



## BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

### JEWELLERS COMPREHENSIVE PROTECTION POLICY- SOOKSHMA UDYAM SURAKSHA TRANSCRIPT SCHEDULE

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210	
Insured Name	MS MANNALAL PANNALAL SETHIYA	Policy Number	OG-24-2006-4097-00000018

Bajaj Allianz General Insurance Company Ltd

[Corporate Identity Number (CIN) : U66010PN2000PLC015329],IRDAI Registration No.113

Unique Identification Number (UIN) : IRDAN113RP0004V02201415

Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006

Transcript of Proposal for Jewellers Comprehensive Protection Policy

Dear MS MANNALAL PANNALAL SETHIYA

We, Bajaj Allianz General Insurance Company Ltd 'Company' or 'Insurer', wish to inform you that your contract of insurance ("Policy") will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB or other means which would be considered as the final proposal, the transcript of which is as follows:

You are requested to yourself reconfirm the same at your end. In case of any disagreement or objection or any changes with respect to information mentioned below, We request you to please revert back within a period of this document [but in case of short term Policy, your revert shall reach us before the inception date of Policy/ activities/risks covered by Policy/ies are started]. In case of our non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed that you have positively confirmed to us the correctness of the below mentioned information and declaration. In case you disagree to any of the information/contents of this transcript, standard Terms and conditions, you have the option to return the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, you shall be entitled to a refund of the premium paid, subject only to there being no claim made under the Policy and also subject to a deduction of the expenses incurred by us and the stamp duty charges. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we have issued the Policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab-initio if material facts/declarations are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium amount.

Details provided by you are as under:

Personal Information of Insured			
Title	MR	First Name	
Middle Name		Last Name	
Email Address	JADGAONWALAJEWELLERS@GM AIL.COM	Mobile Number	9860101050
Date of Birth		Gender	NA
Pan No	AADFM9348Q	Unique Identity (Aadhaar No.)	
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	3-6-92 KASARI BAZAR	House No/ Building No/ Flat No	3-6-92 KASARI BAZAR
Street/ Locality/ Landmark		Street/ Locality/ Landmark	
State	MAHARASHTRA	State	MAHARASHTRA
City	AURANGABAD	City	AURANGABAD
Area		Area	
Pincode	431001	Pincode	431001

1.



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a. Give the safe maker's name, cost when purchased (State whether new or second-hand and whether marked "Thief Resisting" or "Burglar Proof")

SAMERIKA SAFE COMPANY

- b. Is the safe an automated safe? Yes
- c. Is your stock kept in a strong room? Yes
- c. Is your stock kept in a strong room? Yes
- e. Will there be a watchman on the insured premise(s)? Yes

#### If Yes specify:

1. Common Watchman: No
2. Dedicated Watchman: No
3. All 24 Hours: Yes
4. Only During Business Hours: No
5. Only Outside Business Hours: No
6. Armed Watchman: No
7. Unarmed Watchman: Yes
- f. Is a burglar alarm system installed or any other special means of protection like CCTV adopted? Yes  
If so, state what protection :- CCTV CAMERA
- g. Is an inside grill fitted to your Gold and Gems Showroom, window or is any other protection Installed against loss by window smashing? Yes  
If so, State what protection :-
- h. Are your display windows, protected by rolling shutter outside business hours? No
- i. Give details of the following and how they are protected/ locked outside business hours
  1. each outer door protected with Iron Grill
  2. each inner door protected with Iron Grill
  3. all windows other than display windows protected with Iron Grill
  4. all skylights or fanlights or roof openings protected with Iron Grill
- j. Is the proposed premise located in Bharat Diamond Bourse /SEEPZ/Opera House/Any other similar high security location? NA  
If No,
  - i. Is the proposed premises in Market Place/Ground or First Floor of Building? Ground or First floor
  - ii. Is the Shops located in deserted & isolated location? No
  - k. Is the proposed premise located within 100 meters distance from Police Station? Yes
  - l. Are firefighting equipment in place and in working conditions? Yes
  - m. Is there any Documented Standard Operating Procedures laid down by you for Safety and Security of the Stock and Stock in trade in the Premises Proposed for Insurance? Yes  
If Yes,
    - i. Is there a SOP Compliance Procedure in Place? Yes
    - ii. Is there a procedure in place for identification and immediate correction of breach in SOP? Yes
    - iii. Is there Periodic Management Review of SOP? Yes

#### 2. STOCKS:

- a) What was
  - i. The average daily total value of your Stock during the past 12 months?



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ii. Cash and Currency Notes during the Past 12 months?

b) Will the whole of your stock when on your premises be kept in safe at night and at all times when the premises are closed No  
If No, please specify the percentage of Stock kept outside Safe/Strong Room anywhere in the Insured Premises after business hours.  
upto10%

Note: If more than 10% of the Stock under Section 1(a) is kept anywhere in the Insured Premises outside the Safe/Strong Room after business hours, no cover will be available unless specifically agreed by the Insurer Please specify if Cover is required for more than 10% of the Stock under Section 1(A) kept anywhere in the Insured Premises outside the Safe/Strong Room after business hours.

No

If yes, please specify the percentage limit required.

No of Section 1 (A) Sum Insured

3. Valuation Basis:

Are the figures in this Form compiled on the basis of cost price for your own stock? Yes

If not give details: NA

N.B. Unless otherwise mutually agreed the basis of valuation shall be your cost plus 10%. If you are not agreeable for the above valuation, please specify the basis of valuation required. (Eg: Market Value etc.)

(Market Value for Jewellery means the value which can be realized from the market for such insured property immediately before the occurrence of loss on the date of loss) NA

4. Losses:

a. Have you ever sustained losses?

No

b. If so, give details of losses for past three years.

NA

c. Were you insured and if so, give the name of the Insurance Company and whether they paid the claim in full or a part thereof?(Please state how much)

NA

5. Period of Insurance From: 01-MAR-2024 12:01 AM To : 28-FEB-2025 Midnight

### COVERAGE PROPOSED

Please Note: Section 1 (Stock in Premises) is a mandatory section. All other sections are optional.

### SECTION 1: STOCK IN PREMISES

Is the Sum Insured required on floater basis to cover stocks at more than one location? YES

If yes, please provide Sum Insured in below columns on aggregate basis to cover stocks at all locations and details of all locations:

Sr. No	LOCATION DETAILS
1	36-92, KASARI BAZAR, AURAGABAD (MS) 431001 AURANGABAD CITY AURANGABAD 431001 MAHARASHTRA
2	14479/1, NEAR SWAD HOTEL, USMANPURA KRANTI CHOWK, AURANGABAD, Maharashtra, 431001 AURANGABAD CITY AURANGABAD 431001 MAHARASHTRA

DESCRIPTION	SUM INSURED
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a. Stock and Stock in trade on Premises (In Display Windows , Counters, Strong Room , safes)	
a. Stock and Stock in trade on Premises (In Display Windows , Counters, Strong Room , safes)	
b. Stock and Stock in trade outside Locked Safe/Strong Room anywhere in the Insured Premises outside of business hours.	
b. Stock and Stock in trade outside Locked Safe/Strong Room anywhere in the Insured Premises outside of business hours.	
c. Cash and Currency Notes on Premises.	
c. Cash and Currency Notes on Premises.	
d. Stock and Stock in trade in Vaults, Safes and Bank Lockers outside premises Address of Vault, Safe bank Lockers outside Premises: (Pls attach Annexure if more than one Location Exists) d) Do you wish to Opt for waiver of Under Insurance Up to 15%?	
d. Stock and Stock in trade in Vaults, Safes and Bank Lockers outside premises Address of Vault, Safe bank Lockers outside Premises: (Pls attach Annexure if more than one Location Exists) d) Do you wish to Opt for waiver of Under Insurance Up to 15%?	
e. Do you wish to opt for the Terrorism Cover	No

### SECTION 2: STOCK IN CUSTODY OF THE INSURED AND SPECIFIED PERSONS

DESCRIPTION	SUM INSURED
a. Property insured whilst in the custody of Director(s), Employee(s) including contract employee(s), Partner(s), Duly Constituted Attorney(s) and Consultant(s) and such other authorized persons of yours.	4,00,00,000
b. Property insured whilst in the custody of Cutter(s), Broker(s), Agent(s), Gold smith(s), Dealer(s), Client(s), Job worker(s), Contractor(s), Sub-Contractor(s) and other such entities including the employee(s) of the above, whether or not in regular employment of yours	1,00,00,000
c. Property insured whilst in the custody of the employees of the Insured's Group / Associate / Sister Concern operating from the same premises as of the insured. Pls provide the Name of the Insured's Group / Associate / Sister Concern:	0

Note: If the value of Property at any place were in excess of Rs. 5 Lacs, the same should be stored overnight or during non-business hours in a burglar proof safe

Are you maintaining pre numbered Jangad Slips in respect of the property taken out of your premises?	Yes
Is the record keeping manual or computerized?	A
Would the stock and stock in trade be entrusted to only your partners and employees? If No ,please specify the category of persons to whom it would be entrusted (category of persons shall mean partner(S), employees, Cutter(s), Broker(s), Agent(s), Gold smith(s), Job worker(s), Contractor(s), Sub-Contractor(s) )	Yes
Are the persons such as the Cutter(s), Broker(s), Agent(s), Gold smith(s), Job worker(s), Contractor(s), Sub-Contractor(s) in business for more than 3 years?	Yes
If Yes please state no. of years they have been in Business. Has there been any past losses known to you sustained by them whilst gold and other ornaments belonging to their customers was in their care and custody . Under this Section has there been any loss reported/ sustained by you during the last three years.	> 10 YEARS

### SECTION 3: STOCK IN TRANSIT (Destinations within India only)

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DESCRIPTION	SUM INSURED
a. By registered Post Parcel.	0
b. By Air Transit	0
c. By Angadia	60,00,000
d. By Couriers/logistic companies	0

Are you willing to declare 100% of the value of the consignment to the Post Parcel /air carrier/angadia/ Couriers/logistic company?	Yes
If No, please declare the percentage you are willing to declare to the Post Parcel /air carrier/angadia/ Couriers/logistic company.	/ 100% /
Are the transits by Air/Road through Professional and well reputed Facility Management Companies? If yes, please provide name(s) of the company(ies):	Yes
Under this Section has there been any loss reported during the last three years. If yes please give details :	No

**SECTION 4A: STANDARD FIRE AND SPECIAL PERILS COVER FOR BUILDING, FURNITURE, FIXTURE, FITTINGS AND CONTENTS EXCLUDING STOCK AND STOCK IN TRADE**

a. Building Construction	
Whether the Building is of Class A Construction.(Class A Construction means where the Building has Roof made up of RCC and Walls are buildup of Brick with RCC frame.)	Yes
Is there any Fire Fighting Equipment Installed In the Premises Proposed for Insurance? If Yes, please provide the details :	Yes NA
b. Building Occupancy	
Is the building solely occupied by the proposer? If 'No' give brief details of other occupancies:	Yes
c. Do you own the premises proposed for insurance?	Yes
d. Please mention Sum Insured for:	0
d. Please mention Sum Insured for:	0

LOCATION DETAILS	SUM INSURED			
	Building(Sum Insured on Reinstatement Value Basis	Furniture, Fixture,Fittings (Sum Insured on Reinstatement Value Basis)	Contents ((Sum Insured on Market Value Basis) Excluding "Electronic Equipments" covered under Section 11 and "Portable Equipments" covered under Section 9. In case only Fire Cover is required for "Electronic Equipments" , please mention the Sum Insured (Please give a description of items in the form of Annexure)	Chandeliers (Sum Insured on Market Value Basis
MANNALAL PANNALAL SETHIYA	0	0	15,28,000	0
MANNALAL PANNALAL SETHIYA	0	0	0	0

a) Do you wish to opt for the Terrorism Cover	Yes
b) Please inform whether the Property is hypothecated to any financial institutions :	KOTAK MAHINDRA BANK LTD.
c) Please provide Past Claims Experience , if any with regards to this Cover:	

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d) Earthquake Cover :	Yes
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**SECTION 4B: BURGLARY AND ROBBERY COVER FOR FURNITURE, FIXTURE, FITTINGS AND CONTENTS EXCLUDING STOCK AND STOCK IN TRADE:**

DESCRIPTION	SUM INSURED (Sum Insured should be same as mentioned in Cover A for Standard Fire and Special Peril)
a. Furniture, Fixture and Fittings	0
a. Furniture, Fixture and Fittings	0
b. Contents Excluding "Electronic Equipments" covered under Section 11 and "Portable Equipments" covered under Section 9. In case Burglary Cover is required for "Electronic Equipments", the Sum Insured for "Electronic Equipments" for Burglary should be equal to Sum Insured under Fire.	15,28,000
b. Contents Excluding "Electronic Equipments" covered under Section 11 and "Portable Equipments" covered under Section 9. In case Burglary Cover is required for "Electronic Equipments", the Sum Insured for "Electronic Equipments" for Burglary should be equal to Sum Insured under Fire.	0
c. Chandeliers Do you wish to cover contents on "First Loss Basis if yes, please select the percentage required	No 25 % of the Total Sum Insured Under Cover B of Section 4. No 40 % of the Total Sum Insured Under Cover B of Section 4 No
c. Chandeliers Do you wish to cover contents on "First Loss Basis if yes, please select the percentage required	No 25 % of the Total Sum Insured Under Cover B of Section 4. No 40 % of the Total Sum Insured Under Cover B of Section 4 No
d) Do you wish to opt for the Terrorism Cover Please provide Past Claims Experience , if any with regards to this Cover:	No

Note:  
Contents shall include furniture, fixtures, fittings including electrical installations, safes of insured premises, office machinery and electrical and mechanical appliances, tools and instruments for business, interior decorations, improvements, landlords fixtures and fittings, shop fronts, Chandeliers and any other similar belonging to the you or for which the you are responsible, at your premises related to the mentioned trade.

Content shall exclude Valuables and stock and stock in trade comprising of Jewellery, Gold or Silver Ornaments, Plates made of gold, silver or studded with precious stones, Pearls and Diamonds and Precious Stones, precious metals/articles of any sort or kind whatsoever, cash and currency notes and / or other merchandise and materials usual to the conduct of the Insured's business, belonging to and /or held in trust or on commission for which the Insured is responsible, curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument.

**SECTION 5: STOCK IN EXHIBITION**

DESCRIPTION	SUM INSURED
a. Estimated Aggregate Sum Insured During Policy Period :	0
b. Estimated number of exhibitions you would be participating during the Policy period?.	0
c. Maximum Value Per Exhibition	0
d. Do you also wish to participate in exhibitions held outside India? If yes , Maximum Value Per Exhibition:	Rs.0
e. Expected duration of the longest Exhibition including transit and storage	





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f. Is transit cover also required?	
g. Is the transit by Professional Security & Logistic Company or your own vehicle?	
h. Will sales also happen?	Yes
i. Do you require cover for loss or damage caused by acts of terrorism during storage at exhibition site?	No

Note: Stock in Exhibitions should be kept in locked safe/vault or approved security rooms

### SECTION 6: FIDELITY GUARANTEE

Please confirm if Fidelity Guarantee Cover is required on: Named Basis No Unnamed Basis Yes

a) If on Named Basis, please provide the following information in respect of all the employees in respect of whom insurance cover is sought :				
Employee Name	Designation	Monthly Salary	Amount of Cash / Stock held by the Employee	Amount of Guarantee

Please confirm if Cover is required on Floater Basis: No  
If required on floater basis, please provide the following information:

Total Number of Employees (Please specify details of contractual employees, if any separately) 1	Amount of Guarantee 50,00,000
Please Specify a. Per Accident Limit: b. Per Person Limit :	0 0
b) If cover is required on floater Unnamed Basis, please provide the following information in respect of all the employees in respect of whom insurance cover is sought :	
Total Number of Employees (Please specify details of contractual employees, if any separately) 5	Amount of Guarantee 50,00,000
Please Specify a. Per Accident Limit: b. Per Person Limit :	0 0
c) Is there a system to obtain references from previous Employers? If not, specify practice	NA
d) Has there been any occasion to question honesty or conduct of any person proposed for guarantee? If yes, please provide details	No
e) How often are the employees required to account for money?	Daily
f) Are books of accounts balanced every day?	Yes
g) What independent system including Audits is there to check that all sums received by employees are accounted for and how often are Audits done.	Yes
h) Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last three years?	No

### SECTION 7: PLATE GLASS

Please provide the following information in respect of all the Plate Glass that you wish to insure:



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Sr. No	Dimensions (in cms.)			Whether embossed /Silvered/ lettered/ornamental / curved/ plain/glazed	Frame work made from Wood /Metal /Any Other /If Others, Please specify	Sum Insured (Rs.)
	Length	Breadth	Thickness			

a. Is there any Plate Glass in the Insured Premises that is not included in the above Sum Insured? If yes, please state reason:	No
b. Is there at present any broken or damaged Plate Glass in the insured Premises? If Yes, please describe the position and size:	No
c. Past Claims Experience , If any	NA
d. Do you wish to opt for the Terrorism Cover	No

#### SECTION 8: NEON SIGN

Please provide the following information in respect of all the Plate Glass that you wish to insure:

Sr. No	Dimensions (in cms.)			Whether embossed /Silvered/ lettered/ ornamental / curved/ plain/glazed	Frame work made from Wood /Metal/Any Other /If Others, Please specify	Sum Insured (Rs.)
	Length	Breadth	Thickness			

Do you wish to opt for the Terrorism Cover NA

Past Claims Experience, If any NA

#### SECTION 9: PORTABLE EQUIPMENTS

Please provide the following information in respect of all the Portable Equipment that you wish to insure,::

Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum Insured (Rs.)
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Please provide loss details in respect of Portable Equipments incurred during the last 3 years:	NA
Do you want coverage on worldwide basis:	

Note: Portable Equipment only up to the age of 5 Years shall be covered. Portable Equipment means, Laptops, Mobile Phones, I- Pads, I Pods and any other Portable Equipment

#### SECTION 10: EMPLOYEES COMPENSATION





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Please provide the following information in respect of Employee Compensation Cover, if Opted :

NATURE OF WORK	NUMBER OF EMPLOYEES	MONTHLY SALARY (RS.)
a. Are there any safety measures to prevent accidents? If yes, please provide the details:		Yes
b. Any past history or accident in the premises in last 3 years. If yes, please provide the details:		NA

### SECTION 11: ELECTRONIC EQUIPMENT

Please provide the following information in respect of all the Electronic Equipments that you wish to insure:

Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum Insured (Rs.) (New Replacement value including freight , dues and custom duties, if any and erection cost)
a. Please provide details of breakdown and Repair cost incurred during the last 3 years for the above equipments (Please attach separate sheet if required)				NA
b. Do you require cover for External Data Media? If so, provide details				0
c. Reinstatement value of Data Media				0
d. Do you require cover for reproduction of Data lost following indemnifiable damage to data media? If 'Yes', what is the limit required?				Yes 0
Do you wish to opt for the Terrorism Cover :				No

### SECTION 12: PUBLIC LIABILITY

a. Please provide the limit of Indemnity for: Any one Accident:	0
Any one Year:	0
b. Has there or have there been any instances of third party Bodily Injury and / or Property Damage in the past? If yes, please give details:	No

### SECTION 13: MONEY IN TRANSIT

For help and more information:

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Contact our 24 Hour Call Centre at 1800-209-5858 (Toll Free), 30305858 (Chargeable, add area code before this number in case of mobile call)

Email: Bagichelp@bajajallianz.co.in , Website www.bajajallianz.com  
Corporate Identification Number: U66010PN2000PLC015329

Fax no: 020-30512246 Give a Missed Call on 8080945060, SMS WORRY to 575758  
Say Hi on WhatsApp us on 7507245858

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a. i) Please specify the locations between which the transit of money to be covered. ii) What is the mode of transit?	BUSINESS PREMISES TO BANK SISTER CONCERN FROM VICE VERSA to AS PER PF WITH IN CITY LIMIT Private Vehicle
b. Any one Transit Limit : Estimated Annual transit:	10,00,00,000 60,00,000
c. Is there a daily written record of the money in transit and is it updated every day?	Yes
d. Money in transit whilst in Custody of authorized employees/ Insured to/from Bank	authorized employees/ Insured
e. Do you require extension of cover for loss of money in transit caused by infidelity of the cash carrying employee?	Yes
f. Do you require extension of cover for loss of money caused by Riot, Strike, Malicious Damage?	YES
g. Past Claims Experience , If any	NA

### SECTION 14: MACHINERY BREAKDOWN

Please provide the following information in respect of all the Portable Equipments that you wish to insure,:

Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum Insured (Rs.)
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Note:

- a) Sum Insured of the machine should be declared as a whole and should not be apportioned towards part of machine
- b) Each machinery should be entered separately with necessary specifications
- c) The sum insured must be calculated on the present day new replacement value of the machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc., to afford full protection under this policy.
- d) If any of the machinery is a "stand by", this fact should be mentioned

### DECLARATIONS, WARRANTIES, TERMS AND CONDITIONS:

A. The contents of the proposal [transcript of the proposal of you is this document] and connected documents have been fully explained to you and you have fully understood the significance of the proposed Policy/contract of insurance basis which you have confirmed to the Company for Policy issuance.

B. You have clearly understood the Standard terms and conditions [T & C] to the Policy/contract of insurance and agree that the statements, particulars, answers and/or particulars, information, declarations, warranties, documents given in/as per this transcript of proposal shall be held to be promissory and shall be the basis of the Policy/contract of insurance between you and the Company and your proposal is subject to the Board approved underwriting policy of the Company and that the Policy will come into force only after your full payment of the prescribed premium chargeable and Company's receipt and realisation of full prescribed premium.

C. You declare that the statements and particulars given in this transcript are complete, true and accurate in all respects, to the best of your personal knowledge and belief and that there is no other information, which is relevant to your proposal for insurance that has not been disclosed to the Company. You undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured. You shall immediately inform the Company if there are any subsequent changes to the information, declarations, warranties mentioned in this transcript of the proposal or if additions or alterations are carried out in the risk proposed after the submission of this proposal and thereafter.

D. You agree to the Standard Terms and Conditions of the Company. In case of disagreement or objection or any changes with respect to information, declarations, Standard Terms and Conditions, exclusions and contents mentioned hereinabove, please contact Company's toll free number & register your objections / changes / disagreement to the contents of this transcript or you may also send the Company email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy.

E. The Company shall have no liability under the Policy or contract of insurance if it is found that any of your statements, particulars, answers and particulars, information, declarations, warranties, in your this proposal or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter [whether material or not material] to the grant of a cover by the Company.



## BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

### JEWELLERS COMPREHENSIVE PROTECTION POLICY- SOOKSHMA UDYAM SURAKSHA TRANSCRIPT SCHEDULE

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210	
Insured Name	MS MANNALAL PANNALAL SETHIYA	Policy Number	OG-24-2006-4097-00000018

F. You authorize the Company to share information pertaining to your proposal for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority, reinsurers, group companies, auditors/legal counsel, service providers etc.

G. You have read and understood the privacy policy of the Company and hereby unconditionally agree and bind yourself to all terms and conditions of the Company's privacy policy, as amended, from time to time.

H. You agree that the Standard Terms and Conditions sent to you for the Policy taken by you for the first time shall be applicable to the renewal Policy and the Company need not send the Standard Terms and Conditions at the time of renewal and if you require the same you will seek the same from the Company.

Toll free Number: 1800-103-2529, 1800-22-5858, 1800-102-5858 and 1800-209-5858

Email address: bagichelp@bajajallianz.co.in

Website: www.bajajallianz.com

Contact Company's Policy servicing branch at: XXXX, XXXX

\*\* This is print of electronic records maintained by the Company in accordance with law and hence does not require signature. Scrutiny No:

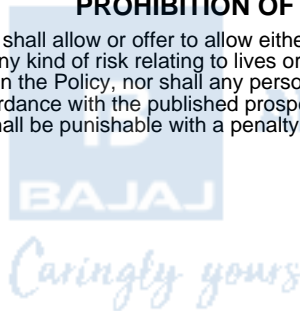
H. You agree that the Standard Terms and Conditions sent to you for the Policy taken by you for the first time shall be applicable to the renewal Policy and the Company need not send the Standard Terms and Conditions at the time of renewal and if you require the same you will seek the same from the Company.

### PROHIBITION OF REBATES

Section 41, of Insurance Act, 1938: No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with a penalty, which may extend to Ten lakh rupees.

Date: \_\_\_\_\_

Place: \_\_\_\_\_





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### JEWELLERS COMPREHENSIVE PROTECTION POLICY- SOOKSHMA UDYAM SURAKSHA POLICY SCHEDULE

UIN. IRDAN113RP0004V02201415

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210	
Insured Name	MS MANNALAL PANNALAL SETHIYA	Policy Number	OG-24-2006-4097-00000018

INSURED DETAILS		POLICY DETAILS	
Insured Address	3-6-92 KASARI BAZAR AURANGABAD-431001 MAHARASHTRA	Policy Issued on	04-MAR-2024
		Period of Insurance	From: 01-MAR-2024 12:01 AM To : 28-FEB-2025 Midnight
		Endorsement	NA
Customer ID	<b>428283706</b>	Policy Status	Issued
GSTIN / UIN	27AADFM9348Q1ZF		
STATE CODE/NAME	27 - Maharashtra		
Company GST No	27AABC5730G1ZX	Invoice No	415569899/1
Company PAN	AABC5730G		

#### Section wise covers:

Section	Section wise details	Sum Insured
Section 1	Stock In Premises	14,30,00,000
Section 2	Stock In Custody Of The Insured And Specified Persons	5,00,00,000
Section 3	Stock In Transit (Destinations within India only)	60,00,000
Section 4a	Standard Fire And Special Perils Cover For Building, Fixture, Fittings And Contents Excluding Stock And Stock In Trade - Bharat Sookshma Udyam Suraksha	15,28,000
Section 4b	Burglary And Robbery Cover For Furniture, Fixture, Fittings And Contents Excluding Stock And Stock In Trade	15,28,000
Section 6	Fidelity Guarantee	1,00,00,000
Section 13	Money In Transit	60,00,000
Details as per Annexure Attached.		<b>Total: 21,80,56,000</b>

#### Optional Covers:

Covers	Optional coverwise details as opted by insurer	Limit of Liability / Period	Sum Insured
Details as per Annexure Attached.			<b>Total: 30,56,000</b>

Final Premium Rupees One Lakh Three Thousand Five Hundred Fifty Six Only .	Net Premium	87,531
	Terrorism Premium	229
	State GST (9%)	7898
	Central GST (9%)	7898
	<b>Final premium</b>	<b>1,03,556</b>

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

Financer Details	KOTAK MAHINDRA BANK LTD.		
Co-Insurance	Own Share: 100%		
Basis of valuation	Section 1	Market Value	
	Section 2	Market Value	
	Section 3	Market Value	
	Section 4	Building & FFF.: Reinstatement Value Basis; Contents: Market Value Basis	



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## JEWELLERS COMPREHENSIVE PROTECTION POLICY- SOOKSHMA UDYAM SURAKSHA POLICY SCHEDULE

UIN. IRDAN113RP0004V02201415

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210	
Insured Name	MS MANNALAL PANNALAL SETHIYA	Policy Number	OG-24-2006-4097-00000018

Subject to clauses, Warranties, Special Exclusion & Condition	<p>Clauses - Excess for Section 1 The First 5% of each and every claim amount subject to a minimum of INR 10,000 for Sum Insured Up to INR 10 Cr. The first - 5% of claim amount subject to a minimum of INR 25,000 for sum Insured Above INR 10 Cr and up to INR 100 Cr Excess for Section 6- Fedilit For claims upto 2 Crs 10% of the claim amount subject to min of 2.5 lacs More than 2 Crs up to 5 Crs- 10% of the claim amount subject to min of Rs. 5 lac Third Party Fidelity losses only for Duly Constituted Attorney, Consultant, Cutter, Broker, Gold Smith, Job worker, Angadia, courier &amp; logistics who have taken the stock directly from the insured and there name is mentioned in the account books of the insured and will be extended max to their employees who are on rolls of the entity. No coverage for any layer below them</p> <p>Warranties - Min Security requirements Warranted 24* 7 Watch and ward available at all risk locations CCTV in Working Condition at all times throughout policy period Safe/Strong Room to be available at all locations</p> <p>Exclusion - Any Liability is subject to the exclusion for direct and indirect loss as a result of infectious diseases or contagious disease including but not limited to diseases arising out of corona viruses in the policy . 1. Any change with respect to Any changes/ revised rates/ revised instructions from regulatory/supervisory bodies like IRDA/IIB/GIC Re/GI Council. 2. Cyber Risk exclusion NMA 2915 3. Sanction &amp; Limitations clause Exclusions and excess as per JCPP policy</p> <p>Condition - Fire section Bharat Sookshma Udyam Suraksha In-built Covers Limit Addition, Alteration or Extension 15% of SI excluding stocks Temporary Removal of Stock 10% oStock Value Cover for Specific Content As per Standard wordings of BSUS Start up Expense up to INR 1 lac in Aggregate Professional Fees up to 5% of claim Amount Removal of Debris up to 2% of Claim Amount Cost Compelled by Municipal Regulations As per Standard wordings of BSUS Policy Wordi Stock on Floater Basis In built Excess of 5,000 (Rupees Five Thousand) for each claim. For Terrorism risk the Excess shall be as per the GIC pool terms All doors and windows to be grilled/ shuttered adequately, Stock in custody with sister concern stands excluded TP fidelity we can cover up to maximum 50 lakh AOA : AOY Employee fidelity we can cover up to maximum 50 lakh AOA :AOY Age of equipments should not be above 10 yrs for the equipments covered under EEI &amp; MBD Section Equipment Details to be shared at the time of binding (i.e. Make, Model, YOM, Sr. No. Sum Insured) Compulsory safe/ Strong Room in each branch/ Location /Office Sanctions Limitation Clause &amp; Exclusion Cyber Risk Exclusion clause NMA 5910 Communicable Disease Exclusion. the exclusion for direct and indirect loss as a result of infectious diseases or contagious disease; including but not limited to diseases arising out of corona viruses Entire stock to be kept inside safe after business hours except specifically agreed.</p>
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Previous Policy Details	Previous Policy No - 0 Previous Policy Expiry Date - null Previous Insurance Company - null
Remarks	

Premium Details	Receipt Number: 2006-00542736 Date: 01-MAR-24 Premium Payer ID: 428283706 Float: CF ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.		
Agency Code & Name	10038342, Jainuine Insurance Brokers Pvt. Ltd	Contact No.	9850049400, 9850049400
		E-Mail ID.	

For & on the behalf  
Bajaj Allianz General Insurance Company Ltd.



QR Code



Authorized Signatory

This document is digitally signed, hence counter signature / stamp is not required

Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006 PH:66026666 | Services Accounting Code : 997137 - Other property insurance services. No reverse charge is payable on these services.

Schedule (1) | Printed on : 11-Mar-2024 11:18:22 | rahul.sarde01@bajajallianz.co.in | WEB | NA



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### JEWELLERS COMPREHENSIVE PROTECTION POLICY- SOOKSHMA UDYAM SURAKSHA ANNEXURE

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210	
Insured Name	MS MANNALAL PANNALAL SETHIYA	Policy Number	OG-24-2006-4097-00000018

### ANNEXURE DETAILS

#### Section wise description of risk covered:

##### Section 1: Stock in Premises

Stock on: **Floater Basis**

Waiver of Under Insurance up to 15% Opted: **No**

##### Floater Basis

##### Details of Risk Location

Sr No	Risk Location Name & Address
1	MANNALAL PANNALAL SETHIYA, 36-92, KASARI BAZAR, AURAGABAD (MS) 431001 AURANGABAD CITY AURANGABAD 431001 MAHARASHTRA
2	MANNALAL PANNALAL SETHIYA, 14479/1, NEAR SWAD HOTEL, USMANPURA KRANTI CHOWK, AURANGABAD, Maharashtra, 431001 AURANGABAD CITY AURANGABAD 431001 MAHARASHTRA

Risk Description	Stock SI
A) Stock and Stock in trade on Premises (Includes Stock and Stock in trade kept Outside Locked Safe/Strong Room anywhere in the Insured Premises after Business Hours- Rs. 1,00,00,000)	13,00,00,000
B) Cash and Currency Notes on Premises	1,30,00,000
C) Stock and Stock in trade in Vaults, Safes and Bank Lockers outside Premises	0

##### Section 2: Stock in Custody of the Insured and Specified Persons

Risk Description	Stock SI
Property insured whilst in the Close Personal Custody and Control of Director(s), Employee(s), Partner(s), Duly Constituted Attorney(s) and Consultant(s) and such other authorized persons of the Insured.	4,00,00,000
Property insured whilst in the Close Personal Custody and Control of Cutter(s), Broker(s), Agent(s), Gold smith(s), Dealer(s), Client(s), Job worker(s), Contractor(s), Sub-Contractor(s) and other such entities including the employee(s) of the above, whether or not in regular employment of the Insured.	1,00,00,000
Property insured whilst in the Close Personal Custody and Control of the employees of the Insured's Group / Associate / Sister Concern operating from the same premises as that of the insured: NO	0
Name of the Insureds Group / Associate / Sister Concern:	

##### Section 3: Stock in Transit

Risk Description	Stock SI
i. Registered Post Parcel	0
ii. Air transit (Including on Door to Door Basis as per Contract of Affreightment)	0
iii. Angadia	60,00,000
iv. Courier and/or Logistics Companies.	0

##### Section 4A & 4B: Fire & Burglary

Burglary cover opted on First Loss basis: **NO**;

**100%**

Location Name	Section 4A: Fire				Section 4B: Burglary		
	Building SI	Furniture & Fixture SI	Contents SI	Chandeliers SI	Furniture & Fixture SI	Contents SI	Chandeliers SI
MANNALAL PANNALAL SETHIYA	0	0	15,28,000	0	0	15,28,000	0
MANNALAL PANNALAL SETHIYA	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>15,28,000</b>	<b>0</b>	<b>0</b>	<b>15,28,000</b>	<b>0</b>





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### JEWELLERS COMPREHENSIVE PROTECTION POLICY- SOOKSHMA UDYAM SURAKSHA ANNEXURE

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210	
Insured Name	MS MANNALAL PANNALAL SETHIYA	Policy Number	OG-24-2006-4097-00000018

#### Section 6: Fidelity Guarantee

##### Unnamed Basis

Risk Description	Limit
No. of Permanent Employees	15
Amount of Guarantee	50,00,000
Per Accident Limit	50,00,000
Per Person Limit	50,00,000

##### Contractual Employees

Risk Description	Limit
No. of Contractual Employees	5
Amount of Guarantee	50,00,000
Per Accident Limit	50,00,000
Per Person Limit	50,00,000

#### Section 13: Money in Transit

Riot, Strike, Malicious Damage Cover: YES

##### Locations between which the transit of money is covered:

From Location	To Location
BUSINESS PREMISES TO BANK SISTER CONCERN FROM VICE VERSA	AS PER PF WITH IN CITY LIMIT

Risk Description	Sum Insured
Any one Transit Limit	60,00,000

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

(This document is digitally signed, hence counter signature / stamp is not required)

Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006 PH:66026666 | Services Accounting Code : 997137 - Other property insurance services. No reverse charge is payable on these services.

Schedule (1) | Printed on : 11-Mar-2024 11:18:22 | rahul.sarde01@bajajallianz.co.in | WEB | NA

Office Details	(Jurisdiction of Office Union Territory, District)
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad 380001 Tel.: 079 - 25501201/02/05/06, <b>Email: bimalokpal.ahmedabad@ecoi.co.in</b>	Gujarat, Dadra & Nagar Haveli, Daman and Diu



### BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

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Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

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Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210	
Insured Name	MS MANNALAL PANNALAL SETHIYA	Policy Number	OG-24-2006-4097-00000018

<b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru 560078 Tel.: 080 - 26652048/26652049, <b>Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a></b>	Karnataka
<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal 462003. Tel.: 0755 - 2769201/2769202, Fax: 0755 - 2769203, <b>Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a></b>	Madhya Pradesh Chattisgarh
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar 751 009. Tel.: 0674 - 2596461/2596455 ,Fax: 0674 - 2596429 , <b>Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a></b>	Orissa
<b>CHANDIGARH</b> Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 D, Chandigarh 160017 Tel.: 0172 - 2706196/2706468, Fax: 0172 - 2708274, <b>Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a></b>	Punjab,Haryana,Himachal Pradesh, Jammu and Kashmir,Chandigarh.
<b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teyampet, CHENNAI 600018 Tel.: 044 - 24333668/24335284 ,Fax: 044 24333664, <b>Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a></b>	Tamil Nadu,Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).
<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi 110002 Tel.: 011 - 23232481/23213504, <b>Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a></b>	Delhi



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## JEWELLERS COMPREHENSIVE PROTECTION POLICY- SOOKSHMA UDYAM SURAKSHA ANNEXURE

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210	
Insured Name	MS MANNALAL PANNALAL SETHIYA	Policy Number	OG-24-2006-4097-00000018

<b>GUWAHATI</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati 781001(ASSAM). Tel.: 0361 - 2632204/2602205 , <b>Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a></b>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
<b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, Moin Court, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500004 Tel.: 040 - 23312122, Fax: 040 - 23376599, <b>Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a></b>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
<b>JAIPUR - Smt. Sandhya Baliga</b> Office of the Insurance Ombudsman, Jeevan Nidhi II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302005 Tel.: 0141 - 2740363 , <b>Email: <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a></b>	Rajasthan
<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682015. Tel.: 0484 - 2358759/2359338, Fax: 0484 - 2359336 , <b>Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a></b>	Kerala, Lakshadweep, Mahe-a part of Puducherry.
<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700072. Tel.: 033 - 22124339/22124340 , Fax : 033 - 22124341, <b>Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a></b>	West Bengal, Sikkim, Andaman & Nicobar Islands
<b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226001 Tel.: 0522 - 2231330/2231331, Fax: 0522 - 2231310, <b>Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a></b>	Districts of Uttar Pradesh :Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, dra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sita-pur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabinagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
<b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400054. Tel.: 022 - 26106552/26106960 , Fax: 022 - 26106052 , <b>Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a></b>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai and Thane



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<b>Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.</b>		ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210	
<b>Insured Name</b>	MS MANNALAL PANNALAL SETHIYA	<b>Policy Number</b>	OG-24-2006-4097-00000018

<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301 Tel.: 0120-2514252 / 2514253, <b>Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a></b></p>	Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad,
<p><b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006 Tel.: 0612-2680952, <b>Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a></b></p>	Bihar, Jharkhand
<p><b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune 411030. Tel.: 020-41312555, <b>Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a></b></p>	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

**Note: Address and contact number of Governing Body of Insurance Council: Secretary General - Governing Body of Insurance Council**  
**Jeevan Seva Annexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400054**  
**Tel. No.: 022 - 2610 6889, 26106245, Fax No.: 022 - 26106949, 26106052**  
**E-mail ID: [inscoun@vsnl.net](mailto:inscoun@vsnl.net)**

