

D-7(2)

**ATTACHED TO AND FORMING PART OF THE POLICY NO: 190522329110000160**

**AGREED BANK CLAUSE**

It is hereby declared and agreed:-

- i. That upon any monies becoming payable under this policy the same shall be paid by the Company to the Bank and such part of any monies so paid as may relate to the interests of other parties insured hereunder shall be received by the Bank as Agents for such other parties.
- ii. That the receipts of the Bank shall be complete discharge of the Company therefore and shall be binding on all the parties insured hereunder.  
N.B: The Bank shall mean the first named Financial Institution/ Bank named in the policy.
- iii. That if and whenever any notice shall be required to be given or other communication shall be required to be made by the Company to the insured or any of them in any manner arising under or in connection with this policy such notice or other communication shall be deemed to have been sufficiently given or made if given or made to the Bank.
- iv. That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between the Company and the insured or any of them arising under or in connection with this policy if made by the Bank shall be valid and binding on all parties insured hereunder but not so as to impair rights of the Bank to recover the full amount of any claim it may have on other parties insured hereunder.
- v. That this insurance so far only as it relates to the interest of the Bank therein shall not cease to attach to any of the insured property by reason of operation of condition 3 of the Policy except where a breach of the condition has been committed by the Bank or its duly authorised agents or servants and this insurance shall not be invalidated by any act or omission on the part of any other party insured hereunder whereby the risk is increased or by anything being done to upon or any building hereby insured or any building in which the goods insured under the policy are stored without the knowledge of the Bank provided always that the Bank shall notify the Company of any change of ownership or alterations or increase of hazards not permitted by this insurance as soon as the same shall come to its knowledge and shall on demand pay to the Company necessary additional premium from the time when such increase of risks first took place and
- vi. It is further agreed that whenever the Company shall pay the Bank any sum in respect of loss or damage under this policy and shall claim that as to the Mortgagor or owner no liability therefore existed, the Company shall become legally subrogated to all the rights of the Bank to the extent of such payments but not so as to impair the right of the Bank to recover the full amount of any claim it may have on such Mortgagor or Owner or any other party or parties insured hereunder or from any securities or funds available.

For and on behalf of

Reliance General Insurance Company Limited

Authorized Signatory

**Coinsurance Clause**

1. It is hereby declared and agreed that insurers named hereunder severally agree and accept the following for the proportion set against its name:

- 1.1. In event of any claim being admissible by the insurer towards the liability, to pay or make good to the insured the value of the property at the time of the happening of its loss or destruction or the amount of such damage thereto as provided for under the policy and or
- 1.2. To indemnify the insured against liability at law or damage to any property or injuries to persons as provided for under the policy

**2 Co-insurance Schedule:**

**Co-Insurance Details**

SN	Name of the Insurer	Share (%)
1	Reliance General Insurance Company Ltd.	100.0000

**3 Conditions forming part of this clause**

It is hereby agreed and understood that:

- 3.1 The Insured in exercise of his option has after having understood the implications, selected the above named lead Insurer and the named Co-insurers vide sr. Nos. of the co-insurance schedule as in point no. 2 under the policy.
- 3.2 The duties of insured would devolve upon the authorized intermediary licensed by IRDA (referred to as authorised representative here after) where the insured appoints such authorized intermediary to transact on his behalf with the insurer/s.
- 3.3 It shall be the responsibility of the insured or his authorised representative licensed by IRDA to decide on the panel of co-insurers and their respective shares of the risk herein as set out in co-insurance share under paragraph 2 above and communicate the same to all such participating co-insurers, prior to assumption of risk.
- 3.4 The lead Insurer shall finalise the terms and conditions applicable to the risk in the form of an underwriting slip with a unique code to be handed over to the Insured/Authorised intermediary.
- 3.5 It shall be the responsibility of the insured or his authorized representative to ensure that all insurers listed in the co-insurance schedule under paragraph 2 above, are fully aware of the terms and conditions of this policy and shall secure their unqualified acceptance of such terms and conditions prior to issuance of cover and inclusion of names of insurers in this co-insurance arrangement.
- 3.6 During the currency of the policy, if there are any material changes in risk or as changes in original terms and conditions such as variation in Sum Insured, changes in premium charged, extension of policy period, etc., the same shall be communicated by the insured or his authorised representative giving sufficient advance notice of 7 days to the leader as well as all other participating co-insurers listed in the co-insurance schedule under paragraph 2 above and procure confirmation thereon. The endorsement to this effect shall be executed by the lead insurer under advice to all other participating co-insurers.
- 3.7 The liability of the insurers shall in no case exceed in respect of each item of the sum expressed in the set schedule to be insured thereon or in the all, the total sum insured hereby or sums as may be substituted thereof by endorsement.
- 3.8 In the event of any of the insurers, chosen by the Insured as per paragraph 3.1 above and listed in the co-insurance schedule, withdrawing from participation in this Policy at any time during its currency after giving due notice of 14 days, the insured shall arrange for an alternative insurer to take up the full share of risk vacated by the existing insurer. In the event of insured failing to do so, the insured shall be considered as his own insurer for such share of risk or part thereof of which is not taken up by such alternative co-insurer.
- 3.9 In the event of a claim under this policy, the insured shall give notice of its occurrence to the Lead Insurer with a copy to all the insurers as listed in clause 2 above.

**Reliance General Insurance Company Limited, IRDAI Registration No. 103. An ISO 9001:2015 Certified Company**  
**Registered Office & Corporate Office :** Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai – 400 063.  
**Corporate Identity No.** U66603MH2000PLC128300. **UIN:** IRDAN103P0015V01200102.  
 Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGIUW/CO/2911/PS/VER. 1.0/310118.



3.10 Upon receipt of such notification of claim, all claim related activities including appointment of surveyors, etc shall be done by the lead insurer who shall decide the admissibility as well as quantum of the claim and the co-insurers shall abide by the same.

3.11 In the event of any claim being value of more than 5 crores the lead insurer can immediately demand and the following co-insurer shall pay the cash call of their proportionate share of loss.

3.12 In all other cases, where the Lead Insurer pays 100% of the assessed loss, the following co-insurer/s shall remit their share of the loss to the Lead Insurers within a maximum period of 21 days from the date on which the Lead Insurer makes the demand.  
Lead Insurer's declaration that the Claim and the amount there of was in accordance with terms and conditions of the Policy issued shall be considered sufficient by the co-insurers for the purpose of remitting their share of the loss to the Lead Insurer.

3.13 The co-insurers forming part of this agreement shall be entitled to demand and obtain from the Lead Insurer/Intermediaries copies of all policies, endorsements or other claim related documents relevant to this co-insurance clause.

In witness, whereof, this policy has been signed by Reliance General Insurance Company (Lead Insurer) for itself and as authorized agents for other participating insurers named herein  
Subject otherwise to the terms, exceptions, conditions and limitations of this policy.



GOVT POLYTECHNIC KANDA GOVT POLYTECHNIC KANDA  
PRINCIPAL GOVERNMENT POLYTECHNIC KANDA, PRINCIPAL GOVERNMENT POLYTECHNIC KANDA  
KANDA, UTTARAKHAND  
Pin : 263631  
Contact Number : 9045894310

**Subject: Burglary Insurance Policy No :190522329110000160**

Dear Sir,

**Welcome to the Reliance General Insurance family!**

We are honored to have you as our valuable customer and are truly thankful that you have chosen Reliance General Insurance for your Insurance requirements.

We are pleased to inform you that you have been insured under Policy No.190522329110000160. which is being forwarded herewith

This Policy has been prepared based on the information furnished to us and we request you to kindly go through the same. In case a duly signed proposal form has not been submitted, information received from you, whether orally or in writing, has been specified in the Policy document on the basis of understanding provided to the Company.

If you find any discrepancy in the document, kindly write to us immediately for necessary rectification in writing forthwith but in no case later than 15 days from the date of receipt of the Policy document. In the absence of any communication from your end, the contents of the policy shall stand accepted by you.

To enable us to serve you better, you are requested to mention your Policy Number in all your further correspondence.

While we believe that with Reliance General Insurance, you get nothing less than excellent and unparalleled services, should you have any complaints or post purchase requirements like correction / changes in the policy or claims to be reported, we provide you a single access point as below  
Write to [rgicl.corporateservices@relianceada.com](mailto:rgicl.corporateservices@relianceada.com)

Thanking you once again for choosing us. Look forward to a long lasting and delightful relationship.

Yours sincerely,



For Reliance General Insurance Company Limited.  
Authorized Signatory



<p><b>Corporate Office/Policy Issuing Office :</b></p> <p>Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063.</p>	<p><b>Policy Servicing Branch Office :</b></p> <p>Reliance General Insurance Co. Ltd 2nd floor, Above KFC, 65 Rajpur Road, Dehradun, Uttarakhand-248001, DEHRADUN, DEHRADUN, UTTARAKHAND 248001 0135-7304521004</p>
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**Burglary and House Breaking Insurance Policy**

Policy No: 190522329110000160  
 Proposal/Covernote No: R290323120830  
 Date of proposal & declaration: 29/03/2023 22:03  
 Name of the Insured: M/S GOVT POLYTECHNIC KANDA GOVT POLYTECHNIC KANDA  
 Address of the Insured: PRINCIPAL GOVERNMENT POLYTECHNIC KANDA, PRINCIPAL GOVERNMENT POLYTECHNIC KANDA, BAGESHWAR, KANDA-263631, UTTARAKHAND  
 Mobile No: 9045894310

TAX Invoice No & Date : R290323120830 & 30/03/2023  
 GSTIN/UIN & Place Of Supply : NA & UTTARAKHAND

Period of Insurance: From 30/03/2023(00:00) To midnight on 29/03/2024  
 Business or Occupation: POLYTECHNIC COLLEGE

<b>Description and situation of the premises containing the property insured:</b>	
<b>Address</b>	<b>Occupancy</b>
PRINCIPAL GOVERNMENT POLYTECHNIC KANDA, PRINCIPAL GOVERNMENT POLYTECHNIC KANDA, BAGESHWAR, KANDA, UTTARAKHAND, 263631	Schools / Colleges

(Note: The premises shall not include any yard, garden, open space or out-building not communicating with the main building)

Property Insured/ full description of the property	Total Sum Insured (Rs)
Plant and Machinery To Be Covered	2500000
Total(Rounded Off)	2500000
<b>Extensions, if any :</b>	
• Riot Strike Malicious Damage • Theft	
<b>Warranty :</b>	• Warranted that proper accounting system is maintained throughout the policy period. • 24hrs watch and ward Facility
<b>Condition :</b>	• Stocks / content kept in open is not covered.

Premium Summary	
Premium Breakup	Amount(Rs.)
Net Premium	506.00
CGST @ 9.00 % of Net Premium	45.54
SGST @ 9.00 % of Net Premium	45.54
Total Premium	597.00

GSTIN : 05AABCR6747B1ZM HSN : 997139  
 Description of Services : Other non-life insurance services (excluding reinsurance services)

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year  
 Consolidated Stamp Duty Paid vide Letter of Authorization No. NO.LOA/CSD/562/2023/(Validity Period Dt.10/01/2023 to Dt.01/12/2023)/117 DT.9 JAN 2023 Dated 1/9/2023 at General Stamp Office, Mumbai. \*\* Not Applicable for the State of Jammu & Kashmir


Note: In the event of dishonour of cheque, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

**Grievance Clause:** For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 3009 (022) 4890 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or on company website www.reliancegeneral.co.in or on www.gbci.co.in. Shri. Ajesh Kumar, Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbci.co.in

The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in

In witness where of this policy has been signed at **Mumbai** on 29/03/2023  
 For any assistance with claims, please contact us on 74004 22200 (022) 4890 3009 (toll free) or email us at services.rgicl@rcap.co.in

Date: 29/03/2023  
 Place: Mumbai  
 Agent Code/Name: 07455885522 / 7455885522  
 Agent Contact No: 21A44740/PRIYA VERMA

For Reliance General Insurance Company Limited  
 Duly Constituted Attorney(s)  
  
 Authorized Signatory

**Reliance General Insurance Company Limited, IRDAI Registration No. 103.** An ISO 9001:2015 Certified Company  
 Registered Office & Corporate Office : Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063.  
 Corporate Identity No. U66603MH2000PLC128300. UIN: IRDAN103P0015V01200102.  
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