



UNITED INDIA INSURANCE COMPANY LIMITED

VERONA BHABAN DURGACHAK HALDIA, MEDINIPUR, WEST BENGAL
DO HALDIA - 721602 WEST BENGAL
PHONE: (03224) 274302 FAX: EMAIL:

UNITED BHARAT SOOKSHMA UDYAM SURAKSHA POLICY POLICY NO.:0317001123P117218804 UIN. IRDAN545RP0013V01202021

PERIOD OF INSURANCE
From 00:00 Hrs of 26/03/2024
To Midnight of 25/03/2025

Insured

MS HALDIA GLOBAL EDUCATIONAL SOCIETY
SRIKRISHNAPUR, SUTAHATA, PURBA MIDNAPORE DIST. : MEDINIPUR, WEST BENGAL
721635
EAST MIDNAPORE
WEST BENGAL

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : TUSAR KUMAR BERA
Agent Code : AGD0004457
Mobile/Landline Number/Email : 9476168969
: reach2beratusar@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 031700@uiic.co.in

Download Customer App(www.uiic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.
Website: <http://www.uiic.co.in>

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**UNITED BHARAT SOOKSHMA UDYAM SURAKSHA POLICY
SCHEDULE**

Policy No.	0317001123P117218804		Prev. Pol. No.	0317001122P113625951	
Name Of Insured	MS HALDIA GLOBAL EDUCATIONAL SOCIETY / 1181042463				
Tel.(O)		Fax		Tel.(R)	Mobile 9775012222
Business/Occupation	None			Email	
Period of Insurance	From	00:00 Hrs of 26/03/2024	To	Midnight of 25/03/2025	

CO-INSURANCE DETAILS:

UIIC 031700 : 100%

Risks Covered	Sum Insured(₹)
Contents	4,177,000.00
Building	9,620,000.00
Floater Cover	Not Opted

Total Basic Premium:	6,554.03
Total Addon Premium:	0.00
Net Premium:	10,993.00
CGST(9%):	989.00
SGST(9%):	989.00
Stamp Duty:	1.00
Total:	12,971.00
Receipt No:	10103170023119450804
Receipt Date:	22/03/2024

Stamp Duty Applicability : No

Agency/Broker Code:	AGD0004457
TUSAR KUMAR BERA	
Dev.Officer Code:	

Deductible	₹ 5,000/- for each & every claim
Terrorism deductible	i)1% of the claim amount subject to minimum of ₹ 25,000/- & upto maximum of ₹ 10,00,000/-(for Non-Industrial risks) ii)5% of the claim amount subject to minimum of ₹ 1,00,000/- & upto maximum of ₹ 2,50,00,000/-(for Industrial risks)

Location/Risk Details :

Location Address	Location Name	Risk Description	Item Type	Item Description	Sum Insured(₹)
SUTAHATA,EAST MIDNAPORE,WEST BENGAL,Pin-721635	SRIKRISHNAPUR, SUTAHATA	Schools, Colleges(1005)	Building including Plinth , Basement and additional Structure	CONSISTING OF SECURITY OFFICE, BOUNDARY WALL (120FTx120FT), GI STRUCTURE IN BOUNDAY WALL, HOSTEL BUILDING G+2, ADMINISTRATIVE BLDG (G+3),SHADE-1(216SQFT),SHADE-2 (770 SQFT), MAIN GATE, SHADE -3 ((504 SQFT), FRONT SHADE (150 SQFT) (AS PER LIST LODGED WITH THIS OFFICE AND ATTACHED TO AND FORMING A PART OF THE POLICY ISSUED)	9,620,000.00
		Schools, Colleges(1005)	Furniture and Fixtures Fittings and Other Equipment	CONSISTING OF : ELECTRICALS INSTALLATIONS,ELECTRICAL FITTINGS, WINDOW, DOOR IN VARIOUS ROOM, COMPUTERS (ASSEMBLED), PRINTERS, PROJECTOR MACHINES, AIR CONDITIONERS, BOOKS IN LIBRARY ROOM, GAS OVEN, UTENSILS IN SERVICE ROOM, WATER PURIFIER, TV SETS, SMART BOARD, AUDIO SYSTEM (DETAIL AS PER LIST LODGED WITH THE OFFICE AND ATTACHED TO AND FORM A PART OF THE POLICY ISSUED)	4,177,000.00

Customer GST/UIN No.:		Office GST No.:	19AAACU5552C1ZG
SAC Code:	997137	Invoice No. & Date:	1123I117218804 & 22/03/2024
Amount Subject to Reverse Charges-NIL			

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 26/03/2024

IN WITNESS WHEREOF,the undersigned being duly authorised has hereunto set his/her hand at DO HALDIA 031700 on this 18th day of March 2024 .

For and On behalf of
United India Insurance Co. Ltd.



Duly Constituted Attorney(s)
Underwritten By - PRI49229 (DO UNDERWRITER)

Affix Policy Stamp
here.

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UNITED INDIA INSURANCE COMPANY LIMITED

VERONA BHABAN DURGACHAK HALDIA, MEDINIPUR, WEST BENGAL
EAST MIDNAPORE - 721602 WEST BENGAL
PHONE: (03224) 274302 FAX: EMAIL:

BURGLARY STANDARD POLICY

Policy No.:0317001223P117218932

PERIOD OF INSURANCE

From 00:00 hrs on 26/03/2024
To Midnight on 25/03/2025

Insured

MS HALDIA GLOBAL EDUCATIONAL SOCIETY

SRIKRISHNAPUR, SUTAHATA, PURBA MIDNAPORE DIST. : MEDINIPUR, WEST BENGAL
721635
EAST MIDNAPORE
WEST BENGAL

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Agent Code	: AGD0004457
Mobile/Landline Number/Email	: <u>9476168969</u> : <u>reach2beratusar@gmail.com</u>

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BURGLARY STANDARD POLICY SCHEDULE

Policy Number	0317001223P117218932			Previous Policy Number	0317001222P113626056	
Insured Details	Name/ID	MS HALDIA GLOBAL EDUCATIONAL SOCIETY / 1181042463				
	Tel. (O)		Tel.(R)		Fax	
	Email				Mobile	9775012222
	Business/Occupation	None				
Period of Insurance	From	From 00:00 hrs on 26/03/2024			To	To Midnight on 25/03/2025
Coinsurance Details	UIIC 031700 : 100%					

Premise: (Description and situation of the premises containing the property insured) Note : The premises shall not include yard, garden, open space or out building not communicating with the main building.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Premium</td> <td>:</td> <td style="text-align: right;">₹ 3,608.00</td> </tr> <tr> <td>CGST(9%)</td> <td>:</td> <td style="text-align: right;">₹ 325.00</td> </tr> <tr> <td>SGST(9%)</td> <td>:</td> <td style="text-align: right;">₹ 325.00</td> </tr> <tr> <td>Stamp Duty</td> <td>:</td> <td style="text-align: right;">₹ 1.00</td> </tr> <tr> <td>Total</td> <td>:</td> <td style="text-align: right;">₹ 4,258.00</td> </tr> <tr> <td>Receipt Number</td> <td>:</td> <td style="text-align: right;">10103170023119451435</td> </tr> <tr> <td>Receipt Date</td> <td>:</td> <td style="text-align: right;">22/03/2024</td> </tr> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td>Agent/Broker Code</td> <td>:</td> <td style="text-align: right;">AGD0004457</td> </tr> <tr> <td>Dev. Officer Code</td> <td>:</td> <td></td> </tr> </table>	Premium	:	₹ 3,608.00	CGST(9%)	:	₹ 325.00	SGST(9%)	:	₹ 325.00	Stamp Duty	:	₹ 1.00	Total	:	₹ 4,258.00	Receipt Number	:	10103170023119451435	Receipt Date	:	22/03/2024	Agent/Broker Code	:	AGD0004457	Dev. Officer Code	:	
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Agent/Broker Code	:	AGD0004457																										
Dev. Officer Code	:																											

Location Id	Location Address / Situation	Pin Code
10270028584	VILL +PO+PS-SUTAHATA DIST. : MEDINIPUR, WEST BENGAL	721635

Location ID	Risk No./Description-Description of Goods	Description of Items Insured	Sum Insured/Item	Sum Insured/Risk
10270028584	Others - Others	AS PER LIST ATTACHED	₹ 2,406,900.00	₹ 2,406,900.00

Subject to BP clause as attached
Imposed Excess : 0/-

Total Sum Insured ₹ 2,406,900.00

Additional conditions (if any): Property described above is Nil mortgaged to:	
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Office Copy

Underwriting Remarks	AS PER LIST ATTACHED
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Voluntary Excess(₹)	0.00	Compulsary Excess(₹)	0.00
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Customer GST/UIN No.:		Office GST No.:	19AAACU5552C1ZG
SAC Code:	997137	Invoice No. & Date:	1223I117218932 & 22/03/2024
Amount Subject to Reverse Charges-NIL			

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Date of Proposal and Declaration:26/03/2024

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO HALDIA 031700 on this 18th day of March 2024

For United India Insurance Co. Ltd.,



Affix Policy
Stamp here.

Authorised Signatory

Underwritten By - PRI49229 (DO UNDERWRITER)

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