र्बेजीकृत कार्यालय : ओरिएण्टल हाऊस पो. बो. नं**० 7**037

(भारत सरकार की उपक्रम) iental Insurance () any Limited (A Govt. of India Undertaking)

THE ORIENTAL INSURANCE GOMPAN SITURD THE D

Regd. Office: Oriental House, REBUNDARDS A-25/27, Asaf Ali Road, New Delhi 20 41000224:29 IST

NSURANC

ए-25/27, आसफ अली रोड, नई दिल

Policy No

253200/11/2025/22

Prev Policy No Cover Note Dt

: 253200/11/2024/1

Cover Note No Insured's Name

Address

67684613 - UTTARAKHAND JAL Issuing Office VIDYUT NIGAM (GSTIN:

: 253200 - BO HARIDWAR ROAD

DEHRADUN (GSTIN:

05AAACT0627R4Z2)

05AAACU6672R1ZN) UJJAWAL, MAHARANI BAGH, GMS

ROAD **DEHRADUN** Address

: 4-B, 1st Floor, Sachdeva Colony,

(Opp- Nainital Bank Ltd.) Haridwar Road, Dehradun

DEHRADUN UTTARAKHAND 248001

DEHRADUN UTTARAKHAND 248001

Tel /Fax /Email

: 0 / / 0 / insurancecell@ujvnl.com

Tel /Fax /Email

: 0135 - 2729715, 2729721 / 0135 -

2729917/

Dev.Officer

BROKER

: LC0000000198 M/S SALASAR

SERVICES INSURANCE BROKERS

PVT LTD

Period of Insurance: FROM 00:00 ON 01/04/2024 TO MIDNIGHT OF 31/03/2025

: DC_I_IND 2226004388 - 28/03/2024

GST-INVOICE NO:052234519087

UIN:0

Collection No & Dt **Fross Premium**

: 41,948

GST.

Stamp Duty : .5

Total: 49,498

Co Insurance Details

None

RISK DETAILS

Risk Description

Type of Industry

: CONTINUOUS INDUSTRY

Basis of Indemnity

OUTPUT BASIS

Indemnity Period

: 12 Months

Annual Gross Profit

2,68,46,733.00

Total Sum Insured

2,68,46,733.00

Time Exclusion

The indemnity: The amount which the Insured is entitled to recover under the provisions of the attached specification which is declared to be incorporated in and to form part of this schedule but not exceeding the total sum insured hereby.

Cover Wise Details: Cover Name

Sum Insured

Premium

SCHEDULE OF PREMIUM

Fire LOP-Basic Cover TOTAL PREMIUM

ADD: CGST

STAMP DUTY

ADD:SGST

TOTAL AMOUNT

41,948.02

41,948.00 3,775.00

0.50

3,775.00 49,498.00

Total Sum Insured In Words: Indian Rupees Two Crores Sixty-Eight Lakhs Forty-Six Thousand Seven Hundred Thirty-: Indian Rupees Forty-Nine Thousand Four Hundred Ninety-Eight Only

The Insurance under this policy is subject to warranties & Clauses otherwise stated herein:

Place:

DEHRADUN

Date:

28/03/2024

मण्डलीय कार्यालय : (२५३२००) देहरादून

TBISPPONIUM In Words





Page 1 of 2

CIN: U66010DL1947GOI007158

कृपया अपनी पत्राचार पॉलिसी जारीकर्ता कार्यालय से ही करें।

Address all communications to policy issuing office only Divisional Office: (253200) Dehradun

4-B, First Floor, Sachdeva Colony, Opposite Nainital Bank, Haridwar Road, Dehradun - 248001 (U.K.)

4-बी, प्रथम तल, सचदेवा कालोगी, नैगीताल बैंक के सामने, हरिद्वार रोड, देहरादून - 248001 (उत्तराखण्ड) दूरभाव : 0135-2729721, 2729689 फैक्स : 0135-2729917 वेबसाहट : www.orientalinsurance.org.in देखे

Tel.: 0135-2729721, 2729689, Fax: 0135-2729917 visit us at: www.orientalinsurance.org.in

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(A Govt. of India Undertaking)

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क्रीकृत कार्यालय : ओरिएण्टल हाऊस पो. बो. नं० ७०३७ Atta 66 6 6 3 mg Form Her bair of softer hull 1961 253200/11/2025/22

- 1. Return Of Premium Clause
- 2. Endorsement Spontaneous Combustion Add On Cover
- 3. In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac,the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operaing Offices as well as company's website.
- 4.30 days of Gross Profit.
- 5. Departmental clause if applicable
- 6. Communicable Disease Exclusion Clause
- 7. Exclusion-Any Direct or indirect loss by infectious or contagious disease
- 8. Terrorism Cancellation Clause
- 9. Terrorism Additional Exclusions

10. Coverage now includes loss of damage caused by action taken in suppressing, controlling, preventing or minimizing the consequences of an act of terrorism by the military authority.

Excess / Deductible:

The following minimum deductibles are applicable based on per Location Sum Insured of the policy.

BUSINESS INTERRUPTION-FLOP	
	No. of Days of Gross Profit
For Non-Petrochemical Risks	7
For Petrochemical Risks	14

Financier's Names are as stated herein:

None

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached. Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at DEHRADUN on 28TH DAY OF MARCH 2024

Entered By

ANAND MEHROTRA

Examined By

TAJENDRA SWAROO

Policy Printed By: 921891

Policy Printed On: 26-APR-24 16:26:44

Digitally Signed

Authorised Signatory

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

and through other digital platforms including Whatsapp (Send "Hi" to 9560711200)

Place:

DEHRADUN

Date:

28/03/2024







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CIN: U66010DL1947GOI007158

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