



ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

(भारत सरकार का उपक्रम)

The Oriental Insurance Company Limited

THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

पंजीकृत कार्यालय : ओरिएण्टल हाऊस पो.बो. नं० 7037

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

Regd. Office : Oriental House, P.O. 7037, Asaf Ali Road, New Delhi-110002

This Document is Digitally Signed

Signer: REKHA THAKUR MOHANTY
Date: 31/03/2025 10:43:27 IST
Reason: Signing Policy for OICI

Policy No : 253200/11/2026/10 **Prev Policy No** : 253200/11/2025/20
Cover Note No : - **Cover Note Dt** :
Insured's Name : 67684613 - UTTARAKHAND JAL VIDYUT NIGAM (GSTIN: 05AAACU6672R1ZN) **Issuing Office** : 253200 - BO HARIDWAR ROAD DEHRADUN (GSTIN: 05AAACT0627R4Z2)
Address : UJJAWAL, MAHARANI BAGH, GMS ROAD DEHRADUN **Address** : 4-B, 1st Floor, Sachdeva Colony, (Opp- Nainital Bank Ltd.) Haridwar Road, Dehradun DEHRADUN UTTARAKHAND 248001
Tel /Fax /Email : 0 / 0 / insurancecell@ujvnl.com **Tel /Fax /Email** : / /
Dev. Officer : **BROKER** : LC0000000198 M/S SALASAR SERVICES INSURANCE BROKERS PVT LTD



Period of Insurance : FROM 00:00 ON 01/04/2025 TO MIDNIGHT OF 31/03/2026

Collection No & Dt : DC_IND 2226004015 - 31/03/2025 **GST INVOICE NO** : 0523128808 **UIN** : 0
Gross Premium : 5,099 **GST** : 918 **Stamp Duty** : .5 **Total** : 6,017

Co Insurance Details : None

RISK DETAILS

Risk Description
Type of Industry : CONTINUOUS INDUSTRY **Basis of Indemnity** : OUTPUT BASIS
Indemnity Period : 12 Months **Annual Gross Profit** : 27,01,525.00
Total Sum Insured : 27,01,525.00 **Time Exclusion** :

The indemnity : The amount which the Insured is entitled to recover under the provisions of the attached specification which is declared to be incorporated in and to form part of this schedule but not exceeding the total sum insured hereby.

Cover Wise Details : Cover Name **Sum Insured** **Premium**

SCHEDULE OF PREMIUM

Fire LOP-Basic Cover	5,099.13
TOTAL PREMIUM	5,099.00
ADD :CGST	459.00
STAMP DUTY	0.50
ADD :SGST	459.00
TOTAL AMOUNT	6,017.00

Total Sum Insured In Words : Indian Rupees Twenty-Seven Lakhs One Thousand Five Hundred Twenty-Five Only
Total Premium In Words : Indian Rupees Six Thousand Seventeen Only

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

Place : DEHRADUN
Date : 31/03/2025



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Address all communications to policy issuing office only

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Divisional Office : (253200) Dehradun
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Attached to and forming part of policy number 253200/11/2026/10

Regd. Office : Oriental House, P.O. 7037
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Signer: REKHA THAKUR MOHANTY
Date: 31/03/2025 10:43:27 IST
Reason: Signing Policy for OICL

1. Return Of Premium Clause
2. Endorsement - Spontaneous Combustion - Add On Cover
3. 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.
4. 30 days of Gross Profit.
5. Departmental clause if applicable
6. Communicable Disease Exclusion Clause
7. Exclusion-Any Direct or indirect loss by infectious or contagious disease
8. Terrorism Cancellation Clause
9. Terrorism Additional Exclusions
10. Coverage now includes loss of damage caused by action taken in suppressing, controlling, preventing or minimizing the consequences of an act of terrorism by the military authority.

Excess / Deductible :

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

BUSINESS INTERRUPTION-FLOP	
	No. of Days of Gross Profit
For Non-Petrochemical Risks	7
For Petrochemical Risks	14

Financier's Names are as stated herein :

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 : 31/03/2025



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Signer: REKHA THAKUR JOHANTY
Date: 31/03/2025 10:43:21 IST
Reason: Signing Policy for OICL

पंजीकृत कार्यालय : ओरिएण्टल हाऊस पो.बो. नं० 7037

Attached to and forming part of policy number 253200/11/2026/10

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 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.
- 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.

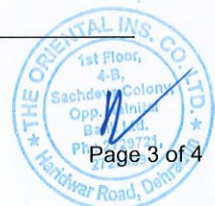
DON'T s in the event of a Loss:

Place : DEHRADUN

Date : 31/03/2025



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Regd. Office : Oriental House, P.O. 7037
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This Document is Digitally Signed

Signer: REKHA THAKUR MOHANTY
Date: Wed Apr 23 2025 10:43:27
Reason: Signing Policy for OICL

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).
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 31ST DAY OF MARCH 2025

Entered By : ANAND MEHROTRA

Examined By : Naresh Paul

Policy Printed By : 921891

IP :

Policy Printed On : 23-APR-25 10:43:27

MAC :

Digitally Signed
By
Authorised Signatory



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: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

and through other digital platforms including Whatsapp (Send "Hi" to 9560711200)

Place : DEHRADUN

Date : 31/03/2025



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