 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. 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 NBSUS plus policy

पॉलिसी अनुसूची/ Policy Schedule - National Bharat Sookshma Udayam Suraksha



Policy Number: 321800112310000234 व्यवसाय स्त्रोत / Business Source: 910275 विकरय चैनल विवरण/ Sales Channel Details कोड/ Code: 91027500000001 जारीकर्ता कार्यालय/Issuing Office नाम/ Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE कारयालय कोड/ Office Code: 321800 Contact Number: 9893131223 कारयालय पता/ Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, -सह दलाल कोड / Co Broker Code: 455001 State Code: 23, Madhya Pradesh GSTIN: 23AAACN9967E1ZB कस्टमर केयर टॉल फ्री नंबर/Customer Contact Number: 7272 250074 **Care Toll Free Number:** Mobile Number: 1800 345 0330 email:customer.support@nic.co.in

जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उल्लेखित 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 वेबसाईट https://nationalinsurance.nic.co.in पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्त 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 उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमिकता निरस्त हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 14/December/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'

(₹ 1.00)

इंश्योरेन्सइंडयालमिटिंड

कृते नेशनल इन्श्योरेन्स कंपनी स्टांप इय्**लै**मिटिड/ For and on behalf of National Insurance Stamp Company Limited Duty:

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

Printed on 11/01/2024 by ID: 32180099, AID: 72052

Page no: 3

# **TAX INVOICE**

Invoice Serial No: 30878F3PE0000234 Invoice Date: 14/12/2023

Details of Supplier:

National Insurance Company Limited.,

DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001

23, Madhya Pradesh State: GSTIN No: 23AAACN9967E1ZB

Details Of Receiver: M/S B R GOYAL INFRASTRUCTURE PVT LTD
Address: 3-A AGRAWAL NAGAR SAPNA SANGEETA ROAD INDORE

INDORE, City: District: INDORE,

State: MADHYA PRADESH,

PIN: 452001.

Place Of Supply State : Madhya Pradesh

State Code: 23

GSTIN No: 23AACCB6024E1ZB

| सैक कोड/ विवि<br>SAC Code Desc<br>on | सेवा का<br>वविरण/<br>Descripti    | वरण/<br>scripti<br>n of | छूट/<br>Discou<br>nt | टैक्स योग्य/<br>मूल्य/Taxable<br>Value(₹) | सीजीएसटी की राशि/<br>CGST |                         | एसजीएसटी/यूटीजीएसटी/<br>SGST/UTGST |                       | आईजीएसटी/I <b>GST</b> |                         | केरला बाढ़<br>उपकर/Kerala<br>Flood Cess |
|--------------------------------------|-----------------------------------|-------------------------|----------------------|---|---------------------------|-------------------------|------------------------------------|-----------------------|-----------------------|-------------------------|---|
|                                      | on of<br>Service                  |                         |                      |   | दर/Rate                   | राशा∕ि<br>Amount(<br>₹) | दर/Rate                            | राशि<br>Amount(<br>₹) | दर/Rate               | राशा∕ि<br>Amount(<br>₹) | राशा∕िAmount(<br>₹)                     |
| 997137                               | Other property insurance services | 12,615                  | 0%                   | 12,615                                    | 9%                        | 1,135                   | 9%                                 | 1,135                 | 0%                    | 0                       | 0                                       |
| TOTAL                                |                                   | 12,615                  |                      | 12,615                                    |                           | 1,135                   |                                    | 1,135                 |                       | 0                       | 0                                       |

कुल इनवॉयस मूल्य (अंकों में )Total Invoice Value (In figures) :

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees

**Fourteen Thousand Eight Hundred Ninety** 

केवल/Only.

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

E.&.O.E

कृते नेशनल इनुश्योरेन्स कंपनी लमिटिड/ For and on behalf of National Insurance Company Limited

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

