

BURGLARY - STANDARD POLICY SCHEDULE

Policy No.	: 253200/48/2021/673	Prev. Policy No.	: -
Cover Note No	: -	Cover Note Date	: -
Insured's Code	: 67684613	Issue Office Code	: 253200
Insured's Name	: UTTARAKHAND JAL VIDYUT NIGAM (GSTIN:)	Issue Office Name	: DO DEHRADUN (GSTIN: 05AAACT0627R4Z2)
Address	: "UJJWAL" MAHARANI BAGH GMS ROAD DEHRADUN DEHRADUN UTTAR PRADESH 248001	Address	: 4-B, 1st Floor, Sachdeva Colony, (Opp- Nainital Bank Ltd.) Haridwar Road, Dehradun DEHRADUN UTTARAKHAND 248001
Tel./Fax/Email	: / / 0 / NA	Tel./Fax/Email	: 0135 - 2729715, 2729721 / 0135 - 2729917 /

Agent/Broker Details

Dev.Off.Code :
Agent/Broker : LF0000000005 MARSH INDIA INSURANCE BROKERS PRIVATE LTD
Address : 1, INDIA BULL CENTRE TOWER-2, SENAPATI BAPAT MARG,,ELPHINSTON ROAD(W), MUMBAI 400012,MOB NO 7045922442 ,7045922442 TEL NO 022-66512977,MUMBAI,MAHARASHTRA,400012
Tel/Fax/Email : 022-66512977/7045922442//

Period of Insurance : FROM 16:23 ON 17/09/2020 TO MIDNIGHT OF 08/07/2021

Collection No & Dt. : DC_I_IND 2226002548 - 17/09/2020 GST INVOICE NO :051973034 UIN :0

Gross Premium : 2,486 GST 448 Stamp Duty : .5 Total : 2,934

Co-insurance Details : NIL

Particulars of Property Covered

Loc. No.	Loc. Desc.	Loc. Address	SMI Description	Sum Insured
1	ANY OTHER	STORE AT VILLAGE -HINA, UTTARKASHI,PAURIGARHWAL -246001,UTTARANCHAL	ON STOCK IN TRADE THE PROPERTY OF THE INSURED PERTAINING TO HIS BUSINESS OR TRADE ITEMS KEPT AT STORE LIST ATTACHED ASSIGANA VALLEY TRANSMISSION LINE CIVIL AND E&M STRUT. &ASSOCIATED MATERIALS LYING IN STORE	6,63,61,229

Cover wise Details

Basic Cover-Burglary Standard

Total Sum Insured in words : Indian Rupees Six Crores Sixty-Three Lakhs Sixty-One Thousand Two Hundred Twenty-Nine Only

Total Premium in words : Indian Rupees Two Thousand Nine Hundred Thirty-Four Only

The Insurance under this policy is subject to Warranties & Clauses :

Place : DEHRADUN

Date : 17/09/2020

For and on behalf of
The Oriental Insurance Company Limited

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.

Authorised Signatory

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

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Attached to and forming part of policy number 253200/48/2021/673

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

Excess : USER ENTERED

Hypothecation /Lease//Hire Names are as per the List Attached: 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 ab initio (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 DO DEHRADUN (GSTIN: 05AAACT0627R4Z2) on 17TH DAY OF SEPTEMBER 2020

For and on behalf of
The Oriental Insurance Company Limited

Entered By : VIJENDRA WILSON

Examined By : RAJESH ACCEL

Authorised Signatory

Place : DEHRADUN

Date : 17/09/2020

For and on behalf of
The Oriental Insurance Company Limited

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