



## STANDARD FIRE & SPECIAL PERILS POLICY

### 1. Insured's Details :

|               |   |   |
|---------------|---|---|
| Insured Name  | : | HOCCO INDUSTRIES PRIVATE LIMITED  |
| Customer ID   | : | POB0478048  |
| Address       | : | 12-13, 1201-1204 1301-1302, ELANZA VERTEX, SHINDHU BHAVAN MARG THALTEJ,<br>BODAKDEV, AHMEDABAD, AHMEDAB<br><br>AHMEDABAD ,GUJARAT, 380054 |
| Phone No.     | : |   |
| E-mail Id/Fax | : | pancholi.tejas@gmail.com, /   |
| PAN No.       | : | AAGCH6917A  |
| GSTIN/UIN.    | : | 24AAGCH6917A1ZX / NA  |

### 2. Issuing Office Details :

|                 |   |  |
|-----------------|---|--|
| Office Name     | : | GANDHINAGAR (212100)   |
| Office Code     | : | 212100   |
| Address         | : | 106-107, FIRST FLOOR,<br>RADHE SQUARE, RELIANCE CIRCLE<br>KUDASAN, GANDHINAGAR,382421<br>GUJARAT , 382421. |
| Phone No.       | : | 07923213462 / 07923213471  |
| E-mail Id/Fax   | : | nia.212100@newindia.co.in /  |
| S.Tax Regn. No. | : | AAACN4165CST178  |
| GSTIN           | : | 24AAACN4165C2ZW  |
| SAC             | : | 997137 (Other property insurance services)   |

### 3. Policy Details :

|                                      |   |   |
|--------------------------------------|---|---|
| Policy Number                        | : | 21210011230100000008  |
| Period of Insurance                  | : | From: 14/12/2023 12:00:01 AM To: 13/12/2024 11:59:59 PM   |
| Date of Proposal                     | : | 14-Dec-23   |
| Prev. Policy no.                     | : |   |
| 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 PERSON | : |   |
| Phone No.                            | : | 02402350377, 9850049400 / NA  |
| E-mail Id/Fax                        | : | kailash@jainuineinsurance.co.in, / /  |

### 4. Collection Particulars :

|                    |   |                                 |
|--------------------|---|---------------------------------|
| Premium            | : | 651,880                         |
| GST                | : | 117,338                         |
| Total (₹)          | : | 7,69,218                        |
| Receipt No. & Date | : | 21210081230000007707 - 14/12/23 |

### 5. Policy Level Covers :

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



|                    |   |               |
|--------------------|---|---------------|
| IIB Occupancy Code | : | 2104          |
| STFI Deletion      | : | NO            |
| RSMD Deletion      | : | NO            |
| Sum Insured        | : | ₹ 690,000,000 |

**6. Block Details :**

|                                |   |   |
|--------------------------------|---|---|
| IIB Occupancy Code             | : | 2104  |
| Location Address with Pin Code | : | GROUND FLOOR, SURVEY NO.3311,3312,3315 TO 3318,3321, SH 74, KALYAN RICE MILL, MAYA NAGAR, BAVLA, AHM,KALYAN RICE MILL, MAYA NAGAR, BAVLA,GJ1027,BAVLA, GJ,GUJARAT, INDIA, 382220. |
| Description of Property        | : | NA  |
| Occupancy Description          | : | Ice candy and Ice cream Manufacturing   |

**(a) Block:**

| Name of Block:KGROUND FLOOR, SURVEY NO.3311,3312,3315 TO 3318,3321, SH 74, Kalyan Rice Mill, Maya Nagar, Bavla, Ahmedabad, Gujarat, 382220. Building SI incl plinth, foundation, compound wall and all other civil structure |   |   |                  |
|--|---|---|------------------|
| Sl. No.  | Asset Description                                   |   | Sum Insured (₹)  |
| 1.   | On Building - Superstructure                        | : | 13,00,00,000     |
| 2.   | On Building - Plinth & Foundations                  | : | 0                |
| 3.   | On Plant, Machinery and accessories                 | : | 28,00,00,000     |
| 4.   | On Furniture, Fittings, Fixtures and other Contents | : | 50,00,000        |
| 5.   | On Stocks and stocks in process                     | : | 275000000        |
| 6.   | On Stock held in trust                              | : | 0                |
| 7.   | Others (To Specify)                                 | : | NA               |
| <b>Total Sum Insured</b>   |   |   | <b>690000000</b> |

**7. Sum Insured Summary :**

| Sl. No.                  | Asset Description                                  |   | Sum Insured (₹)  |
|--------------------------|--|---|------------------|
| 1.                       | Building - Superstructure                          | : | 130000000        |
| 2.                       | Building- Plinth & Foundations                     | : | 0                |
| 3.                       | Plant, Machinery and accessories                   | : | 280000000        |
| 4.                       | Furniture, Fittings, Fixtures and other Contents   | : | 5000000          |
| 5.                       | Stocks and stocks in process                       | : | 275000000        |
| 6.                       | Stock held in trust                                | : | 0                |
| 7.                       | Compound Wall                                      | : | 0                |
| 8.                       | Other property specifically required to be covered | : |                  |
| <b>Total Sum Insured</b> |  |   | <b>690000000</b> |

**8. Add on Covers Opted :**

| Sl. No. | Add on Cover |  | Sum Insured (₹) |
|---------|--------------|--|-----------------|
|         |              |  |                 |

**9. Terrorism :**

|                   |   |        |
|-------------------|---|--------|
| Terrorism Covered | : | N (No) |
|-------------------|---|--------|



### 10. Hypothecation Details :

| Sl.No. | Name of the Financiers |
|--------|------------------------|
| 1      | NOT OPTED              |

### 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

| Warranty Number                 | Section Code | IIB Occurrence Code | Warranty Title | Wordings                                    |
|---------------------------------|--------------|---------------------|----------------|---|
| <b>Endorsements</b>             |              |                     |                | : N/A                                       |
| <b>Clauses</b>                  |              |                     |                | : Clause3 - Designation of property clause, |
| <b>Special Conditions</b>       |              |                     |                | : ADD ON AS PER HO CIRCULAR ATTACHED        |
| <b>Risk Covered</b>             |              |                     |                | : As per Risk covered attached              |
| <b>Fire Products-Exclusions</b> |              |                     |                | : As per Exclusions attached                |

### 13. Deductibles :

#### (a) Compulsory:-

|    |   |
|----|---|
| 1. | Sum Insured upto ₹10 Cr per location:<br>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:<br>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:<br>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:<br>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:<br>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/-<br>(Rupees 5 Lacs)   |
| Non Industrial        | 1 % of claim amount                       | ₹ 25,000/-    | ₹ 10,00,000/-<br>(Rupees 10 Lacs) |
| Industrial            | 5 % of claim amount                       | ₹ 1,00,000/-  | ₹ 25,00,000/-<br>(Rupees 25 Lacs) |

### 14. Premium Details :

| Premium Head                 | Premium Amount (₹) |
|------------------------------|--------------------|
| Premium for Terrorism Cover  | :                  |
| Net Premium under the policy | :                  |
| GST                          | :                  |
|                              | 6,51,880           |
|                              | 117,338            |



Total premium including GST : 7,69,218  
Total premium including GST(In words) : RUPEES SEVEN LAC SIXTY-NINE THOUSAND TWO HUNDRED EIGHTEEN ONLY

**Premium and GST Details**

|         | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium |             | ₹ 6,51,880    |
| SGST    | 9           | 58669         |
| CGST    | 9           | 58669         |
| 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 14th day of December,2023.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 14/12/2023

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 : 21210023P0016601

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