



## UNITED INDIA INSURANCE COMPANY LIMITED

PLOT NO. 36, SATYA BHAWAN, 2ND FLOOR, COMMUNITY CENTRE, WAZIRPUR INDUSTRIAL AREA, RING ROAD, Delhi  
NORTH WEST DELHI - 110052 DELHI

PHONE: (11) 27373337 FAX: (11) 27373338 EMAIL:

### STANDARD FIRE AND SPECIAL PERILS POLICY

POLICY NO.: 2227001120P110304050

UIN NO. IRDAN545RP0002V01200708

**PERIOD OF INSURANCE**  
**From 11:33 Hrs of 11/12/2020**  
**To Midnight of 10/12/2021**

*Insured*

### MS SANDHYASHI HOSPITAL

B-48,49 SECTOR-05, BAWANA INDUSTRIAL AREA, BAWANA  
110039  
NORTH WEST DELHI  
DELHI

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

Agent Name : DEEPAK GUPTA  
Agent Code : AGI0058908  
Mobile/Landline Number/Email : 9810300384  
: dgupta8484@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uiic.co.in](http://www.uiic.co.in).

For any Information, Service Requests, Claim intimation and Grievances please write to [222700@uiic.co.in](mailto:222700@uiic.co.in)

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

Website: <http://www.uiic.co.in>

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This document is digitally signed

Signer: N MOHAN SANKAR  
Date: Fri, Dec 11, 2020 11:42:42 IST



POLICY NO.:2227001120P110304050

UIN NO. IRDAN545RP0002V01200708



### STANDARD FIRE AND SPECIAL PERILS POLICY SCHEDULE

Policy Number	<b>2227001120P110304050</b>		Prev. Pol. No.	
Insured Details	Name	<b>MS SANDHYASHI HOSPITAL / 23096232863</b>		
	Tel (O)		Fax:	
			Tel (R)	
Business / Occupation	Others		Email	vikasgupta1466@rediff.com
Period of Insurance	From	<b>11:33 Hrs of 11/12/2020</b>	To	<b>Midnight of 10/12/2021</b>

#### CO-INSURANCE DETAILS:

UIIC 222700 : 100%

Risks Covered	Risk/Rate Code No.	Block No.	Sum Insured(₹)	Premium(In ₹)
Building:	1/7	1	0.00	0.00
Stocks(s)/			3,500,000.00	805.00
Contents(s):				

#### The risk(s) covered is / are as under

1	7	Hospitals including X-ray and other Diagnostic clinics(1006)
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Add on Description:	Sum Insured(₹)	Premium(₹)
Earthquake	3,500,000.00	525.00
TerrorismCover	3,500,000.00	525.00
STFI Cover	3,500,000.00	525.00
Total Addon Premium:₹		1,575.00

**Description Of Risk: Hospitals including X-ray and other Diagnostic clinics(1006)**

**Brief Description Of Risk: Hospitals including X-ray and other Diagnostic clinics(1006)**

**Occupancy Name:**

**The property is situated at:**

**B-48,49, SECTOR-05, BAWANA INDL. AREA, BAWANA, DELHI ,NORTH WEST DELHI,DELHI-110039**

**Stamp Duty Applicability : No**

Annual Basic Premium:	805.00
Total Add on Premium:	1,575.00
Policy Premium :	2380
Less Long Term Discount:	0.00
Less Staff Discount:	0.00
Net Premium:	2,380.00
CGST(9%):	214.00
SGST(9%):	214.00
Stamp Duty:	1.00
Total:	2,808.00
Receipt No:	10122270020111220047
Receipt Date:	11/12/2020

Agency/Broker Code:	AGI0058908
Business Associate Code:	BAS19846

The Sum(s) Insured is/are as under:-

Srl.	Description Of Property	Make & Model Of Machinery	Sum Insured(₹)	Escalation Sum Insured(₹)
1	Building		0.00	
2	Content Furniture		3,000,000.00	
3	Electronic Items		0.00	
4	Specified items		500,000.00	

Deductibles: 5% of claim amount subject to a minimum of ₹10,000/-

## Voluntary Deductible Details :

AOG Perils Deductible Amount(₹)	Other Perils Deductible Amount(₹)
0.00	0.00

Total Sum Insured(₹):3,500,000.00

Total Sum Insured(In words): Thirty-five lakhs rupees only

## List of Add-On Covers

- 1 Earthquake
- 2 TerrorismCover
- 3 STFI Cover

## Description Of Property Covered

## 1.) Location No. 1 Occupancy No. 1-

Address:B-48,49, SECTOR-05, BAWANA INDL. AREA, BAWANA, DELHI ,NORTH WEST DELHI,DELHI-110039					
Sl.No	Constr. Type	Risk Code/ Rate Code	Description of Risk	Total Sum Insured	Basic Premium
1	Non-kutchha	1/7	Hospitals including X-ray and other Diagnostic clinics(1006)	3,500,000.00	805.00

## Break-up of Sum Insured

Sl.No	Building	Plant & Machinery	Furniture And Other Contents	Stocks	Stocks In Process	Other Specific Items
1	0.00	0.00	3,000,000.00	0.00	0.00	500,000.00

## Add-On Cover Details

Sl.No	Add-On Cover	Sum Insured	Premium
1	Earthquake	3,500,000.00	525.00
2	TerrorismCover	3,500,000.00	525.00
3	STFI Cover	3,500,000.00	525.00

The Insurance under this Policy is subject to clauses ( as listed ):

Underwriter Remarks	CLAIMS ARISING OUT OF LIGHTNING, STORM, TEMPEST, FLOOD, INUNDATION, LANDSLIDE, ROCKSLIDE AND EARTHQUAKE DO NOT COME UNDER THE PURVIEW OF THIS POLICY FOR THE FIRST 15 DAYS FROM THE INCEPTION DATE OF THIS POLICY.
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Subject to the list of warranties as applicable :

Customer GST/UIN No.:		Office GST No.:	07AAACU5552C1ZL
SAC Code:	9971	Invoice No. & Date:	1120I110304050 & 11/12/2020
Amount Subject to Reverse Charges-NIL			

**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: 11/12/2020

IN WITNESS WHEREOF,the undersigned being duly authorised has hereunto set his/her hand at DO 27 NEW DELHI 222700 on this 11th day of December 2020 .

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

Affix Policy Stamp  
here.

Duly Constituted Attorney(s)

Underwritten By - DEEGUP00 ( INDIVIDUAL AGENT ATTACHED TO DEVELOPMENT OFFICER )

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