he Oriental Insurance Company Limited (A Govt. of India Wandenta SCHEDRAGE Office : Oriental Hoffsten P. 1914 A-25/27, Asaf Ali Road, New Defni - 110002 Poliस-27, आसफ Cover Note No Cover Note Dt Insured's Name 159784208 - M/S UJVN LTD (GSTIN: Issuing Office 253200 - BO H 05AAACU6672R1ZN) DEHRADUN (G Address : SURINGAD-II HEP, CANTT ROAD, 05AAACT062 **JAKHNI** Address : 4-B, 1st Floor **DIST - PITHORAGARH** (Opp- Nainital Haridwar Road PITHORAGARH UTTARAKHAND 262501 Tel /Fax /Email : //9456590170/ : 0135 - 2729715, 2729721 / 0135 -Tel /Fax /Email insurancecell@ujvnl.com 2729917 / Dev.Officer **BROKER** : LC0000000198 M/S SALASAR SERVICES INSURANCE BROKERS Period of Insurance: FROM 00:00 ON 01/07/2024 TO MIDNIGHT OF 30/06/2025 Collection No & Dt : DC_I_IND 2226000926 - 30/06/2024 GST INVOICE NO:052325463 UIN:0 Gross Premium : 37,313 GST : 6.716 Stamp Duty : .5 Total: 44,029 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 79,60,000.00 Total Sum Insured 79,60,000.00 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 Na

The Details . Cover Name	Sum Insured	Premium
	SCHEDULE OF PREMIUM	
Fire LOP-Basic Cover		
ADD :Under Writer's Loading		12,437.50
TOTAL PREMIUM	PURANCE	24,875.00
ADD :CGST		37,313.00
STAMP DUTY		3,358.00
DD:SGST	783 °CF.	0.50
OTAL AMOUNT	And the second	3,358.00
		44,029.00

Place: **DEHRADUN** Date:

30/06/2024

Total Premium In Words





: Indian Rupees Forty-Four Thousand Twenty-Nine Only



CIN: U66010DL1947GOI007158

कृपया अपनी पत्राचार पॅालिसी जारीकर्ता कार्यालय से ही करें।

Address all communications to policy issuing office only

मण्डलीय कार्यालय : (253200) देहरादून

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

दुरभाष : 0135-2729721, 2729689 फैक्स : 0135-2729917 वेबसाहर : 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

The Oriental Insurance Company Limited

(A Govt. of India Unit Regd. Office : Oriental House P. P. P.

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

1. Return Of Premium Clause

2. Endorsement - Spontaneous Combustion - Add On Cover

Attached to a क्रांच का सामग्राम् का जिपना के ग्राम्थ ग्राम्य ग्राम ग्राम्थ ग्राम ग्राम

- 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. Departmental clause if applicable
- 5. Communicable Disease Exclusion Clause
- 6. Exclusion-Any Direct or indirect loss by infectious or contagious disease

पंजीकृत कार्यालय : ओरिएण्टल हाऊस पो. बो. नं० ७०३७ The प्रमुक्त भारतक फ्रांडिस बोड़, बाई प्रिक्टी के १००० क्या ties & Clauses otherwise

- 7. Terrorism Cancellation Clause
- 8. Terrorism Additional Exclusions
- 9. 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.
- 10. Sanction, Limitation and Exclusion Clause
- 11. DEDUCTIBLE BI ¿ 7 days of Standard Gross Profit

Excess / Deductible :

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

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

Financier's Names are as stated herein:

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 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 30TH DAY OF JUNE 2024

Entered By

ANAND MEHROTRA

Examined By

MR. SANJAY KHANNA

Policy Printed By: 259501

Policy Printed On: 30-JUN-24 11:59:17

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:

30/06/2024







CIN: U66010DL1947GOI007158

कृपया अपनी पत्राचार पॅलिसी जारीकर्ता कार्यालय से ही करें।

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मण्डलीय कार्यालय : (२५३२००) देहरादुन

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

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