

**BURGLARY - STANDARD POLICY SCHEDULE**

<b>Policy No.</b>	: 253200/48/2021/353	<b>Prev. Policy No.</b>	: 253200/48/2020/359
<b>Cover Note No</b>	: -	<b>Cover Note Date</b>	: -
<b>Insured's Code</b>	: 67684613	<b>Issue Office Code</b>	: 253200
<b>Insured's Name</b>	: UTTARAKHAND JAL VIDYUT NIGAM (GSTIN: )	<b>Issue Office Name</b>	: DO DEHRADUN (GSTIN: 05AAACT0627R4Z2)
<b>Address</b>	: "UJJWAL" MAHARANI BAGH GMS ROAD DEHRADUN  DEHRADUN UTTAR PRADESH 248001	<b>Address</b>	: 4-B, 1st Floor, Sachdeva Colony, (Opp- Nainital Bank Ltd.) Haridwar Road, Dehradun DEHRADUN UTTARAKHAND 248001
<b>Tel./Fax/Email</b>	: / / NA	<b>Tel./Fax/Email</b>	: 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,MUMBAI,MAHARASHTRA,400012  
**Tel/Fax/Email** : 9820199485/7045922442/

Period of Insurance : FROM 00:00 ON 09/07/2020 TO MIDNIGHT OF 08/07/2021

Collection No &amp; Dt. : DC\_I\_IND 2226001250 - 08/07/2020 GST INVOICE NO :051930117 UIN :0

Gross Premium : 2,576 GST : 464 Stamp Duty : .5 Total : 3,040

Co-insurance Details : NIL

**Particulars of Property Covered**

Loc. No.	Loc. Desc.	Loc. Address	SMI Description	Sum Insured
1	ANY OTHER	STORE NEAR TILOTH POWER HOUSE 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 ELECTROMECHANICAL ITEMS FOR ASSIGANGA HYDRO POWER HOUSE ITEMS PROCCURED FOR 2X2.25 MW ASSIGANGA IISHP UTTARKASHI	6,87,49,360

**Cover wise Details**

Basic Cover-Burglary Standard

Total Sum Insured in words : Indian Rupees Six Crores Eighty-Seven Lakhs Forty-Nine Thousand Three Hundred Sixty Only

Total Premium in words : Indian Rupees Three Thousand Forty Only

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

Place : DEHRADUN

Date : 10/07/2020



IRDA-REGNO-556

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 Rupees

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**Attached to and forming part of policy number 253200/48/2021/353**

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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.

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Excess : USER ENTERED

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Hypothecation /Lease//Hire Names are as per the List Attached: None

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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 08TH DAY OF JULY 2020

Entered By : VIJENDRA WILSON

For and on behalf of  
The Oriental Insurance Company Limited

Examined By : SURAT SINGH

Policy Printed By 259675 IP  
Policy Printed On : 10-JUL-20 15:03:10 MAC

Authorised Signatory

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Place : DEHRADUN  
Date : 10/07/2020



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