

दि ओरिएण्टल इन्श्योरेंस कम्पनी लिमिटेड

(भारत सरकार का उपक्रम)

पंजीकृत कार्यालय : ओरिएण्टल हाऊस पो. नं० 7037

ए-25/27, आसफ अली रोड, नई दिल्ली-110002



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

Regd. Office : Oriental House, P.B. No. 7037

A-25/27, Asaf Ali Road, New Delhi - 110002

Store: A-25/27, Asaf Ali Road, New Delhi - 110002
Date: 21/12/2018
Location: NOIDA
Reason: Storage Policy of DICL

STANDARD FIRE & SPECIAL PERIL

TER POLICY SCHEDULE

Policy No : 253200/11/2019/70
Cover Note No : -
Insured's Name : 91854039 - UTTARAKHAND JAL VIDHUT NIGAM LIMITED (GSTIN: C)
Address : UJJAWAL, MAHARANI BAGH
GMS ROAD
DEHRADUN
DEHRADUN UTTARAKHAND 248001
Tel/Fax/Email : / / 0 / NA
Dev. Officer : NA0000005598 DIRECT
Period of Insurance : FROM 11:20 ON 20/12/2018 TO 11:20 ON 19/12/2019
Collection No & Dt : CHQCSH 2226004461 - 20/12/2018
Gross Premium : 78,412 GST : 14,114 Stamp Duty : .5 Total : 92,526
GST INVOICE NO : 051710154222 UIN : 0

Co Insurance Details : None

RISK DESCRIPTION

1 Risk Description : Material stored in Godown and of Non-hazardous goods subject to warranty that hazardous goods of Category 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 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597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

SMI Desc	Nature of Stock	Sum Insured
ALL TYPES OF MATREIAL PURCHASE FOR 2X4.5 MW KALDIGAD SHP OF UJVN LTD(AS PER LIST)		9,66,54,465.00

Cover Wise Details : Cover Name Sum Insured

STFI Cover	9,66,54,465.00
Fire Basic Cover	9,66,54,465.00
Earthquake (Fire And Shock)	9,66,54,465.00
Floater Extra	

SCHEDULE

TOTAL PREMIUM	78,412.00
STAMP DUTY	0.50
ADD :CGST	7,057.00
ADD :SGST	7,057.00
TOTAL AMOUNT	92,526.00

Place : DEHRADUN

Date : 20/12/2018



For and on behalf of
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule) and 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: U66010DL19970901001587 The Amounts mentioned in this policy are in Indian Rupee

कृपया अपनी पत्राचार पॉलिसी जारीकर्ता कार्यालय से ही करें।

Address all communications to policy issuing office only

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

(भारत सरकार का उपक्रम)

पंजीकृत कार्यालय : ओरिएण्टल हाउस पो. बो. नं० 7037



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

Regd. Office : Oriental House, P.B. No. 7037

A-25/27, Asaf Ali Road, New Delhi - 110002

Attached to and forming part of policy number 110002320

Total Sum Insured In Words : Indian Rupees Nine Crores Sixty Laks Fifty-Four Thousand Four Hundred Sixty-Five
Only
Total Premium In Words : Indian Rupees Ninety-Two Thousand Five Hundred Twenty-Six Only

Excess / Deductible :

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

Sum Insured Band per Location (including endorsement if any)	Material Damage	
	% Of Claim	Subject to a Minimum deductible in INR
Upto 10 Cr	5	10,000.00
Above 10 Cr and upto 100 Cr	5	25,000.00
Above 100 Cr and upto 1500 Cr	5	500,000.00
Above 1500 Cr and upto 2500 Cr	5	2,500,000.00
Above 2500 Cr	5	5,000,000.00

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

1. In the event of a claim under the policy exceeding Rs1lac 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 operating Offices as well as company's website.
2. Floater Clause
3. Designation Of Property Clause
4. Endorsement - Earthquake (Fire And Shock) - Add On Cover

Place : DEHRADUN

Date : 20/12/2018



IRDA-REGNO-558

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.

CIN: U66010DL19470901007458 The Amounts mentioned in this policy are in Indian Rupee

कृपया अपनी पत्राचार पोलिसी जारीकर्ता कार्यालय से ही करें।

Address all communications to policy issuing office only

महलीय कार्यालय : (253200) देहरादून

Divisional Office : (253200) Dehradun

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

(भारत सरकार का उपक्रम)

पंजीकृत कार्यालय : ओरिएण्टल हाउस पो. बो. नं० 7037



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

Regd. Office : Oriental House, P.B. No. 7037

A-25/27, Asaf Ali Road, New Delhi - 110002

Signature: [Signature]
Date: Fri Dec 21 20:18:16 2018
Location: NOIDA
Reason: Signing Policy for OICL

Attached to and forming part of policy number 2132011/2018/175

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 20TH DAY OF DECEMBER 2018

Entered By : VIJENDRA WILSON

Examined By : MS REETA RAWAT

Policy Printed By : 259675

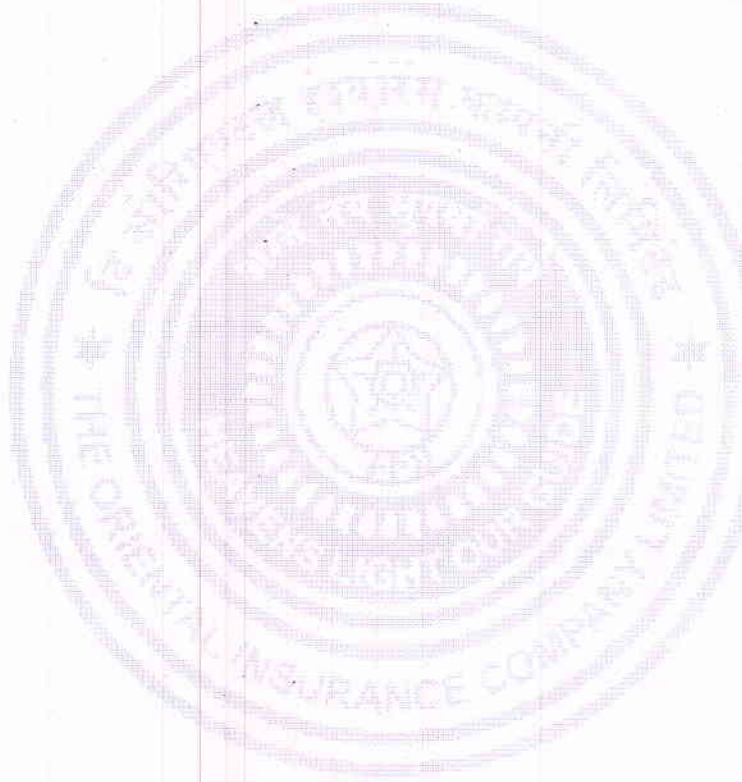
IP : 192.168.1.100

Policy Printed On : 21-DEC-18 13:17:36

MAC :

For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory



Place : DEHRADUN

Date : 20/12/2018



IRDA-REGNO-556

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: I660UBH10917907001581 All the Amounts mentioned in this policy are in Indian Rupee

कृपया अपनी पत्राचार पॉलिसी जारीकर्ता कार्यालय से ही करें।

मण्डलीय कार्यालय : (253200) देहरादून

Divisional Office : (253200) Dehradun

For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory



Page 4 of 4

Address all communications to policy issuing office only



STANDARD FIRE & SPECIAL PERILS - FLOATER POLICY SCHEDULE

Policy No	: 253200/11/2019/70	Prev Policy No	: -
Cover Note No	: -	Cover Note Dt	:
Insured's Name	: 91854039 - UTTARAKHAND JAL VIDHUT NIGAM LIMITED (GSTIN: 0)	Issuing Office	: 253200 - DO DEHRADUN (GSTIN: 05AAACT0627R4Z2)
Address	: UJJAWAL, MAHARANI BAGH GMS ROAD DEHRADUN DEHRADUN UTTARAKHAND 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 /
Dev. Officer	: NA0000005598 DIRECT	AGENT	:
Period of Insurance : FROM 11:20 ON 20/12/2018 TO MIDNIGHT OF 19/12/2019			
Collection No & Dt	: GST INVOICE NO :051710154222	UIN	: 0
Gross Premium	: 0	GST	: 0
		Total	: 0
Co-Insurance Details	: None		

RISK DETAILS

1 Risk Description : Material stored in Godown and Silos - Storage of Non-hazardous goods subject to warranty that hazardous goods of Category I, II, III, Coir waste, Coir fibre and Caddies are not stored therein

SMI Desc	Nature of Stock	Sum Insured
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Cover Wise Details : Cover Name **Sum Insured**

SCHEDULE OF PREMIUM

Total Sum Insured In Words : Indian Rupees Only

Total Premium In Words : Indian Rupees Only

Excess / Deductible :

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

Sum Insured Band per Location (including endorsement, if any)	Material Damage	
	% Of Claim	Subject to a Minimum deductible in INR
Upto 10 Cr	5	.00
Above 10 Cr and upto 100 Cr	5	.00
Above 100 Cr and upto 1500 Cr	5	.00
Above 1500 Cr and upto 2500 Cr	5	.00
Above 2500 Cr	5	.00

Place : DEHRADUN

Date : 21/12/2018



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.

CIN: U66010DL1947G0007158 The Amounts mentioned in this policy are in Indian Rupee

कृपया अपनी पत्राचार पोलिसी जारीकर्ता कार्यालय से ही करें।

Authorised Signatory



Attached to and forming part of policy number 253200/11/2018/70

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

1. 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 operating Offices as well as company's website.
2. Floater Clause
3. Designation Of Property Clause
4. Endorsement - Earthquake (Fire And Shock) - Add On Cover

Location Address as stated herein :

1. GODOWN
HEENA STORE UTTARKASHI
UTTARAKHAND , UTTAR KASHI
UTTAR PRADESH - 249193
2. GEN MANAGER SHP OFFICE
PRAGATIPURAM
RISHIKESH , DEHRADUN
UTTARANCHAL - 248001

Financier's Names are as per the list attached:

None

Dear Customer,

Fire Insurance Policy issued to you intends to indemnify you in the event of a loss as defined in the Policy. We as your Insurers are keen to meet our obligations under the Policy within shortest possible time and therefore request you to extend your utmost cooperation.

We indicate below a List of Dos and Don'ts on your part in the event of a loss for which you may choose to prefer a claim under the Policy. Kindly note that these are broad indications only and not the entire set of your obligations under the Policy as a future loss and its nature can not be visualised in full at this stage. However, your compliance of these dos and don'ts shall help us to process your claim faster and therefore please take a note of these and help us to serve you better and faster.

Dos after receiving the Policy document:

1. Please take a photocopy of the Policy and your proposal form and keep them in a safe place.
2. Please go through the Policy and in case you have any queries, drop us a mail / letter so that the queries are clarified. It shall obviate any lack of clarity regarding coverage granted under the Policy.
3. In case you have engaged an intermediary (Agent/Broker), please be acquainted with the responsibilities of these intermediaries. You may refer to IRDA website i.e www.irda.gov.in for the purpose.
4. Please maintain necessary Books of Accounts as prescribed and applicable to your firm under law.
5. Please ensure that after the closure of working hours at the work site, all electrical switches are in switch off mode.
6. In case of any grievance which could not be resolved by your Policy Issuing Office, please avail of the services rendered by our Customer Grievance Departments set up at Regional Offices. You may also log on to our grievance portal at Orientalinsurance.org.in for registering and tracking of your grievance.

Place : DEHRADUN

Date : 21/12/2018



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: U66019DL190760015071519 The Amounts mentioned in this policy are in Indian Rupee

कृपया अपनी पत्राचार पॉलिसी जारीकर्ता कार्यालय से ही करें।

Address all communications to policy issuing office only



Attached to and forming part of policy number 253200/11/2019/70

Dos in the event of a Loss :

1. Immediately inform the Fire Brigade and other statutory bodies like nearest Police Station, Inspector of Factories etc.
2. Inform your Policy Issuance Office over phone immediately.
3. Arrange for immediate fire fighting.
4. Have a look at the nature of loss and see if it is covered under the Policy of insurance issued to you; in case it is covered, please lodge a claim in the attached claim form immediately. Please note that on receipt of your Claim Form, your claim shall be registered at your Policy Issuing Office and you shall be intimated the Claim No, which has to be referred by you in all communications to us regarding the Claim. Further, a Surveyor shall be sent to the loss site on receipt of your claim. Since Surveyor is expected to survey the loss immediately, your intimation of claim has to be fast within 24 hours of the occurrence.
5. Allow the Surveyor deputed to access the loss site, take photographs and analyse your Books of accounts, trade related documents and loss related documents. Please hand over a legible copy of Policy with all attachments to the Surveyors.
6. Please extend cooperation to the Surveyor and furnish documents so that he is in a position to ascertain
 - i) Whether there is an occurrence as claimed,
 - ii) Cause of loss and if it is covered under the Policy,
 - iii) If the Property affected is covered under the Policy,
 - iv) Value of Property insured immediately before the loss,
 - v) Value of safe property after the loss,
 - vi) Items and value of property lost or damaged in the occurrence,
 - vii) Items and value of salvage, if any,
 - viii) If you are the rightful claimant under the Policy,
 - ix) If the location affected is covered under the Policy,
 - x) Amount payable under the Policy.
 - xi) If the terms and conditions of the Policy are complied with.
 - xii) In case your Policy has Reinstatement Value Clause (RIV) you are supposed to complete reinstatement of the damaged property within a period of 12 months from the date of occurrence and on completion of reinstatement , inform the Surveyors and submit necessary Bills and Cash memos and proof of reinstatement.
7. Please retain the salvage in safe custody; these are your Property. The Surveyors shall help you in disposal of such salvage and arriving at its value which shall be adjusted with the loss assessed.
8. Please insist on the Surveyors to furnish a list of documents that they would like you to submit.
9. Please submit these documents before the Surveyor leaves the site. Insist on a Status Report from the Surveyors before he leaves the site.
10. The Surveyors shall be under instructions to submit their Final Report within 15 days of commencing the survey; therefore please arrange to submit the complete documents within a period of 5-7 days of the occurrence. In case you are not in a position to do so, please indicate the reasons in writing and inform within how many days you shall be in a position to furnish the required documents.
11. It shall be our endeavour to forward to you Claim Settlement Notice within 25 days of the occurrence, subject to receipt of all required Reports and documents and credit your account with the assessed amount within 30 days of the occurrence; we would therefore seek your cooperation to meet the time line. If you have a Banker's clause inserted in your Policy, amount of admissible loss shall be remitted to your Bankers. If you want to be paid this amount, necessary NOC of the Bankers have to be submitted. In case the loss and/or the claim falls beyond the Policy terms and conditions, same shall be intimated to you in an appropriate way within a reasonable time line.

Place : DEHRADUN

Date : 21/12/2018



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 Tol: Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1997GO10071587A53

कृपया अपनी पत्राचार पॉलिसी जारीकर्ता कार्यालय से ही करें।

Authorised Signatory



Page 3 of 4

Address all communications to policy issuing office only

दिवि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

(भारत सरकार का उपक्रम)

पंजीकृत कार्यालय : ओरिएण्टल हाऊस पो. बो. नं० 7037



THE ORIENTAL INSURANCE COMPANY LIMITED
(A Govt. of India Undertaking)
Regd. Office : Oriental House, P.B. No. 7037
A-25/27, Asaf Ali Road, New Delhi - 110002

Attached to and forming part of policy number 253200/11/2018/73

12. In case you have a grievance regarding disposal of the Claim, you can avail the services of our customer grievance cell as mentioned above.

DON'T s in the event of a Loss:

1. Do not disturb the affected items unless it is required for loss minimization.
2. Do not engage persons without necessary skills to do fire fighting.
3. In case you have a RIV Policy, please do not prolong the process of reinstatement beyond the time stipulated under the Policy.
4. Please do not submit any document that is not authentic or genuine. It will vitiate the claim.
5. Please do not pay to the Surveyors, as we shall pay them for their services.

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).

Witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at DEHRADUN on 21ST DAY OF DECEMBER 2018

Entered By : BANDESH KUMAR

Examined By : VIJENDRA WILSON

Policy Printed By : 259675

Policy Printed On : 21-DEC-18 13:18:25

IP :

MAC :

For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory

Place : DEHRADUN

Date : 21/12/2018



IRDA-REGNO-556

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

CIN: U66010DL19070007158 All the Amounts mentioned in this policy are in Indian Rupee

कृपया अपनी पत्राचार पोलिसी जारीकर्ता कार्यालय से ही करें।

Address all communications to policy issuing office only

मण्डलीय कार्यालय : (253200) देहरादून

Divisional Office : (253200) Dehradun

दि ओरिएण्टल इन्श्योरेंस कम्पनी लिमिटेड

(भारत सरकार का उपक्रम)

पंजीकृत कार्यालय : ओरिएण्टल हाऊस पो. बॉ. नं० 7037
ए-25/27, आसफ अली रोड, नई दिल्ली-110002



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

Regd. Office : Oriental House, P.B. No. 7037
A-25/27, Asaf Ali Road, New Delhi - 110002

Signature: ATUL SAHAI
Date: 11/Dec/2018 12:43 IST
Location: NOIDA
Reason: Binding Policy for OICL

Policy No. : 253200/48/2019/1111 Prev. Policy No. : -
Cover Note No. : - Cover Note Date : -
Insured's Code : 91921620 Issue Office Code : 253200
Insured's Name : UTTARAKHAND JAL VIDHUT
NIGAM LIMITED (GSTIN: 0) Issue Office Name : DO DEHRADUN (GSTIN:
05AAACT0627R4Z2)
Address : UJJAWAL, MAHARANI BAGH Address : 4-B, 1st Floor, Sachdeva Colony,
G.M.S ROAD (Opp- Nainital Bank Ltd.)
DEHRADUN Haridwar Road, Dehradun
DEHRADUN UTTARAKHAND 248001 DEHRADUN UTTARAKHAND 248001
Tel./Fax/Email : / / 0 / NA Tel./Fax/Email : 0135 - 2729715, 2729721 / 0135 -
2729917 /

Agent/Broker Details

Dev.Off.Code : NA0000005598 DIRECT
Agent/Broker :
Address :
Tel./Fax/Email : / / /

Period of Insurance : FROM 11:17 ON 20/12/2018 TO MIDNIGHT OF 19/12/2019

Collection No & Dt. : CHQCSH 2226004461 - 20/12/2018 GST INVOICE NO : 051710154183 UIN : 0

Gross Premium : 7,873 GST : 1418 Stamp Duty : .5 Total : 9,291

Co-insurance Details : NIL

Particulars of Property Covered

Loc. No.	Loc. Desc.	Loc. Address
1	GODOWN	HEENA, UTTARKASHI, UTTAR KASHI- 249193, UTTARANCHAL
2	GODOWN	GM SHP OFFICE PRAGATIPURAM RISHIKESH, DEHRADUN-249201, UTTARAKHAND

Sum Insured Details

Sr. No.	SMI Description	Sum Insured on Floater Basis
1	ON STOCK OF MATERIALS PURCHASED FOR 2X4.5MW KALDIGHAT SHP OF UJVNLTD(AS PER LIST ATTACHED)	9,66,54,465

Cover wise Details

Basic Cover-Burglary Floater

Total Sum Insured in words : Indian Rupees Nine Crores Sixty-Six Lakhs Fifty-Four Thousand Four Hundred Sixty-Five Only

Total Premium in words : Indian Rupees Nine Thousand Two Hundred Ninety-One Only

Place : DEHRADUN



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 Helpline : 1800-121-2345

Atul Sahai

General Manager

Address all communications to policy issuing office only

मण्डलीय कार्यालय : (253200) देहरादून

Divisional Office : (253200) Dehradun

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

(भारत सरकार का उपक्रम)

पंजीकृत कार्यालय : ओरिएण्टल हाउस पो. बो. नं० 7037

Attached to and forming part of policy number 253200/48/2019/1111



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

Regd. Office : Oriental House, P.B. No. 7037

A-25/27, Asaf Ali Road, New Delhi - 110002

Signature: ATUL SAHAI
Date: 21/12/2018 13:22:09
Location: NOIDA
Reason: Signing Policy for OICL

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

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 : NIL

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: 05AACT0627R4Z2) on 20TH DAY OF DECEMBER 2018

Executed By : VIJENDRA WILSON

For and on behalf of
The Oriental Insurance Company Limited

Examined By : P PALDEN

Policy Printed By 259675

IP

Policy Printed On :21-DEC-18 13:22:09 MAC

Atul Sahai
General Manager
Authorised Signatory

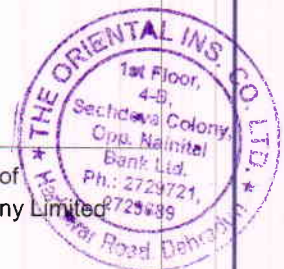
Place: DEHRADUN



IRDA-REGNO-556

Date: 21/12/2018

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

फ्री हेल्पलाइन नं० 1800 120 1234

मण्डलीय कार्यालय : (253200) देहरादून

Divisional Office : (253200) Dehradun

Address all communications to policy issuing office only

Atul Sahai
General Manager