



**MONEY INSURANCE POLICY SCHEDULE**

**Policy No:** 253200/48/2020/255 **Previous Policy No :** 253200/48/2019/333  
**Cover Note No:** **Cover Note Date :**  
**Insured's Name:** AC0000001881- UTTARAKHAND JAL VIDYUT NIGAM LIMITED (GSTIN: 05AAACU6672R1ZN) **Issuing Office :**  
**Address:** UJJWAL, MAHARANI BAGH, GMS ROAD DEHRADUN DEHRADUN UTTARAKHAND 248001 **Address :** 253200 - DO DEHRADUN (GSTIN: 05AAACT0627R4Z2)  
**Tel No/Fax/Email:** 0135-2760726 / / 0 / NA **Tel No/Fax/Email :** 0135 - 2729715, 2729721 / 0135 -2729917 /

**Agent/Broker Details**

**Dev Officer:** NA0000005598 DIRECT  
**Agent/Broker :**  
**Address:**  
**Tel/Fax/Email :** 0135-2760726//0/NA/

**Period of Insurance:** FROM 00:00 ON 12/06/2019 TO MIDNIGHT OF 11/12/2019

**Collection No & Date:** CHQ 2226001033 - 11/06/2019 **GST INVOICE NO :** 051710083661 **UIN :** 0  
**Gross Premium** 4,320 **GST: 778** **Stamp Duty: .5** **Total: 5,098**

**RISK DETAILS**

Section	Description of Cash covered	Limit of any one Loss
IA	Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insured's premises from the time the cash is received at the bank by the Insured or the authorised employee/s of the Insured until delivered at the premises or other place of disbursement and whilst there until paid out provided that out of business hours such cash shall be secured in locked safe or strong room on the premises. Cheques drawn by the Insured to provide for such cash are covered in transit from the premises to the bank	
IB	Money other than described in 'A' above in the personal custody of the Insured or the authorised employee/s of the Insured whilst in direct transit between the premises and the bank or post office	
IC	Money other than described in 'A' or 'B' above collected by and in the personal custody of the Insured or the authorised employee/s of the Insured whilst in transit to the premises or bank within a period not exceeding 48 hours from the time of collection.	
ID	Any other Transit -	
I	Estimated total amount of money in transit per annum	10,00,000
II	Cash (other than described in Section I A above) whilst on the premises during the business hours or whilst secured in locked safe or locked strong room on the Insured's premises out of business hours against the risk of burglary, housebreaking and hold-up	

**Place :** DEHRADUN  
**Date** 11/06/19

For and on behalf of  
 The Oriental Insurance Company Limited

Authorised Signatory



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 Rupee  
 IRDA Regn. No. 556 - Now you can buy and renew selected policies online at [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in)

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 हाऊस पो. बो. 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

This Document is Digitally Signed

Attached to and forming part of policy number 253200/48/2020/255

Signer: ATUL JERATH  
Date: Thu, Jun 13, 2019 12:51:31 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

Total Premium in words : Indian Rupees Five Thousand Ninety-Eight Only

Excess : NIL

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. 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.

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

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 DO DEHRADUN (GSTIN: 05AAACT0627R4Z2) on 11TH DAY OF JUNE 2019

Entered By : RAJESH ACCEL

Examined By : P PALDEN

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed By : 922102

Policy Printed On : 13-JUN-19 12:51:31

IP :

MAC :

ATUL JERATH  
General Manager  
Authorised Signatory



कृपया अपनी पत्राचार पॉलिसी जारीकर्ता कार्यालय को ही करें।  
Place: DEHRADUN

मध्यम कार्यालय : (253200) देहरादून  
Date: 11/06/2019



Address all communications to policy issuing office only  
For and on behalf of

DO Dehradun 4-B, 1st Floor, Sachdeva Colony, (Opp- Nainital Bank Ltd.), Haridwar Road, Dehradun, DEHRADUN, 248001

05AAAACT0627R4Z2

**Tax Invoice**

Office Code

Invoice No.

Billing Details Sh./Smt./ M/s.

253200 - DO DEHRADUN

GST NO :05AAAACT0627R4Z2

51810020802

UTTARAKHAND JAL VIDYUT NIGAM LIMITED  
UJJWAL MAHARNI BAGH GMS ROAD  
DEHRADUN

EXCESS SHALL APPLY AS MENTIONED IN OUR CONDITIONS  
UK

248001

STATE CODE .05

GSTIN:05AAAACT0627R 1 ZN

UIN :0

Towards HSN/SAC - 997137 - General Insurance Services

Sl No	Dept Policy No.	Policy Y Code	Endorsement No	Status	Amount Collected	Taxable Value	IGST Perc	CGST Perc	SGST Perc	UTGST Perc	Tax is Payable on Reverse Charge :No	
											IGST Amt	CGST Amt
48	2020/255		New Policy		5,098.00	4,320.00	9%	9%	9%		389.00	389.00
Total					5,098.00	4,320.00					389.00	389.00

The Sum of

Policy Type / zone

Indian Rupees Five Thousand Ninety-Eight Only

MONEY INSURANCE

Note: For Payment by cheque, receipt will be valid subject to realisation of Cheque

FOR THE ORIENTAL INSURANCE COMPANY LTD



Cashier / Authorised Signatory