



NEW INDIA BHARAT SOOKSHMA UDYAM SURAKSHA POLICY UIN-IRDAN190RP0030V01202223

1. Insured's Details :

| Insured Name | : | MR.HETAL R SHAH & MR. VAISHAL R SHAH | E-mail Id/Fax | : | / |
|--------------|---|---|---------------|---|---------|
| Customer ID | : | PO94791324 | PAN No. | : | |
| Address | | S NO -3767/B 3769 TO 3773 RANI NO HAZIRO, MANEKCHOWK, AHMEDABAD, AHMEDABAD, GUJARAT, 380001 AHMEDABAD ,GUJARAT, 380001 | | : | NA / NA |
| Phone No. | : | | | | |

2. **Issuing Office Details :**

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

3. Policy Details :

| Policy Number | : | 16050111238000000201 |
|---|-----|---|
| Period of Insurance | : | From: 29/01/2024 12:00:01 AM To: 28/01/2025 11:59:59 PM |
| Date of Proposal | : | 29-Jan-24 |
| Prev. Policy no. | : | 0 |
| 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 | : | 1,959 |
|--------------------|---|---------------------------------|
| GST | : | 353 |
| Total (₹) | : | 2,312 |
| Receipt No. & Date | | 16050181230000010012 - 25/01/24 |

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 |
| Sum Insured | : | ₹ 2,000,000 |

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| Risk Serial No | Occupancy Code | Occupancy Description |
|----------------|----------------|--|
| 1 | 1023 | Shops dealing in goods otherwise not provided for including Laundries |

6. **Block Details :**

Only Building & Contents selected:

| Risk Sl No. | Location Address with Pin Code | Building including plinth basement and additional Structures | Furniture, Fixture & Fittings and other equipment S | Plant & Machinery | Other Contents Details | Other Contents SI | Type of Constructio n - Walls | Type of Constructio n - Floor | Type of Constructio n - Roof |
|-------------------|---|--|--|----------------------|------------------------------|----------------------|-------------------------------------|-------------------------------------|------------------------------------|
| 1 | S NO -3767/B 3769 TO 3773 RANI NO HAZIRO, MANEKCHOWK, AHMEDABAD, Ahmedabad, Gujarat, 380001 380001 | 1900000 | 100000 | 0 | NM | 0 | Ρ | Ρ | Ρ |

7. Additional Covers:

a) Built-in Covers:

| Cover Name | Opted or Not | | |
|--|--------------------------|----|--|
| Additions, alterations or extensions | Y | es | |
| Temporary removal of stocks | Y | es | |
| Cover for specific content | Y | es | |
| Start-up expenses | Yes | | |
| Professional fees | Yes | | |
| Removal of debris | Yes | | |
| Costs compelled by Municipal Regulations | Yes | | |
| Cover Name | Opted or Not Sum Insured | | |
| Floater Add-on | NO 0 | | |

b) Add-on Covers:

(i)

| Cover Name | Opted or Not | Sum Insured |
|--------------------|--------------|-------------|
| Declaration Add-on | NO | 0 |

(ii)

| SI. No. | Add-on Covers | SI/Maximum limit of Indemnity | Availed/Not Availed |
|---------|--|--|------------------------|
| 1 | Expenses for loss minimization / loss prevention | 5% of claim amount maximum up to ₹ 25 lakh | Not Availed |
| 2 | Hire Purchase or Lease Agreements / Properties under Consignment, Care, Custody and Control | 5% of Sum Insured maximum up to ₹ 25 lakh | Not Availed |

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| 3 | Inadvertent Omission | Maximum up to 5% of Sum Insured of Building, Machinery and FFF (except stocks) | Not Availed |
|---|--|---|-------------|
| 4 | Contamination and co-mingling of stocks of oil and chemicals only | Maximum up to 5% of Sum Insured of stock | Not Availed |
| 5 | Expediting expense | Maximum up to 5% of claim amount & maximum up to 25 lakhs | Not Availed |

| 8.Sum In | sured Summary : | | |
|----------|---|---|-----------------|
| SI. No. | Asset Description | | Sum Insured (₹) |
| 1. | Building including plinth, Basement and additional structures | : | 1,900,000 |
| 2. | Furniture & Fixtures, Fittings and other equipment | : | 1,00,000 |
| 3. | Plant & Machinery Sum Insured | : | 0 |
| 4. | Other Contents Sum Insured | : | 0 |
| 5. | Raw Material Sum Insured | : | 0 |
| 6. | Stocks in process Sum Insured | : | 0 |
| 7. | Finished Stock Sum Insured | : | 0 |
| 8. | Stocks Held in Trust Sum Insured | : | 0 |
| | Total Sum Insured | : | 2,000,000 |

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

10. Hypothecation Details :

| SI.No. | Name of the Financiers |
|--------|------------------------|
| 1 | NOT OPTED |
| 11 0.1 | |

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

12. Subjectivities :

The insurance under this policy is subject to

| Special Conditions | | : | All types of Furniture and fixture and all other accessories, spares etc, pertaining to Insured's trade whilst installed &/or lying in the factory Premises. All types of Buildings,Godown,Sheds,Wall compound,Water tank etc. | | | |
|--------------------|-------------------|------|---|----|----------|--|
| anty | Code | Occu | Warranty Title | | Wordings | |
| Specia | Special Exclusion | | : | NA | | |

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| Clauses / In-built Covers | : | Terrorism Clause Additions, alterations, or extensions: Property that are erected, acquired, or added during the Policy Period is covered upto 15% of the Sum Insured for that item (excluding stocks) Temporary removal of stocks: Loss to stock temporarily removed to other premises for fabrication, processing or finishing upto 10% of value. Cover for Specific Contents: Cover for Money upto ?50,000 (Rupees Fifty Thousand) during the policy period, cover for documents such as deeds, manuscripts, business books, plans, drawings, securities etc. upto ?50,000 (Rupees Fifty Thousand) during the policy period, cover for computer programmes, information and data upto ?5 Lakh (Rupees Five Lakh) during the policy period and cover for personal effects of employees, Directors and visitors upto ?15,000 (Rupees Fifteen Thousand) per person for a maximum of 20 persons during the policy period. Start-Up Expenses: Start-up cost incurred consequent upon a loss or damage due to insured events upto ? 5 Lakhs (Rupees Five Lakh). rofessional fees: Reasonable fees of architects, surveyors and consulting engineers upto 5 % of the claim amount. Cost for Removal of debris: Reasonable expenses for removal of debris upto 2 % of the claim amount. Costs compelled by Municipal Regulations: Additional cost of reconstruction of property incurred solely for complying with municipal regulations |
|---------------------------|---|--|
| Risk Covered | : | As per Risk covered attached |
| Fire Products-Exclusions | : | As per Exclusions attached |

13. A) Compulsory Deductible: ₹5,000/- for each claim B) Terrorism Deductibles:

| b) Terrorisin Deductibles. | | | | | | | |
|----------------------------|---|---------------|-----------------------------------|--|--|--|--|
| Nature of Risk | Deductibles (as a % of claim/loss amount) | Minimum Limit | Maximum Limit | | | | |
| hops & Residential Risks | 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/- (Rupees 25 Lacs) | | | | |

14. Premium Details :

| Premium Head | | Premium Amount (₹) |
|---------------------------------------|---|---|
| Net Premium under the policy | : | 1,959 |
| GST | : | 353 |
| Total premium including GST | : | 2,312 |
| Total premium including GST(In words) | : | RUPEES TWO THOUSAND THREE HUNDRED TWELVE ONLY |

| Premium and GST Details | | | | | |
|-------------------------|-------------|---------------|--|--|--|
| | Rate of Tax | Amount in INR | | | |
| Premium | | ₹ 1,959 | | | |
| SGST | 0 | 0 | | | |
| CGST | 0 | 0 | | | |
| IGST | 18 | 353 | | | |

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 25th day of January,2024.

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For and on behalf of The New India Assurance Company Limited

Date of Issue: 25/01/2024

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 : 16050123E0011941

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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