



FIRE DECLARATION POLICY UIN Number - IRDAN190CP0082V01201819

Insured's Details : 1.

Insured Name	:	PAITHAN MEGA FOOD PARK PRIVATE LIMITED
Customer ID	:	POA2062075
Address	:	GUT NO.121/122/124/125 ETC. AT VILLAGE DHANGAON AND GUT NO.53, 55/1 155/3 ETC, VILLAGE WAHEGAON, TQ.PAITHAN, DIST. AURANGABAD
		NATHNAGAR NORTH ,MAHARASHTRA, 431106
Phone No.	:	
E-mail Id/Fax	:	gnramdas@nathpaper.com, /
PAN No.	:	AAGCP0920M
GSTIN/UIN.	:	27AAGCP0920M1ZB

2. **Issuing Office Details :**

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

3. Policy Details :

Policy Number	:	16040011230200000001
Period of Insurance	•••	From: 31/12/2023 12:00:01 AM To: 30/12/2024 11:59:59 PM
Date of Proposal	:	31-Dec-23
Prev. Policy no.	:	1604001122020000001
Client Type	:	Non-Corporate
Business Source Code	:	
Dev.Off level./Broker	:	Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (Sl00028623),
Agent/Bancassurance/SPECIFIED PERSON	••	
Phone No.	:.	02402350377, 9850049400 / NA
E-mail Id/Fax	:	kailash@jainuineinsurance.co.in, / /

4. **Collection Particulars :**

Premium	:	205,000
GST	:	36,900
Total (₹)	:	2,41,900
Receipt No. & Date	:	16040081230000013009 - 01/01/24

5. **Policy Level Covers :**

Description of Property	:	As per Location Details
Location Address with Pin Code	•••	As per Location Details
Risk Description	:	As per Location Details

Policy No. : 1604001123020000001Document generated by 22904 at 01/01/2024 18:03:52 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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 Code		As per Location Details
STFI Deletion	•••	NO
RSMD Deletion	:	NO
Sum Insured on Stocks	:	As per Sum Insured Summary

6. Location-wise details :

Sl.No.	IIB Occupancy Code	Risk Description	Location Address	Pin Code	District Name	State Name
1	4007	Cold Storage premises	Gut No.120,121,122,124, 125,126,127,128 at Village Dhangaon, and Gut No. 53,55 ,56 at Village WahegaonTq. Paithan, Dist. Aurangabad (PIN CODE Wahegaon 431 148)	431148	PAITHAN SUGAR FACTORY	MAHARASHTRA

7. Sum Insured Summary :

SI. No.	Description of Stocks	Sum Insured (₹)
1	On Stock of All Raw Materials and Processed Frozen Foods such as Frozen Sweet Corn, Frozen Vegetables and Fruits, Milk, Processed Milk, Ghee, Paneer, Butter, etc. and any other Food Products processed or unprocessed stored in Cold St	1,00,000,000

8. Add on Covers Opted :

SI. No.	Add on Cover	Sum Insured (₹)
1	Deterioration of stocks in cold storage premises due to accidental power failure consequent to damage at the premises of power station due to an insured peril(Add On 1003)	
2	Earthquake (Fire and Shock) (Add On 1009)	10,00,00,000

9. Terrorism :

Terrorism Covered

: NOT OPTED

10. Hypothecation Details :

SI.No.	Name of the Financiers
1	OMPRAKASH DEORA PEOPLES CO-OPERATIVE BAMK LTD., HINGLOW, BRANCH AURANGABAD

11. Coinsurance Details :

SI.No.	Coinsurance Type	Company	Office Code	% Share	Premium Share
1	NOT OPTED				

12. Subjectivities :

Basis of Declaration	: The highest value at risk during the month			
The insurance under this policy is sub	ject	to		
Warranties	:	N/A		
Endorsements		Endorsement3 - Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril. Endorsement9 - Earthquake (Fire and Shock).		

Clauses : Clause1 - Agreed bank Clause, Clause3 - Designation of property clause, Clause10 - Declaration Clause.

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http://newindia.co.in.



Special Conditions	:	
Risk Covered	•••	As per Risk covered attached
Fire Products-Exclusions	:	As per Exclusions attached

13. Deductibles :

(a) Compulsory:-

- Sum Insured upto ₹10 Cr per location: 1.
- 2.
- 3.
- 4.
- Sum Insured upto <10 Cr per location: 5% of the claim amount subject to a minimum of ₹ 10,000/- each and every loss. Sum Insured above ₹10 Cr per upto ₹ 100Cr per location: 5% of the claim amount subject to a minimum of ₹ 25,000/- each and every loss. Sum Insured above ₹100 Cr per upto ₹ 1500Cr per location: 5% of the claim amount subject to a minimum of ₹ 5,00,000/- each and every loss. Sum Insured above ₹1500 Cr per upto ₹ 2500Cr per location: 5% of the claim amount subject to a minimum of ₹ 25,00,000/- each and every loss. Sum Insured above ₹1500 Cr per upto ₹ 2500Cr per location: 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:
- 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/- (Rupees 5 Lacs)	
Non Industrial	1 % of claim amount	₹ 25,000/-	₹ 10,00,000/- (Rupees 10 Lacs)	
Industrial	5 % of claim amount	₹ 1,00,000/-	₹ 25,00,000/- (₹ Twenty five Lakhs)	

14. Premium Details :

Premium Head	Premium Amount (₹)
Premium for Terrorism Cover	:
Net Premium under the policy	: 2,05,000
GST	: 36,900
Total premium including GST	: 2,41,900
Total premium including GST(In words)	: RUPEES TWO LAC FORTY-ONE THOUSAND NINE HUNDRED ONLY

Premium and GST Details

Premium	:	₹	2,05,000
SGST	9		18450
CGST	9		18450
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 01st day of January,2024.

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For and on behalf of The New India Assurance Company Limited

Duly Constituted Attorney(s)

 Mudrank______Dt._____consolidated Stamp Fees Paid by Pay Order Number______vide receipt number______Dt._____.

Stamp Duty under the Policy is ₹1

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 : 16040023E0020939

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C