



CONTRACTOR'S ALL RISKS INSURANCE POLICY

| insured's Name : M.C. MODI EDUCATIONAL TRUST | | | | | | | |
|--|-----|--|----------------|------------------------|--|--|--|
| | lns | ured's Details | | Issuing Office Details | | | |
| Customer ID | | PO67563329 | Office Code | : | A.S.Rao Nagar Branch (612404) | | |
| Address | | REPRESENTED BY ITS TRUSTEE SHRI. SOHAM MODI S/O. LATE. SHRI. SATISH MODI S/O. LATE. SHRI. SATISH MODI SY. NO. 31/P, SITUATED AT MURAHARIPALLY VILLAGE, YADARAM GRAMPANCHAYAT, SHAMIRPET MANDAL, MEDCHAL DISTRICT, TELANGANA. Rangareddi, TELANGANA, 501401 | Address | : | 304,NSIC Building, Kamalanagar, E.C.I.L. Post, Hyderabad ,500062 | | |
| Phone No | [: | 8978144447 | Phone No | : | 04027122383 / 04027145105 | | |
| E-mail/Fax | ; | gkrao@modiproperties.com, / | E-mail/Fax | : | nia.612404@newindia.co.in / | | |
| PAN No |] : | | S.Tax Regn. No | : | AAACN4165CST178 | | |
| GSTIN/UIN | | 36AAATM5488Q2Z0 / NA | GSTIN | | 36AAACN4165C3ZQ | | |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) | | |

| | | Polic | y Details | | | | | |
|---------------------|----|--|--------------------------------------|---|---|--|--|--|
| Policy Number | : | 61240444180300000008 | Business Source Code | | | | | |
| Period of Insurance | | From:11/03/2019 10:13:45 AM To: 10/03/2025 11:59:59 PM | Dev.Off. level/Broker/Corp. Agent | : | DIRECT BUSINESS - (1D4023702 | | | |
| Date of Proposal | : | 11-Mar-19 | Agent/Bancassurance | : | Mr. RAMANA BABU . K. (NIAAG00050031) K.RAMANA BABU (SI00088590) | | | |
| Prev. Policy no. | : | | Phone No | : | 9618114464 / 04027122383, 9866419850 | | | |
| Client Type | (i | Corporate | E-mail/Fax | : | ramanababu36@gmail.com, / kbhotlas02@gmail.com, / / | | | |
| Premium | | GST | Total | | Receipt No. & Date: | | | |

| Premium | GST | Total | Receipt No. & Date: |
|---------|------|-------|------------------------------------|
| 17700 | 3186 | 20886 | 61240481180000008932 - 11/03/19 |

* Premium subject to adjustment on completion of the Project

| Location of Contract site | Risk Address: 1 Sy. No. 31/P, situated at Muraharipally Village., Yadaram Grampanchayat, |
|---------------------------|--|
| | Shamirpet Mandal, Medchai District, Telangana., Rangareddi, TELANGANA, INDIA, 501401 |

| Principal(s)/ Contractor/ sub-contractor Details | | | | | | | |
|--|-----------------------------|---|--|--|--|--|--|
| Sl. No. | Name | Address | | | | | |
| 1 | M.C. MODI EDUCATIONAL TRUST | REPRESENTED BY ITS TRUSTEE SHRI. SOHAM MODI S/O. LATE. SHRI. SATISH MODI SY. NO. 31/P, SITUATED AT MURAHARIPALLY VILLAGE, YADARAM GRAMPANCHAYAT, SHAMIRPET MANDAL, MEDCHAL DISTRICT, TELANGANA. | | | | | |
| 2 | MODI PROPERTIES PVT LTD | HYD | | | | | |

| SI. No. | Description of Contract Works |
|---------|--|
| 1 | 1) Nursing Home Building |
| 1 | Stilt + Four (4) upper Floors 2) Stilt (Parking -912.86 Sq.mtrs) + 4 upper floors (3,524.56 Sq.mtrs) 3) PLOT AREA : 2,420 Sq.yds |
| | (2023.43 Sq.mtrs) |

| | SI. No. | Period of Insurance |
|---|---------|--|
| 1 | 1 | Period of Insurance From : 11/03/2019 10:13:45 AM To : 10/03/2025 11:50:59 DM plus 0 months maintenance period |

| Section I - M | aterial Damage : | (B) | | |
|---------------|---------------------------|--|--|------------------------------|
| 1. 1. Contrac | t works (Permanent and) | emporary works including | all materials to be incorporated therein) | 18 |
| SI. No. | 1.1) Contract price | 1.2) Materials or items supplied by the Principal | 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) | Total Project Sum Insured |

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Page + of 5



| SI. No. | 1.1) Co | ontract price | 1.2) Mat supplied | erials or Items by the Principal | l net included | r works and I in 1.1 and 1. ny, stores etc enclosed) | 2 ahove (e.g. | Total Pro Insu | ect Sum red |
|-------------------------|--|---|-----------------------|-------------------------------------|------------------------------|---|--------------------------------|--|-------------------------------|
| 1 | ₹3 | 000000 | | ₹0 | | ₹0 | | ₹3000000 | |
| | | | | | | | | | _ |
| 3. Contract Item No. | ors Plant ar Quantity | Description of Type, Manu Capacit | of Items facture, | Year of Manufacture | sea Sum Insured (In ₹) | Risk Code | Excess due to AOG Perlis | Excess due to Other than AOG Perlis | Excess for Boom Section |
| 4. Add on 0 | Covers | | | | | | | | |
| | urrounding | Property | | | | | | | |
| SI. No. | | <u> </u> | t of Inden | nity | | | | Excess | |
| 1 | | | 2000000 | | | | Policy | Excess | |
| 2 Additions | l Custom D | utv | | | | | | | |
| SI. | | | mit of Inde | mnlty | | | | ess | |
| 1 | | | ₹0 | | | Ļ | 5 % of Add | itional Duty | |
| | | | | | | | | | |
| | l of Debris p | per occurrence | mit of Inde | molty | | T | Exc | ess | |
| Sl. 1 | | NO.LI | ₹ 0 | | | | | Excess | |
| | | | | | | | | | |
| 4. Professi | onal Fees | | | | | . — — | | | |
| SI. | | No.L | mit of Inde | emnity | | | | Excess | |
| 1 | | | ₹0 | | | L | Policy | EXCESS | |
| 5 Expedit | ng Cost Inc | luding Air Freig | nt & Expre | ss Freight | | | | | |
| SI. | ing Good in | | mit of Inde | | | Excess | | | |
| 1 | | | ₹ | | | | Policy | Excess | |
| | | | | | | | | | |
| | storage/ Fat | | It of Inden | nnity | | | Exc | cess | |
| Si. No. | | | ₹0 | | | | Policy | Excess | |
| | | | | | 11 | | . 1 1 | | |
| | reased Rep | acement Value | | | ald on replace | ment of item | Ev | cess | |
| Sl. No. | | Lim | it of inder | nnity | | | | Excess | |
| 1 | | | ₹0 | | | <u></u> | rolley | LACESS | |
| 7b. On Inc | reased Rep | lacement Value | which ma | y have to be p | ald on replace | ment of Iter | n 1.2 | | |
| SI. No. | | Un | it of Inder | nnity | | ļ | <u>EXCESS</u> | | |
| 1 | | | ₹0 | | | | Policy | Excess | |
| | | acement Value | which ma | y have to be n | ald on replace | ment of Iter | n 1.3 | | |
| | reased Kep | l In | of Inder | nnity | aid oil iopiace | | Ex | cess | |
| Sl. No. | Umit of Indemnity Excess ₹0 Policy Excess | | | | | | | | |
| | | | | | | | | | |
| | tic Reinstat | ement clause | | | | <u> </u> | | | |
| Sl. No. | Limit of indemnity | | | | Excess Policy Excess | | | | |
| 1 | | | 0 | | | <u>. </u> | Policy | | |
| 9. Loss ml | nimisation (| expenses | | | | | | | |
| SI. No. | D. Limit of Indemnity Excess | | | | | | | | |
| 1 | , | | ₹0 | | | Policy Excess | | | |
| 10 Care | for valuable | documents | | | | | | | |
| | TOT VALUADIO | documents | nit of Inde | nnity | | | Ex | cess | |
| SI. No. | | | | | | | | | |

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Page 2 of 5



| CI No | · · · · · · · · · · · · · · · · · · · | Limit | of indemnit | · | | | | Excess |
|------------------|---------------------------------------|--------------------|------------------------|--|-----------|-----------------|---|---|
| Sl. No. | | Dillic | ₹0 | · y | | | Po | olicy Excess |
| | | | | | | | | |
| 11. Desig | n Defect Cover | | (4) | ,, , , , , , , , , , , , , , , , , , , | 10 | | | H |
| Si. No. | | Limit | of Indemnit | у | | | | Excess |
| 1 | | | ₹NA | | | ., | 5 time | s Policy Excess |
| Cootlon II | - Third Party Lie | ability : | | | | | | |
| Sl. No. | | nnity in respec | t of any one | accident or | Total | limit o | of Section II during | Any One Person |
| 31. NO. | series of a | accidents arisi | ng out of on | e event | | poll | cy period | |
| 1 | | ₹10000 | 00 | - 11 | <u> </u> | ₹] | 1000000 | ₹1000000 |
| Eveneses | for Section I an | | | · · · · · · | | | | |
| Sl. No. | 1. For St | | 2. For Mai | ntenance pe | riod 3 | | Major perli cialms as | Terrorism Claims |
| 31. NO. | Constructi | on claims _ | | claims | | | <u> 4emo 8 of Section I</u> | |
| 1 | 5% of Claim Ai to Minimum each | of ₹ 25000 | to Mini m : | n Amount su um of ₹ 1000 ich claim | bject 5 | % of 0 to MI | Claim Amount subject nimum of ₹ 100000 each claim | 0.5 % of Total Sum Insured subject to minimum of ₹ 1,00,000/- for each and every claim |
| Even | For Specific Ad | dOn Covers : | | | | | | |
| Sl. No. | FUT Specific Au | | ption Of Cov | /er | | | | Excess |
| 31. NO. | | Descri | paon 01 001 | | | | <u> </u> | |
| | | Terrorism | | | | | Телт | orism Premium |
| | | YE | <u> </u> | | | | | 2691 |
| Deductib Pool | les Opted for T | errorism | : 1% of the Maximum | claim amou | nt for e | ach ar | nd every claim subjec | t to Minimum of 25,000 and |
| • | | Risk Ser | ial No. | | | _ | Earti | Quake Cover |
| · | | 1 | 10 | | | | | YES |
| | | | | | | | T | |
| | | Risk Ser | iai No. | | | | STFI Cover | |
| | | 1 | | | | | <u> </u> | YES |
| | | | | installme | nt Deta | ils | | |
| Installn | nent Number | Installme | nt Date on c | or before | ļ | | Installment A | mount (₹) |
| | | | | | <u> </u> | P | remium | GST |
| | 1 | | 11/03/2019 | | 15009 270 | | | 2702 |
| | 2 | | 11/03/2019 | | 2691 48 | | | 484 |
| | | | | | 5 FOD! | | APT OF THE BOLICY | |
| | | | | TACHED TO | & FURN | IING I | PART OF THE POLICY Endorsement Titi | |
| Sl. No. | Endo | rsement Numb | er | Pipeline Construction | | | | |
| 2 | - | CAR 001 CAR 002 | | Exclusion of Loss of Stabilising Fluid | | | | |
| = 3 | | CAR 003 | | | | | Road Construction | |
| 4 | | CAR 004 | | | | | Piling Construction | |
| 5 | | CAR 005 | _ | | | | Abandonment of Sh | |
| 6 | | CAR 006 | | Crops, Forests, Cultivated Areas | | | | |
| 7 | CAR 007 | | | Existing underground cables | | | | cables |
| 8 | CAR 008 | | | Contract works time schedule | | | | |
| 9 | CAR 009 | | | | | | Temporary access R | oads |
| 10 | CAR 010 | | | Special conditions concerning the construction of Dam and Water Reservoir | | | | |
| 11 | | CAR 011 | | Speci | ial cond | ltions Prec | ipitation, Flood and I | |
| 12 | | CAR 012 | | | | | Breakage of glas | <u> </u> |
| 13 | ļ | ENG 004 | | ļ | | | Escalation | |
| 14 | | ENG 005 | | L | | | Air Freight | |

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Page 3 of 5/2



| Sl. No. | Endorsement Number | Endorsement Title |
|---------|--------------------|--|
| 15 | ENG 007 | Additional Customs Duty |
| 16 | ENG 001 | Coinsurance |
| 17 | ENG 011 | Deletion of earthquake (Fire & Shock) Perils in EQ ZONE I & il |
| 18 | PR 001 | Cross Liability |
| 19 | PR 002 | Limited Maintenance Visits Cover |
| 20 | PR 003 | Extended Maintenance Cover |
| 21 | PR 005 | Installment Facility |
| 22 | PR 007 | Expenses related of Freight, Insurance, Customs Duty |
| 23 | PR 008 | Exclusion of transit losses |
| 24 | PR 009 | Refund for early completion |
| 25 | PR 010 | Deletion of Maintenance cover |
| 26 | PR 011 | Extension of policy period |
| 27 | PR 012 | Change in commencement date |
| 28 | PR 013 | Mid-term increase in Si |
| 29 | PR 014 | Cancellation of policy |
| 30 | PR 015 | Professional Fees |
| 31 | LR 001 | Cover Extra charges-OT,Night Work,Work Public Holidays,Exp Frght incl Air Frght |
| 32 | LR 002 | Special conditions concerning Fire Fighting Facilities |
| 33 | LR 003 | 72 hours Clause |
| 34 | LR 004 | Professional Fees Clause |
| 35 | LR 005 | Clearance & Removal of Debries Clause |
| 36 | LR 006 | 50:50 Clause |
| 37 | LR 007 | Cover for Increased Customs Duty |
| 38 | LR 008 | Loss minimisation expenses |
| 39 | LR 009 | Owners Surrounding Property |
| 40 | LR 010 | Automatic ReInstatement |
| 41 | LR 011 | Cover for Cross Liability |
| 42 | LR 012 | Waiver of Subrogation |
| 43 | LR 013 | Cover for manufacturers risk |
| 44 | LR 014 | Extended maintenance cover |
| 45 | LR 015 | Cover for 'valuable documents' |
| 46 | LR 016 | Cover for Offsite Storage |
| 47 | LR 017 | Waiver of Contribution |
| 48 | LR 018 | Continuity of cover |
| I | ENG 002 | Extension of terrorism damage |
| | SLEC | Section Limitation and Exclusion Clause |

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premlum | | ₹17700 |
| SGST | 9 | 1593 |
| CGST | 9 | 1593 |
| 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 11th day of March,2019.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 11/03/2019

Duly Constituted Attorney(s)

Policy No. : 61240444180300000008 Document generated by 38208 at 11/03/2019 10:29:33 Hours

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Hyd.-62.

Page 4 of 5



Tax Invoice No: 61240418P0006325

IRDA Registration Number: 190



बीमा पोलिसी रटैम्प के लिए सनेकित स्टैम्प शुल्क भूगतान किया Consolidated Signaps Carly towards policy insurance strongs paid Procs, No. GISOS/3176,19/2018 dated 07-08-2018

बाबा होने पर कुमान विचार करें :
In Case of Claim : Se Report to.
बावा हव-एैं. कि प्रिकार के HUB-HRO
बावा हव-एँ. कि प्रिकार के HUB-HRO
The Market series of charles of the first of the fir

Policy No, : 61240444180300000008 Document generated by 38208 at 11/03/2019 10:29:33 Hours.

Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.





COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

issuing Office

: A.S.Rao Nagar Branch (612404)

Address

: 304,NSIC Building, Kamaianagar, E.C.i.L. Post, Hyderabad

,500062 Hyderabad

Phone

: 04027122383

Emal!

: nla.612404@newindla.co.in

Fax

: 61240481180000008932

Collection Number **Collection Date**

Business Source Code

: 11/03/2019 : 1D4023702

PAN No of Payer

Received with thanks from M.C. MODI EDUCATIONAL TRUST.

| The amount received/Adjusted is lowards - | | Amount A/C Code | | Sub A/C Code | |
|---|-------------|-----------------|-------------|------------------------|--|
| Policy No. 61240444180300000008 | Bank-612404 | 20886.00 | 9100.612404 | BA00004717-611902-9100 | |

Total = ₹ 20886.00

| Your Paym Mode | ent/Adjustmen Amount ₹ | Cheque | Cheque Date | | Drawee Branch | Reference No. | Scroll/BG/A PD Balance |
|-------------------|---------------------------|--------|-------------|----------|------------------------------|------------------|---------------------------|
| Cheque | 20886.00 | 985164 | 08-MAR-19 | YES BANK | S P ROAD SECUNDERABA D | 6124041810022020 | N.A. |

Total = ₹ 20886.00

| Utilization details of the Collected Amount : | | | | | | |
|---|---------------|---------|----------------|------------|--------------|-----------------|
| Premlum | | GST | | Stamp Duty | | Excess Amount |
| | | 3186.00 | | 0.00 | | 0 |
| 17700.00 | | 3180.00 | A Na | 10.00 | | Department Code |
| Si no. | Agency Code | | Agency Name | | + | A A |
| 1 | NIAAG00050031 | | RAMANA BABU K. | | | 14 |

For The New India Assurance Company Limited Revenue Stamp

Date of Issue: 11/03/2019

uthorized Signator

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: 61240418P0006325

IRDA Registration Number: 190

रजस्व स्टैम्प के लिए समेकित स्टैम्प शुल्क भुगतान किया Consolidated Stamps Duty towards Revenue Stamps paid Procs. No. GS05/3081/R/2018 dated 23-08-2016

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Page 1 of 1