(भारत सरकार के 99 Arjiental Insurand and Limited (A Govt. of India Undertaking)

कृत कार्यालय : ओरिएण्टल हाऊस पो. बो. नं० ७०३७ ए-25/27, आसफ अली रोड़, नई दिल्ली-110002

IENTAL INSURANCE is Document is Digitally Signed D

Regd. Office : Oriental House, HEBIANDAROS A-25/27, Asaf Ali Road, Red To HIZ 21301 22:25 IST

FIRE - LOSS OF PROFIT POLICY SCHEDULE

Policy No

: 253200/11/2025/20

: 253200/11/2024/8 Prev Policy No

Cover Note No

Cover Note Dt Issuing Office

Insured's Name

67684613 - UTTARAKHAND JAL

VIDYUT NIGAM (GSTIN:

05AAACU6672R1ZN)

Address

UJJAWAL, MAHARANI BAGH, GMS ROAD

DEHRADUN

Address

253200 - BO HARIDWAR ROAD

**DEHRADUN (GSTIN:** 

05AAACT0627R4Z2) : 4-B, 1st Floor, Sachdeva Colony,

(Opp-Nainital Bank Ltd.)

Haridwar Road, Dehradun

DEHRADUN UTTARAKHAND 248001

**DEHRADUN UTTARAKHAND 248001** 

Tel /Fax /Fmail

: 0 / / 0 / insurancecell@ujvnl.com

Tel /Fax /Email

: 0135 - 2729715, 2729721 / 0135 -

2729917 /

Dev.Officer

**BROKER** 

: LC0000000198 M/S SALASAR

SERVICES INSURANCE BROKERS

**PVT LTD** 

Period of Insurance: FROM 00:00 ON 01/04/2024 TO MIDNIGHT OF 31/03/2025

Collection No & Dt

DC\_I\_IND 2226004388 - 28/03/2024

GST INVOICE NO: 052234519089

UIN:0

Gross Premium

: 5,099

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

5,099.13

5,099.00

459.00

459.00

6,017.00

0.50

SCHEDULE OF PREMIUM

Fire LOP-Basic Cover

TOTAL PREMIUM

ADD: CGST

STAMP DUTY

ADD:SGST

TOTAL AMOUNT

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:

28/03/2024





Page 1 of 4

CIN: U66010DL1947GOI007158

कृपया अपनी पत्राचार पॅलिसी जारीकर्ता कार्यालय से ही करें।

Address all communications to policy issuing office only

मण्डलीय कार्यालय : (२५३२००) देहरादून

4-बी, प्रथम तल, सचदेवा कालोनी, नैनीताल बैंक के सामने, हरिद्वार रोड, देहरादून - 248001 (उत्तराखण्ड)

दुरभाष : 0135-2729721, 2729689 फैक्स : 0135-2729917 वेबसाहट : www.orientalinsurance.org.in देखे

Divisional Office: (253200) Dehradun

4-B, First Floor, Sachdeva Colony, Opposite Nainital Bank, Haridwar Road, Dehradun - 248001 (U.K.) Tel.: 0135-2729721, 2729689, Fax: 0135-2729917 visit us at: www.orientalinsurance.org.in

(भारत सरकार का उपक्रम)

प्रजीकृत कार्यालय : ओरिएण्टल हाऊस पो. बो. नं० ७०३७ Attached 562310 15777 nagalares Bellevillin 1869 253200/11/2025/20 THE ORIENTAL INSURANCTRIS GOUTHER AS DIGITALLY SIGNEED

any Limited Regd. Office: Oriental Honge REKE

A-25/27, Asaf Ali Road, News Davis

- 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 operaing 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
F	or Non-Petrochemical Risks
- 21 T	For Petrochemical Risks 14

Financier's Names are as stated herein:

None

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

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 dont's 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:

28/03/2024





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CIN: U66010DL1947GOI007158

मण्डलीय कार्यालय : (२५३२००) देहरादुन

कृपया अपनी पत्राचार पॉलिसी जारीकर्ता कार्यालय से ही करें।

Divisional Office: (253200) Dehradun

4-B, First Floor, Sachdeva Colony, Opposite Nainital Bank, Haridwar Road, Dehradun - 248001 (U.K.) Tel.: 0135-2729721, 2729689, Fax: 0135-2729917 visit us at: www.orientalinsurance.org.in

Address all communications to policy issuing office only

दुरभाव : 0135-2729721, 2729689 फैक्स : 0135-2729917 वेबसाहट : www.orientalinsurance.org.in देखे

4-बी, प्रथम तल, सचदेवा कालोनी, नैनीताल बैंक के सामने, हरिद्वार रोड, देहरादून - 248001 (उत्तराखण्ड)

(भारत सरकार को उपक्रम, iental Insurance (क्रि)) pany Limited (A Govt. of India Undertaking) कृत कार्यालय : ओरिएण्टल हाऊस पो. बो. नं० ७०३७

ए-25/27, अस्युफ् अली रोड, नई दिल्ली-110002-253200/11/2025/20

ENTAL INSURANCTHIS Document is Digitally Signed D

Regd. Office : Oriental House, REB-MOAK 987 A-25/27, Asaf Ali Road, Marin De Na A 1000

## 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 damged 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 paidthis 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:

28/03/2024





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CIN: U66010DL1947GOI007158

कृपया अपनी पत्राचार पॉलिसी जारीकर्ता कार्यालय से ही करें।

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मण्डलीय कार्यालय : (२५३२००) देहरादून

4-ची, प्रयम तल, सचदेवा कालोबी, नैनीताल बैंक के सामने, हरिद्वार रोड, देहरादून - 248001 (उत्तराखण्ड)

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## (भारत सरकार की अक्री iental Insurandia ( ) pany Limited (A Govt. of India Undertaking)

क्रिकृत कार्यालय : ओरिएण्टल हाऊस पो. बो. नं० ७०३७

ए-25/27, आसफ अली रोड़, बई हिल्ली-110002 trached to and forming part of policy number 253200/11/2025/20



Regd. Office: Oriental House, RERHAPHAR A-25/27, Asaf Ali Road, New Dellal 20110000 22:25 IS

- 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 28TH DAY OF MARCH 2024

Entered By

ANAND MEHROTRA

Examined By

TAJENDRA SWAROOP

Policy Printed By: 921891

Policy Printed On: 26-APR-24 16:24:40

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

Place:

**DEHRADUN** 

Date:

28/03/2024





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CIN: U66010DL1947GOI007158

मण्डलीय कार्यालय : (२५३२००) देहरादून

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