



POLICY SCHEDULE FOR DIRECTORS AND OFFICERS LIABILITY INSURANCE

| Insured's Name | : | UJVN LIMITED. | | | |
|----------------|-----|---|----------------|--------|--|
| | Ins | ureds Details | | Issuin | g Office Details |
| Customer ID | : | PO10747759 | Office Code | : | DEHRADUN DO 340800 (340800) |
| Address | : | MAHARANI BAGH GMS ROAD DEHRADUN DEHRADUN, UTTARAKHAND, 248001 | Address | | 15-A, RAJPUR ROAD, 15-A, RAJPUR ROAD,OPP. GANDHI PARK,DEHRADUN - 248 001. ,263641 |
| Phone No | | 9456590125 | Phone No | : | 01352657669 / 01352712501 |
| E-mail/Fax | - 1 | icpant63@gmail.com, / | E-mail/Fax | | nia.340800@newindia.co.in / |
| PAN No | | AAACU6672R | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | | 05AAACU6672R1ZN / NA ** | GSTIN | | 05AAACN4165C4ZU |
| | 3 | | SAC | | 997139 (Other non-life insurance services excl RI) |

| | | Po | licy Details | | |
|---------------------|-----|--|--|-----|---|
| Policy Number | : | 34080036191000000001 | Busi | ine | ss Source Code |
| Period of Insurance | : | From:20/07/2019 12:00:01 AM To:19/07/2020 11:59:59 PM | Dev.Off. level/Broker/Corp. Agent/Web Aggregator | : | DIRECT BUSINESS - (1D7842540) |
| Date of Proposal | | 20-Jul-19 | Agent/Bancassurance/Sp ecified Person | 1 | |
| Prev. Policy no. | - 4 | | Phone No | : | NA / 01352657669, 01352108164, 9412319924 |
| Client Type | | Corporate | E-mail/Fax | : | 111 |

| Premium(₹) | GST(₹) | Total(₹) | Total:(₹ In words) | Receipt No. & Date |
|------------|--------|----------|---|-------------------------------------|
| 28000 | 5040 | 33040 | RUPEES THIRTY-THREE THOUSAND FORTY ONLY | 3408008119000000112 4 - 22/07/19 |

Details of Risks Covered Under Policy:

| Details of cor | npany owne | ership | : Public | The State | | | | | |
|-------------------------------|------------|--------------|-----------|-----------|-----------------------------|-------|---------------------|------------------------------------|--------------------------|
| Retroactive Dates | Date | Jurisdiction | Territory | AOA | AOY/Total Sum Insured | Basis | Deductible India | Deductible Rest of the world | Deductible USA/Canada |
| Policy Retroactive Date | 20/07/201 | India | NA | 5000000 | 5000000 | NA | ₹100000 | ₹0 | ₹0 |

Extensions under the Policy

| Name of the Extension | Sub Limit of the Extension | Sub Limit of the Extension Deductibles of the Extension | | | |
|-----------------------------------|--|---|--|--|--|
| Special Conditions | AS PER STANDARD POLICY TERMS AND C | ONDITIONS. | | | |
| The second division of the second | AS PER STANDARD POLICY TERMS AND CONDITIONS. | | | | |
| Special Exclusions | NA NA | | | | |
| Special Evcess/Deductible | 0 | | | | |

This Policy shall be subject to DIRECTORS AND OFFICERS LIABILITY INSURANCE policy clauses attached herewith

| Conditions | Subrogation clause |
|------------|---|
| Conditions | Insured to immediately advise and notify the company of any losses or occurrences reasonably likely to give rise to a claim |
| Conditions | Extended Reporting Period as specified |
| Conditions | Any material change in Risk during policy period shall render this insurance ineffective from the date of such change(s) |
| Conditions | The proposal form, statements, attachments and information supplied are the basis of cover and a part of the policy |

Policy No.: 34080036191000000001 Document generated by 34461 at 22/07/2019 12:32:51 Hours.

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

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



| Conditions | Cancellation Clause |
|------------|--|
| Conditions | Right to defend clause |
| Conditions | No admission, offer, payment or promise to indemnify by the insured without the written consent of the company |
| Conditions | Insured will have a continued duty and obligation to co-operate with the company in the investigation and conduct of legal proceedings - |
| Conditions | Conformity to Statute Clause |
| Conditions | Policy on claims made basis |
| Exclusions | Any injury, loss, directly or indirectly caused by, in connection with terrorism |
| Exclusions | Any alleged or actual, loss, wrongful act that are related also be excluded |
| Exclusions | Any claim, wrongful act connected to the insureds status as a DO or employee. |
| Exclusions | Failure to render by Insured or on the Insured behalf of any prof.services |
| Exclusions | Claims brought by or on behalf of any insured or company unless as specified in the clause |
| Exclusions | Any loss and/or claim arising out of Pollutants |
| Exclusions | Insider Trading exclusion |
| Exclusions | Outsider Directorship Exclusion |
| Exclusions | Merger/Acquisition exclusion |
| Exclusions | Any claim, loss or liability from any consequence of war, invasion, civil war |
| Exclusions | Any actual or alleged plagiarism or infringement of copyright or patent |
| Exclusions | Any claim by any security holder of the company. |
| Exclusions | Any claim brought or maintained by any subsidiary |
| Exclusions | Any fact or matter of which the Insured was aware -prior to the inception date |
| Exclusions | Obligations imposed by Employee Retirement Income Security Act of 1974 (USA) |
| Exclusions | For bodily injury, sickness, disease, death of person includes loss of use thereof |
| Exclusions | committing in fact of any dishonest or fraudulent act |
| Exclusions | Gaining in fact of any profit to which insured was not legally entitled |
| Exclusions | Insured Vs Insured exclusion |
| Exclusions | lonizing radiation or contamination by radioactivity from any nuclear fuel |
| Exclusions | Radioactive,toxic,explosive of any explosive nuclear assembly |

Date of Issue: 22/07/2019

Mudrank

number

Stamp Duty under the Policy is ₹1

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 28000.00 |
| SGST | 9 | 2520 |
| CGST | 9 | 2520 |
| IGST | 0 | 0 |

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 22nd day of July,2019.

For and on behalf of The New India Assurance Company Limited Duly Constituted Attorney(s) _consolidated Stamp Fees Paid by Pay Order Number__

_vide receipt

Tax Invoice No: 34080019P0001608



IRDA Registration Number: 190

Policy No.: 34080036191000000001 Document generated by 34461 at 22/07/2019 12:32:51 Hours.

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ADJUSTMENT VOUCHER

Issuing Office

: DEHRADUN DO 340800 (340800)

Address

15-A, RAJPUR ROAD, 15-A, RAJPUR ROAD,OPP. GANDHI PARK,DEHRADUN - 248 001. 283641 GARUR

Phone

: 01352657669

Email

: nia.340800@newindia.co.in

Fax

Collection Number

: 34080081190000001124

Collection Date Business Source Code

: 22/07/2019

1D7842540

PAN No of Payer

: AAACU6672R

Received with thanks from UTTARAKHAND JAL VIDYUT NIGAM LTD.

The amount received/Adjusted is towards -

| Policy No. | A/C Description | Amount₹ | A/C C-d- | 2011 1078900 11 |
|----------------------|-----------------|----------|-------------|-----------------|
| 34080036191000000001 | Scroll-340800 | 33040.00 | A/C Code | Sub A/C Code |
| Table Bushess of | 301011-340800 | 33040.00 | 5081.340800 | |

Total = ₹ 433829.00

Your Payment/Adjustment Details are as under -

| Mode | Amount ₹ | Cheque No. | Cheque Date | Drawee Bank | Drawee Branch | Reference No. | Scroll/BG/A |
|-----------|----------|---------------|-------------|----------------------|---------------|------------------|-------------|
| Scroll | 33040.00 | 510333 | 19-JUL-19 | DUMUAD MATICALLY | | | PD Balance |
| Total - # | | 210333 | 119-JUL-19 | PUNJAB NATIONAL BANK | DEHRADUN | 3408001910004075 | 0.00 |

Total = ₹ 433829.00

Date of Issue: 22/07/2019

Utilization details of the Collected Amount :

| Premium | | GST | Stamp Duty | | Excess Amount |
|----------|-------------|---------|-------------|------|-----------------|
| 28000.00 | | 5040.00 | | 0.00 | A AITIOUTIC |
| SI no. | Agency Code | | Agency Name | | Department Code |
| 1 | NA | | NA | | 36 |

For The New India Assurance Company Limited

Cashier's Initial

Authorized Signatory

Note -

 ${\bf 1. Please\ note\ the\ Policy\ Number,\ Collection\ Number\ and\ date\ in\ all\ future\ correspondence.\ .}$

2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No: 34080019P0001608

IRDA Registration Number: 190

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