## THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)





### शनिवार व रविवार छुट्ही Saturday & Sunday Heliday

### CONTRACTOR'S ALL RISKS INSURANCE POLICY

nsured's Name : MODI REALITY GENOME VALLEY		Issuing Office Details			
		red's Details	Office Code	:	A.S.Rao Nagar Branch (612404)
Customer ID		PO63792036			304,NSIC Building, Kamalanagar,
Address	l l	S.Y.NO: 31, MURAHARI PALLE, SHAMEERPET MANDAL MEDCHAL MALAKGIRI DIST	Address	:	E.C.I.L. Post, Hyderabad
		Rangareddi ,TELANGANA, 500078	M	<u> </u>	04027122383 / 04027145105
Phone No	1:	8978144447	Phone No		
		gkrao@modiproperties.com, /	E-mail/Fax	1:	nia.612404@newindia.co.in /
E-mall/Fax	:	gkrau@modiproperties.com, /			AAACN4165CST178
PAN No	:		S.Tax Regn. No		
	<u> </u>	36ABFFM3063P1ZU / NA	GSTIN		36AAACN4165C3ZQ
GSTIN/UIN		JUANI I MOUGO. LEG PTW.	SAC	:	997139 (Other non-life insurance services excl RI)

		Policy	Details	_	
Policy Number	<b></b>   1:	61240444180300000005	Bus	ine	ss Source Code
Period of insurance	<u> </u>	From:19/10/2018 10:26:38 AM To: 18/10/2024 11:59:59 PM	Dev.Off. ievel/Broker/Corp. Agent	:	DIRECT BUSINESS - (1D4023702)
Date of Proposal		19-Oct-18	Agent/Bancassurance	:	Mr. RAMANA BABU . K. (NIAAG00050031) K.RAMANA BABU (SI00088590)
Prev. Policy no.	<del> </del> :		Phone No	:	9618114464 / 04027122383, 9866419850
Client Type	1:	Non-Corporate	E-mall/Fax	T	ramanababu36@gmail.com, / kbhotlas02@gmail.com, / /
		GST	Total		Receipt No. & Date:

		<del></del>	Descipt No. 9 Dates
Premium	GST	Total	Receipt No. & Date:
Premium		68505	61240481180000004223 -
58055	10450	00000	19/10/18
	)		

Premium subject to adjustment on completion of the Project Risk Address: 1 SY.NO.31, MURAHARIPALLY,, SHAMIRPET MANDAL, MEDCHAL, MALKAJGIRI DIST, Rangareddi, TELANGANA, INDIA, 500078 **Location of Contract site** 

	Principal(s)/ Contractor/ sub-contractor Details						
Si. No.	Name	Address S.Y.NO: 31, MURAHARI PALLE, SHAMEERPET MANDAL MEDCHAL MALAKGIRI DIST					
L							

Si. No.	Description of Contract Works
1	1) CONSTRUCTION OF RESIDENTIAL COMPLEX STILT, (G+4) 2) NA 3) NA
<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

C! No	Period of insurance
Si. No.	40/40/2004 44/50/50 DM, plus 24, months Extended Maintenance
1 1	Period of Insurance From: 19/10/2018 10:26:38 AM To: 18/10/2024 11:59:59 PM plus 24 months Extended Maintenance
	period

Section I - Ma	terial Damage :	Semporary works including	all materials to be incorporated therein )	
Si. No.	1.1 ) Contract price	4 2 \ Matariaic or itams	2) Any other works and installations	Total Project Sum Insured
1	₹17500000	₹0	₹0	₹17500000

3. Contractors Plant and Machinery (Memo 4) as per list enclosed							
item No. Quantity	Description of Items (Type, Manufacture, Capacity)	Year of Manufacture	Sum Insured	Risk Code	Excess due to AOG Periis	Excess due to Other than AOG Periis	Excess for Boom Section

4. Add on Covers

1. One by the Common Property
Digitally signed

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				T	Excess		
SI. No.		f indemnity		Po	Policy Excess		
1	200000				,		
Additiona	al Custom Duty						
SI.		of Indemnity			Excess		
1	₹0			5 % of Additional Duty			
	l of Debris per occurrence	of indomnity			Excess		
SI.	No.Limit of indemnity ₹ 0			Pc	olicy Excess		
1	_	<u> </u>					
. Professi	onal Fees						
SI.	No.Limit	of indemnity		Excess			
1		₹0		<u> </u>	olicy Excess		
Evanditi	ing Cost Including Air Freight 6	Express Freight					
Si.	No I imit	of Indemnity			Excess		
1	₹			Pr	olicy Excess		
6. Offsite S	Storage/ Fabrication			<del></del>	Evene		
Si. No.	Limit o	of Indemnity		n.	elicy Excess		
1		₹0		<u> </u>	olicy Excess		
7a On Inc	reased Replacement Value wh	ich may have to be paid	on replac	ement of Item 1.1			
Si. No.	Limit o	of Indemnity			Excess		
1	LE.	₹0		P	olicy Excess		
		1.1 Louis to be male		remont of Itom 1.2			
	reased Replacement Value wh	ich may have to be paid	on replac	ement of item 1.2	Excess		
Si. No.	Limit e	of Indemnity			olicy Excess		
1		₹0			Olicy Excess		
7c. On inc	reased Replacement Value wh	nich may have to be paid	i on replac	ement of Item 1.3			
Si. No.		of indemnity			Excess		
1		₹0		P	olicy Excess		
	atic Reinstatement clause	of Indemnity			Excess		
SI. No.	Limit	0		P	Policy Excess		
1		<u> </u>					
9. Loss m	inimisation expenses						
Sl. No.	Limit	of indemnity		Excess			
1		₹0		P	Policy Excess		
10.0	San a tuable desuments						
	for valuable documents	of Indemnity			Excess		
Si. No.	Linic	₹ 0		F	Policy Excess		
1	L						
11. Desig	n Defect Cover						
Si. No.	Limit of Indemnity			Excess			
1		₹NA		<u>5 tim</u>	nes Policy Excess		
Section II	- Third Party Liability :						
Si. No.	Limit of indemnity in respec	t of any one accident or	Total lim	it of Section II during	Any One Person		
31, 140,	series of accidents arising	ng out of one event		olicy period			
1	₹20000		1961	₹200000	₹200000		
	for Continuing 1 and 11 a						
	for Section I and II:				s Terrorism Claims		
SI. No.	1. For Storage &	2. For Maintenance per	404   3 F	for Major peril claims a er Memo 8 of Section I	s lemonsm ciainis		

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Sl. No.	1. For Storage & Construction claims	2. For Maintenance period claims	3. For Major peril claims as per Memo 8 of Section i	Terrorism Claims
1	5% of Claim Amount subject to Minimum of ₹ 25000 each claim  5% of Claim Amount subject to Minimum of ₹ 100000 each claim  5% of Claim Amount subject to Minimum of ₹ 100000 each claim			0.5 % of Total Sum Insured subject to minimum of ₹ 1,00,000/- for each and every claim
xcesses	For Specific AddOn Covers :			
		ption Of Cover		Excess
SI. No.		<u> </u>		LACESS
SI. NO.	Terrorism		Terror	ism Premium

Deductibles Opted for Terrorism   :   1% of the ciaim amount for e   Maximum of 10,00,000	ach and every claim subject to Minimum of 25,000 and		
Risk Serial No.	Earth Quake Cover		
1	YES		

Risk Serial No.	STFI Cover
1	YES
<u> </u>	

installment Details						
Installment Number	Installment Date on or before	Installment Amount (₹)				
Historiniche Hamber	111000111111111111111111111111111111111	Premium	GST			
1	19/10/2018	4492	808			
2	19/10/2018	24853	4474			
3	19/10/2019	4492	808			
	18/10/2020	15232	2742			
	19/10/2020	4492	808			
	19/10/2021	4494	808			

ENDORSEMENTS ATTACHED TO & FORMING PART OF THE POLICY					
SI, No. Endorsement Number		Endorsement Title			
	ENG 002	Extension of terrorism damage			
	SLEC	Section Limitation and Exclusion Clause			

Premium and GST Details			
	Rate of Tax	Amount in INR	
Premlum		₹58055	
SGST	9	5224	
CGST	9	5224	
IGST	0	0	

In witness whereof the undersigned being duly authorised by the insurers and on behalf of the insurers has (have) hereunder set his (their) hand(s) on this 19th day of October,2018.

For and on behalf of The New India Assurance Company Limited

Duly Constituted Attorney(s)

Date of issue: 19/10/2018

हरूको नामुख्या विविधिताँ ।

The Levy India Assurance Co. Ltd. Tax Invoice No: 61240418P0000156

6th Floor, F-Block, Sur, B. 8, 80 IRDA Registration Number: 190 S. 17 Pened. CE.OUMDERASADA 0.003 IRDA Registration Number: 190 Pened. Ce.01 6074, 560 av. 9.2784 4052 Emunit. Co.01 @nevindia.co.in

ा une a Cisio Pices के उन्हें के बाबा हुन-हैं के कार्य दिस्ति अस्ति होते दी स्वाही देवा एश्योत्त्वत अस्ति विक्रिक्टिड

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#### THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)





### COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuina Office

: A.S.Rao Nagar Branch (612404)

Address

: 304,NSIC Building, Kamalanagar, E.C.I.L. Post, Hyderabad

,500062 Hyderabad

Phone

: 04027122383

Email

: nia.612404@newindia.co.in

Fax

**Collection Number Collection Date** 

: 61240481180000004223

**Business Source Code** 

: 19/10/2018

: 1D4023702

**PAN No of Payer** 

Received with thanks from MODI REALITY GENOME VALLEY LLP.

The amount received/Adjusted is towards -Sub A/C Code A/C Code A/C Description Amount₹ Policy No. Total = ₹ 34627.00

Your Paym Mode	ent/Adjustmen Amount ₹	Cheque	Cheque Date		Drawee Branch	Reference No.	Scroll/BG/A PD Balance
		No.			HYDERABAD	6124041810012485	N.A.
Cheque	34254.00	040876_	13 00: 20	TES BAIN	TITE CONTROL		N.A.
Cach	373 00	N.A.	N.A.	N.A	N.A	0124041020022 :02	

Total = ₹ 34627.00

Utilization details	s of the Collected Ar	mount :				Excess Amount
Premlum		GST		Stamp Duty		EXCESS ATTOUR
		10450.00		0.00	2	<u> 0                                    </u>
58055.00			Agency Name		ļi	Department Code
-	gency Code					44
]1 <u>N</u>	IIAAG00050031		RAMANA BABU K.			

For The New India Assurance Company Limited Revenue Stamp

Date of Issue: 19/10/2018

**Authorized Signatory** 

Note -

1.Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque..

2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No : 61240418P0000156

IRDA Registration Number: 190



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