



CONTRACTOR'S ALL RISKS INSURANCE POLICY

nsured's Name		GULMOHAR RESIDENCY AND JAD		Issuing	g Office Details	
	insu	red's Details	Office Code		A.S.Rao Nagar Branch (612404)	
Customer ID	- :	PO55649359			204 NSIC Building Kamalanagar.	
Address : SY.NO.19, MALLAPUR VILLAGE, UPPAL MANDAL, MEDCHAL DISTRICT SECUNDERABAD SECUNDERABAD, TELANGANA,		Address		E.C.I.L. Post, Hyderabad ,500062		
		500003	Phone No	:	04027122383 / 04027145105	
Phone No	:	8978144447			nia.612404@newindia.co.in /	
E-mail/Fax	:	1	E-mail/Fax		AAACN4165CST178	
PAN No	:	ABCDE5867E	S.Tax Regn. No		36AAACN4165C3ZQ	
	- -	NA / NA	GSTIN			
GSTIN/UIN	· NA/NA		SAC		997139 (Other non-life insurance services excl RI)	

				_		
		Poli	cy Details			
			Busi	ne	ss Source Code	
Policy Number	_ <u> :</u>	61240444170300000004	Dev.Off.	:	DIRECT BUSINESS - (1D4023702)	
Period of Insurance	:	From:22/12/2017 11:42:56 AM To: 21/12/2023 11:59:59 PM	level/Broker/Corp. Agent	L		
	_		Agent/Bancassurance	1:	Mr. RAMANA BABU . K.	
Date of Proposal	:	22-Dec-17	Agentobalicasouranos		(NIAAG00050031) K.RAMANA BABU (SI00088590)	
			Phone No	1:	9618114464 / 04027122383,	
Prev. Policy no.	:			╀	5985410500	
	-		E-mail/Fax		ramanababu36@gmail.com, /	
Client Type :		Non-Corporate	klad		kbhetiss02@gmail.com, / /	
			Total		Receipt No. & Date:	
Premium		GST			61240481180000008769 -	
		44724	293195		01/03/19	

		T . 4 - 1	Receipt No. & Date:
December	GST	Total	
Premium	44724	293195	61240481180000008769 - 01/03/19
248471	44724		01/03/19

* Premium subject to adjustment on completion of the Project

Risk Address: 1 SY.NO.19, MALLAPUR VILLAGE., UPPAL MANDAL, MEDCHAL DIST, SECUNDERABAD, SECUNDERABAD, TELANGANA, INDIA, 500003 Location of Contract site

ı			
		Principal(s)/ Contractor/ sub-c	ontractor Details
-		Fillicipal(o), comment	Address
	SI. No.	Name	MANDAL.
	31. 140.	GULMOHAR RESIDENCY AND JADE ESTATES	SY.NO.19, MALLAPUR VILLAGE, UPPAL MANDAL, MEDCHAL DISTRICT SECUNDERABAD
	1 1	GULMOHAR RESIDENCY AND SADE 25 17 12	MEDCHAL DISTRICT SECONDETANDA
-	i .		

	Description of Contract Works
SI. No.	1) CONSTRUCTION OF RESIDENTIAL COMPLEX (TWO BASEMENTS, GROUND FLOOR AND 5 FLOORS)
31. 140.	TO STOLET ON OF RESIDENTIAL COMPLEX (TWO BASEMENTS, GROUND LOST AND A STOLET OF THE ST
l 1 I	1) CONSTRUCTION OF RESIDENTIAL COMPLEX (1907) AS PER GHMC REQUIREMENT. 2) NA 3) NA
	AOT EN CHIMO VICE AND ADDRESS

	7.0 1 2.1
	Period of Insurance
SI. No.	Period of Insurance From : 22/12/2017 11:42:56 AM To : 21/12/2023 11:59:59 PM plus 24 months Extended Maintenance
01.700	Erom : 22/12/2017 11:42:56 AM To : 21/12/2023 11:59:59 FW Pius 24 Montals Extended
1	Period of Insurance Fibral, 22, 12-15
	period

Section I - Ma 1. 1. Contrac SI. No.		1.2) Materials of Items	all materials to be incorporated therein) 2) Any other works and installations not included in 1.1 and 1.2 above (e.g. camp, colony, stores etc. as per list enclosed)	Insured
1	d	70	70	₹5000000

1	₹50	000000		₹0						
3. Contractitem No.	tors Plant an Quantity	nd Machinery (M Description o (Type, Manu Capacit	fitems facture,	per list enclos Year of Manufacture	sed Sum insured (in ਵ)	Risk Code	Excess due to AOG Perils	Excess due to Other than AOG Perils	Excess for Boom Section	

Policy No.: 61240444170300000004 Document generated by 30312 at 01/03/2019 17:06:02 Hours.

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dd on (Covers				
	Surrounding Property	ndemnity		Exce	
. No.	Limit of	(Identification)		Policy E	xcess
1					
ddition	al Custom Duty			Exc	255
SI.	No.LIMIT C	f indemnity		5 % of Addit	tional Duty
1		0			
	al of Debris per occurrence			Francisco	
	No.Limit	of Indemnity		Policy I	
Si. 1		₹0		Policy	XCE33
Profess	ional Fees	of indemnity		Exc	
SI.		or indeminity		Policy	Excess
1					
Evnedi	ting Cost including Air Freight &	Express Freight		Exc	955
Si.	No.Limit	of Indemnity			Excess
1		₹			
		(549)			
	Storage/ Fabrication	f Indemnity			:ess
SI. No.	Limit o	₹0		Policy	Excess
1				ant of Item 1.1	
a. On in	creased Replacement Value wh	ich may have to be paid on re	piaceme	Exe	cess
SI. No.	Limit o	f Indemnity			Excess
1		₹0			
	ncreased Replacement Value wh	ich may have to be paid on re	placem	ent of Item 1.2	
	creased Replacement Value Wi	f Indemnity			cess
<u>SI. No.</u>	- Lime	₹0		Policy	Excess
_1			-1	ant of item 1.3	
c. On Ir	ncreased Replacement Value wh	ich may have to be paid on re	placem	Ex	cess
SI. No.	Limit	ar Indemnicy		Policy	Excess
1		₹0			
	natic Reinstatement clause				
	1 ! !4	of Indemnity			(Cess
SI. No.		0		Policy	y Excess
1_					
9. Loss !	minimisation expenses		T	E	KC622
SI. No.	Limit	of Indemnity		Polic	y Excess
1		₹0			
	er for valuable documents		——-т		
	1::	of Indemnity			xcess y Excess
Si. No.	•	₹0		Polic	y Excess
11. Des	ign Defect Cover	of to decree the			xcess
SI. No	. Limit	of Indemnity		5 times	Policy Excess
1		₹NA			
C-44-	ı II - Third Party Liability :			da di uludua	Any One Person
Section Sl. No	and the second second		al limit c poli	of Section II during icy period	Any charter
	- f- Cartier Land II ·			2000	Terrorism Claims
Excess	es for Section I and II :	2. For Maintenance period	3. For	Major peril claims as Memo 8 of Section I	Terroriani Cianna
SI. No	1. For Storage &	claims			

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5% of Claim Amount subject to Minimum of ₹ 25000 each claim each claim each claim

5% of Claim Amount subject to Minimum of ₹ 100000 each claim

5% of Claim Amount subject to Minimum of ₹ 100000 each claim

5% of Claim Amount subject to Minimum of ₹ 100000 each claim 1 Excesses For Specific AddOn Covers: Excess. **Description Of Cover** Terrorism Premium Terrorism Covered 59925 YES : 1% of the claim amount for each and every claim subject to Minimum of(25,000 and Maximum of(10,00,000 Deductibles Opted for Terrorism Earth Quake Cover Risk Serial No. YES 1 STFI Cover Risk Serial No. YES 1 installment Details Installment Amount (ই) Installment Date on or before **GST** Installment Number **Premium** 1798 9987 22/12/2017 8124 45127 22/12/2017 1798 9987 22/12/2018 4874 3 27077 22/12/2018 348 4 1928 01/03/2019 1798 9987 22/12/2019 5148 6 28603 22/12/2019 5148 28603 7 21/12/2020 1798 8 9987 22/12/2020 5148 9 28603 21/12/2021 1798 10 9987 22/12/2021 5148 11 28604 21/12/2022 1798 12 9991 22/12/2022 13 ENDORSEMENTS ATTACHED TO & FORMING PART OF THE POLICY **Endorsement Title** Endorsement Number Extension of terrorism damage SI. No. ENG 002 Section Limitation and Exclusion Clause SLEC Premium and GST Details Amount in INR Rate of Tax ₹248471

22363 Premium 9 22363 SGST 9 0 CGST 0 IGST

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 01st day of March,2019.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 01/03/2019

1505 a Aranii Annii

रजस्य स्टैम्प के लिए सम्मिकत स्टैम्प हुन्छ कुगतान किया Consolidated Stamps Duty towards Revenue Stamps of M Pracs. No. G505/3061/F//20 dated 23-08-2016

Duly Constituted Attorney(s)

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STORY YDERABAD - 500 जन/Phone: 040-2714 5105

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Tax Invoice No : 6124044400000004

IRDA Registration Number: 190





COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office

: A.S.Rao Nagar Branch (612404)

Address

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

,500062 Hyderabad

Phone

: 04027122383

Emali

: nia 612404@newindia.co.in

Fax

Collection Number

: 61240481180000008769

Collection Date Business Source Code : 01/03/2019 : 1D4023702

PAN No of Payer

: ABCDE5867E

Received with thanks from GULMOHAR RESIDENCY AND JADE ESTATES.

Neoentee min			
The amount received/Adjusted is towards Policy No. 61240444170300000004	A/C Description Amounts	A/C Code 9100.612404	Sub A/C Code BA00004717-611902-9100
Total = ₹ 2276.00			

Your Payme	ent/Adjustmen	t Details a	re as under -	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Mode	Amount ₹	Cheque No.	Cheque Date	D. C.	N.A.	61240444170300000004	N.A.
Cash	2276.00	N.A.	N.A	N.A.	10.50		

Total = ₹ 2276.00

Litilization (details of the Collected	Amount :		Stamp Duty		Excess Amount
Premium		GST		0.00		2
248471.00		44724.00	Anna or Name	10.00		Department Code
Si no.	Agency Code		RAMANA BABU K		4	14
1	NIAAG00050031		RAMANA BABO IS	70 mm 1 mm	For The Ne	w India Assurance Company Limited

For The New India Assurance Company Limited

Revenue Stamp

Date of Issue: 01/03/2019

Authorized Signatory

Note -

1.Please note the Policy Number, Collection Number and date in all future correspondence. . 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 : 6124044400000004

IRDA Registration Number: 190

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