



BHARAT GRIHA RAKSHA POLICY UIN-IRDAN190RP0024V01202223

| 1. Insured's Det | I. Insured's Details: | | | | | | | | |
|------------------|-----------------------|---|---------------|----------|-------------------------|--|--|--|--|
| Insured Name | | MR SATISHKUMAR BISHAMBERLAL CHANDHOK | E-mail Id/Fax | : | naser@kailashjain.in, / | | | | |
| Customer ID | : | PO67767542 | PAN No. | : | | | | | |
| Address | | A-3,ASHOK VIHAR,STATION ROAD,OPP MIDC OFFICE,AURANGABAD431001 AURANGABAD .MAHARASHTRA, 431001 | GSTIN/UIN. | : | 27AFPPC2663D1ZL / NA | | | | |
| Phone No. | | , 1010 110 10 July 11 July 10 | | ١. | | | | | |
| T HOHE IVO. | | | | <u> </u> | | | | | |

| 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 | 1: | 997137 (Other property insurance services) | | | |

| 3. Policy Details : | 3. Policy Details : | | | | |
|--------------------------------------|---------------------|---|--|--|--|
| Policy Number | •• | 16040011248600000007 | | | |
| Period of Insurance | •• | From: 28/04/2024 12:00:01 AM To: 27/04/2025 11:59:59 PM | | | |
| Date of Proposal | : | 28-Apr-24 | | | |
| Prev. Policy no. | : | 16040011238600000009 | | | |
| Client Type | : | Non-Corporate 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 | •• | 1,257 | Total (₹) | | 1,483 | | |
| GST | : | 226 | Receipt No. & Date | : | 16040081240000000972 - 24/04/24 | | |

| 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 |
| Risk Code | : | 1001(Dwelling: Individual) |
| Sum Insured | : | ₹ 3,705,000 |

6. **Block Details:**

| Ris k SI No. | Carpet Area of the structure(| Rate of Cost of Constructi on(₹/Sq | SI | SI of Addl. Structure | Details of Addl. Structure | | Type of Constructi on-Floor | Type of Constructi on-Roof |
|--------------------|--|---|----|--------------------------|----------------------------------|--|-----------------------------------|----------------------------------|
| | sq m) | m) | | | | | | |



| 1 | A-3 ASHOK VIHAR, STATION | 1300 | 2850 | 3705000 | 0 | NA | 3705000 | Pucca | Pucca | Pucca |
|---|-----------------------------|------|------|---------|---|----|---------|-------|-------|-------|
| | ROAD, 431001 | | | | | | | | | |

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 | | | | | | | |

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

| SI. 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 : | | | | | | |
|--------------------------|---|-----------------|--|--|--|--|
| SI. No. | Asset Description | Sum Insured (₹) | | | | |
| 1. | Home building Sum Insured : 3,705,000 | | | | | |
| 2. | SI of additional structure : 0 | | | | | |
| 3. | Furniture, Fixtures and Fittings(Home Furnishings)Sum Insured : | | | | | |
| 4. | Electrical/Electronic Sum Insured : | | | | | |
| 5. | Other General Contents SI : | | | | | |
| 6. | Other property specifically required to be covered : 0 | | | | | |
| | Total Sum Insured : 3,705,000 | | | | | |

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

| 10. Hy | Hypothecation Details : | | | | | |
|---|-------------------------|--|--|--|--|--|
| SI.No. | Name of the Financiers | | | | | |
| 1 THE SARASWAT CO-OP BANK LTD BR WALUJ% | | | | | | |

| 11. Coinsurance Details : | | | | | |
|---------------------------|------------------|---------|-------------|---------|---------------|
| Sl.No. | Coinsurance Type | Company | Office Code | % Share | Premium Share |

Policy No.: 16040011248600000007Document generated by 40073 at 24/04/2024 16:30:03 Hours.

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

Give your valuable feetback on https://www.pewindia.co.in/potal/policy/SeetbackGen

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



| 1 | NOT OPTED | | |
|---|-----------|--|--|

12. Subjectivities:

The insurance under this policy is subject to

| The meanance and reme pency is eas | The insurance under this policy is subject to | | | | | |
|--|---|--|--|--|--|--|
| Special Conditions | | : ON RESIDENTIAL BUILDING BUILT OF CLASS A CONSTRUCTION SITUATED AT ABOVADDRESS USED FOR RESIDENTIAL PURPOSE ONLY. | | | | |
| Special Warranties | : | : NA | | | | |
| Warr Secti Occu anty On Panc Code y Code | 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 | | | | |

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 24th day of April,2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 24/04/2024

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: 16040024E0001479

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C