

Ref No.: GEN/WEL/SG/0008.3/1734719400

Date: 06/10/2021

To,
Mr. Jiten Shah
OFFICE NO 1002 B WING KOHINOOR SQUARE
DADAR WEST
Mumbai - 400028
District: MUMBAI
MAHARASHTRA, India
Contact Details 9324312864



Policy number: 1734719400

Subject: Risk assumption for Kotak Bharat Sookshma Udyam Suraksha

Dear Mr. Jiten Shah,

We welcome you to Kotak Mahindra General Insurance Company Limited and thank you for choosing us as your preferred service provider.

This is with reference to your above mentioned Policy issued under Kotak Bharat Sookshma Udyam Suraksha.

Enclosed please find the Policy Schedule outlining the details of your policy. Kindly note that the proposal is underwritten and policy is issued based on the information submitted to us by you, as well as acceptance of the terms and conditions. Policy schedule must be read in conjunction with the product brochure and policy wordings. Please visit <https://www.kotakgeneralinsurance.com/customer-support/downloads> or scan above QR code for detailed policy wording.

We request you to carefully go through the same once again and in case of any disagreement, discrepancy or clarifications, please call us on our toll free number 1800 266 4545 or write to us at care@kotak.com within 15 days from the date of this letter. Alternatively, you can also write to us at 8th Floor, Kotak Infinity, Building No. 21 Infinity Park, Off Western Express Highway General AK Vaidya Marg, Malad (E) Mumbai - 400 097, India.

Please note that the information provided by you will be verified at the time of claim and the captioned Policy shall be treated as void in case of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any form whatsoever made by you or by your agent, on your behalf, at any stage.

In case where premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

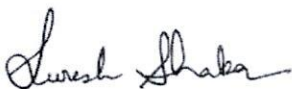
As a valued customer, we would like to provide regular updates on your policy through email and SMS. We therefore request you to keep us updated of any change in your contact details.

Assuring you of our best services at all times.

Thanking you,

Yours sincerely,

For Kotak Mahindra General Insurance Company Limited



Authorised Signatory

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**Kotak Bharat Sookshma Udyam Suraksha
Policy Schedule**

For any assistance please call 1800 266 4545 or visit www.kotakgeneralinsurance.com



DETAILS OF PROPOSER

Policy No: 1734719400	Previous Policy No: NA	Policy issued on: 06/10/2021
Policy issued at: Ground Floor, Unit No. D2, Model Industrial Colony Opp Aarey Road Mumbai Maharashtra 400063.		
Name: Mr. Jiten Shah	GSTIN:	
Correspondence Address: OFFICE NO 1002 B WING KOHINOOR SQUARE DADAR WEST Mumbai - 400028 District: MUMBAI MAHARASHTRA(27), India		
Place of Supply: MAHARASHTRA	Supply State Code: 27	
Risk location address: As per annexure		
Contact details : Email id: NEMICHEM999@GMAIL.COM	Contact No: 9324312864	
Policy Term From Time: 00:00 Date: 25/09/2021 to Midnight of 24/09/2022		
Policy Hypothecated: KOTAK MAHINDRA BANK LTD.		

DETAILS OF INTERMEDIARY

Intermediary Code : DIRECT	Intermediary Name : DIRECT BUSINESS
Intermediary Contact No : 1800 266 4545	Intermediary Email id :

RISK DETAILS

Details of property	
No of Location	1

Sr. No.	Perils Covered	Sum Insured (₹)
1.	Standard Cover (Refer Annexure for details of Sum Insured)	
2.	Inbuilt Covers:	
1	Additions, alterations or extensions	Upto 15% of the Sum Insured (excluding stocks)
2	Stock on floater basis	As applicable
3	Temporary removal of stocks	Upto 10% of the Sum Insured of Stock
4	Cover for Specific Contents	
a	Money	Upto ₹50,000
b	Deeds, manuscripts and business books, plans, drawings, securities, obligations or documents of any kind, but only for the cost of the materials and clerical labour expended in reproducing such records	Upto ₹50,000
c	Computer programmes, information and data but only for the cost of the materials and clerical labour expended in reproducing such records	Upto ₹500,000
d	Employees', Directors', visitors' personal effects of every description (other than motor vehicles) (maximum of 20 persons)	Upto ₹15,000 per person
5	Start-Up Expenses	Upto ₹100,000
6	Professional fees	Upto 5 % of the claim amount
7	Cost for Removal of debris	Upto 2 % of the claim amount
8	Costs compelled by Municipal Regulations	
3	Additional Add-on Covers:	As per Annexure

POLICY DEDUCTIBLE

i. Excess of Rs 5,000 (Rupees Five Thousand) for each claim. ii. For terrorism risk the Excess shall be as per the Clause attached to this policy.

PREMIUM DETAILS

Premium Details	Amount (₹)	Premium Details	Amount (₹)
Net Fire Premium including Add On Covers (A)	22500	CGST @ 9% (D)	2,632.50
		SGST @ 9% (E)	2,632.50
Terrorism Premium (B)	6,750.00	Final Premium (C+D+E)	34,515.00
Taxable value of Services (C)	29,250.00		

CLAUSES, CONDITIONS AND WARRANTIES

Clause	
1	Agreed Bank Clause
Condition	
1	Electrical Installation SI Should Be Read As- 5,000,000/-
2	Other Content SI Should Be Read As- 5,000,000/-

DISCLAIMER

This Policy Schedule shall be read together with the Policy Wordings (which are also available on the Company website i.e. www.kotakgeneralinsurance.com). Any word or expression to which a specific meaning has been assigned in any part of the policy or this schedule shall bear the same meaning wherever it may appear.

CLAIM DETAILS

In the event of claims, please send the relevant documents to:
Kotak Mahindra General Insurance Company Limited
8th Floor, Kotak Infinity, Building No. 21
Infinity Park, Off Western Express Highway General AK Vaidya Marg, Malad (E)
Mumbai - 400 097, India.

TOLL FREE NUMBER: 1800 266 4545 (8 AM to 8 PM)
Email ID: care@kotak.com

TAX DETAILS

Service Tax/GST Registration No.	2 7 A A F C K 7 0 1 6 C 1 Z T	Category	: General Insurance Services
SAC Code	997137	Description	Other property insurance services
Invoice Number	1734719400		

DECLARATION

The stamp duty of ₹ 0.50 paid in cash or by demand draft or by pay order, vide receipt/challan no. CSD1142021295521 dated 0 5 0 8 2 0 2 1

In Witness whereof this Policy has been signed for and behalf of Ground Floor, Unit No. D2, Model Industrial Colony Opp Aarey Road Mumbai Maharashtra 400063. at Mumbai this 06 day of October of 2021
For Kotak Mahindra General Insurance Company Limited



Authorised Signatory

This document is digitally signed, hence counter signature / stamp is not required.

**Kotak Bharat Sookshma Udyam Suraksha
Annexure**

Policy No	1734719400
Risk Location Address 1	Office No 1002 B Wing Kohinoor Square, Dadar West Bhawani Shankar Mumbai - 400028 District: Mumbai Maharashtra, India

Sum Insured Component	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents	Total	Occupancy Description
Sum Insured (INR)	3,00,00,000	0	50,00,000	0	0	0	1,00,00,000	4,50,00,000	Office

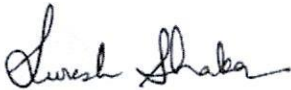
TAX INVOICE



Details of Receiver (Billed To)		Details of Supplier (billed by)	
GSTIN/UIN		Name :	Kotak Mahindra General Insurance Company Limited
Customer ID	1004341327	GSTIN :	27AAFCK7016C1ZT
Customer Name	JITEN SHAH	Pan Number :	AAFCK7016C
Email ID	NEMICHEM999@GMAIL.COM	CIN:	U85110MH2000PLC128425
Contact No	9324312864	Address:	Ground Floor, Unit No. D2, Model Industrial Colony Opp Aarey Road Mumbai Maharashtra 400063.
Address	OFFICE NO 1002 B WING KOHINOOR SQUARE, DADAR WEST,	Date of Invoice	06/10/2021
IMD Code	4323670000	Invoice No	1734719400
Receipt No	1202200387273	Proposal No	202110060043694
		Partner Application No	MUM000151584
State Code	27	State Code:	27
Place Of Supply Name	MAHARASHTRA - 27	State Name	MAHARASHTRA
		IRN	

HSN/SAC Description	HSN / SAC Code	Total Value of Supply (Rs.)	Taxable value of Supply (Rs.)	CGST Rate	CGST Amt (Rs.)	SGST Rate	SGST Amt (Rs.)
Other property insurance services	997137	29250	29250	9%	2,632.50	9%	2,632.50
Total							
Total Invoice Value (In Figure)							34,515.00
Total Invoice Value (In Words)							Thirty Four Thousand Five Hundred Fifteen
Whether Tax Payable on a Reverse Basis or Not			No				

For : Kotak Mahindra General Insurance Company Limited



Authorized Signatory