



Santosh S. Suryanarayana

REF No. : SSS/HOTEL SHITAL PERMIT ROOM/2019-20-45.

SURVEY REPORT

Date: 04/09/2019.

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	FFF	
	Other	
	Total	
Nature of Business	Hotel (Permit Room & Beer Bar)	
Circumstances of Loss	<p><i>It is a matter of common knowledge that Kolhapur, Sangli, Satara and adjoining cities in Western Maharashtra were flooded due to incessant torrential monsoon rains from 4th August 2019 onwards</i></p> <p><i>Insured's hotel was also flooded in the incident. We have gathered that the water level reached around 3.5 - 4 feet height at the insured's premises due to flooding/inundation.</i></p> <p><i>Insured's property was submerged into the muddy/contaminated water for 4-5 days. Thus stagnated flood water receded on 12/08/2019.</i></p> <p><i>Further the insured had intimated about the flooding and damages to the insurer. Thereafter the insurer appointed us to carry out the survey.</i></p>	
Cause of Loss	Flood/Inundation.	
Nature & Extent of damage	<p>The insured is having their property (where the business of hotel, Permit Room & Beer Bar) of apporx. 1000 sqft. Wooden doors and door frames, Wooden windows and window frames, paint of walls, electrical switch boards, electrical cables / wiring, plumbing materials, etc. were damaged/submerged under water and needs major rework/ repairs. Cracks were developed in side walls.</p>	
Water level inside the premises	3.5 - 4 feet in the premises.	
Insured's Claimed Amount	<p>Initial claim was intimated for Rs. 3,00,000/-.</p> <p>Repair Estimate was received for Rs. 5,69,480/- FOR Building.Apprx. Rs.48500/- for Contents.</p>	



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Our comment on Liability	The insured is having their 1000 Sqft property (Load Bearing structure) at the loss location at Khed Road, Walwa, Tal – Walwa, Dist. – Sangali. Insured has provided the repair estimate from their contractor M/s. S. B. Shirote; based on which the loss is assessed.			
Value at Risk (Calculation)	Description	Amount in RS	Remark	
	Stocks :	Nil		
	Building :			
	Building Load Bearing – Rs.400000/- (1000 Sqft X Rs. 800 Less 50%)	4,00,000/-		
	Value at Risk	4,00,000/-		
Adequacy of Sum Insured	Value at risk	Sum Insured	Underinsurance	
	RS	RS	RS	%
	Rs. 4,00,000/-	5,00,000/-		
Hypothecation Clause	Yes			
Endorsements	No			
Adjustment of loss				
Description	Item	Qty.	Assessment –	Remark

**SANJAY SURPURIYA & CO.**CHARTERED ENGINEERS, APPROVED VALUERS,
SURVEYORS & LOSS ASSESSORS, (GOVT. OF INDIA)

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	Name	(No)	Rs	
Building – Rs. 569480/- Less 50 %			2,84,740.00	Refer Attached Estimate of M/s. S. B. Shirote (Contractor)
TOTAL GROSS LOSS			2,84,740.00	
Less : Depreciation (50%)			1,42,370.00	Building is of 20 years old
Less : Betterment (30%)			85422.00	Estimate based on RCC construction. Hence beeterment of 35% has been deducted.
	Sub Total		56948.00	
Less : Salvage			1800.00	Notional Scrap value deducted
Less Underinsurance				Sum insured is adequate
	Sub Total		55148.00	
Less Excess			10,000.00	As per policy
	Net Adjusted Loss		45,148.00	

Enclosures Documents

1. Photographs.
2. Claim form.
3. Loan Sanction letter of the bank.
4. Proof in support of ownership.
5. Claim Bill – (Repair Estimate)
6. Discharge Voucher.

Remark on Overall Survey

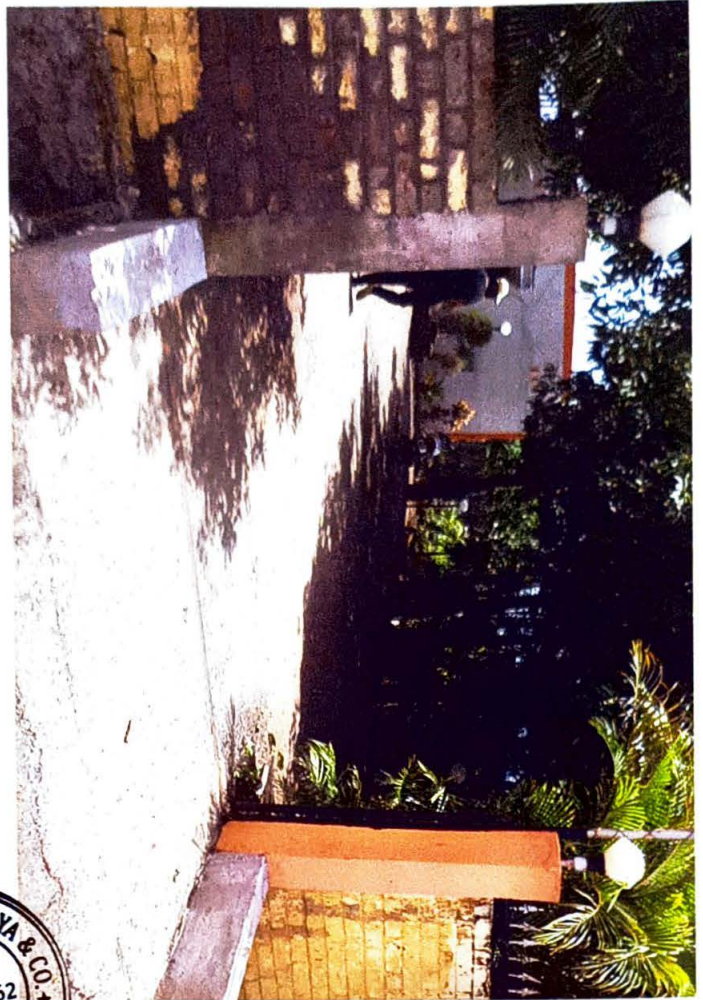
As per given policy, there is a warranty for RCC construction. Building is Load Bearing construction.

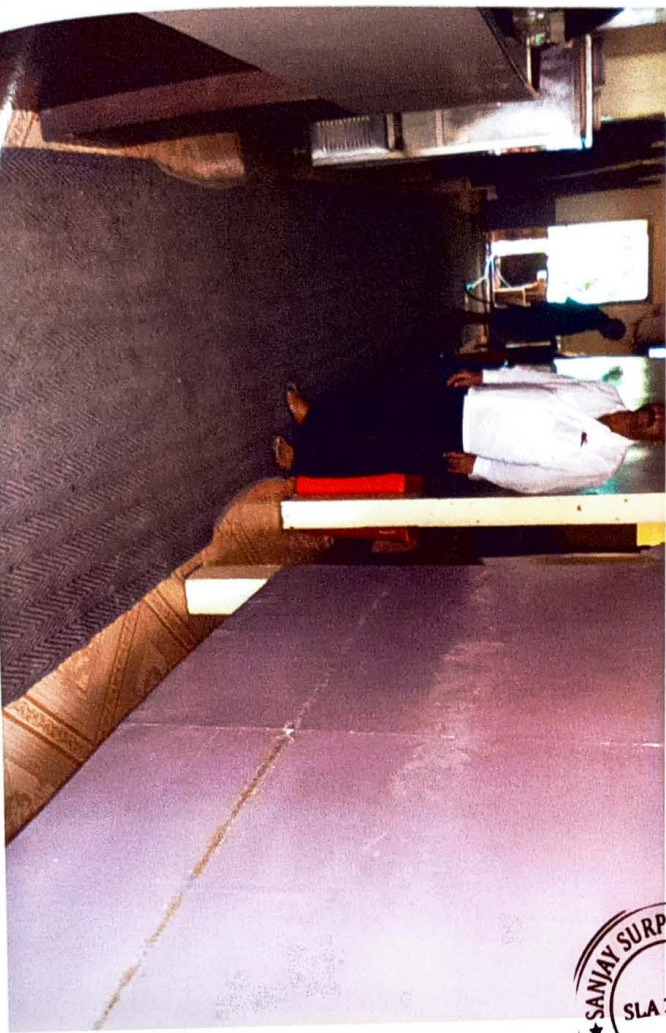
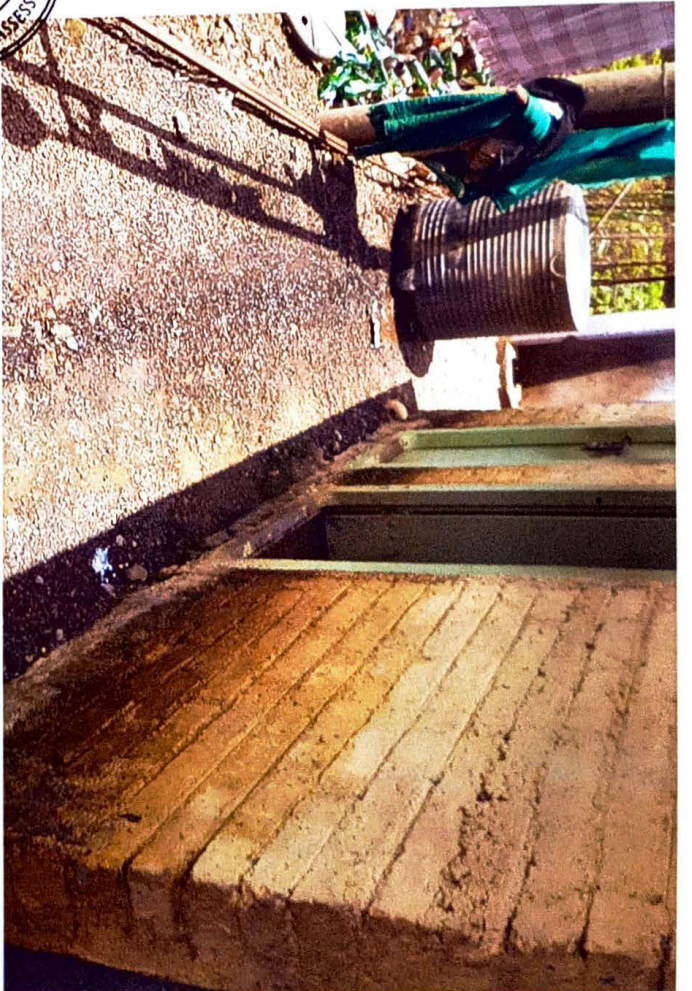
ISSUED WITHOUT PREJUDICE SUBJECT TO TERMS, CONDITIONS, EXCEPTIONS AND**LIMITATIONS OF THE POLICY OF INSURANCE**

For : SANJAY SURPURIYA.

SANJAY SURPURIYA & CO.







Discharge cum Satisfaction Voucher

Policy No. :			
Date of loss:		Loss site:	
Insured :		Ref No.	Hotel Shital
Loss Adjuster :	SANJAY SURPURIYA & CO. PUNE.	Adjuster Ref No.	
Insurer :	ICICI Lombard GIC Ltd	Claim No.	
Loss description :	Damage due flood.		


I/We agree to the loss assessment proposed by the Loss Adjuster against the claim under reference. I/We agree that upon payment of the net assessed sum as stated below shall be in full satisfaction of the claim and shall constitute the FULL and FINAL SETTLEMENT of the claim by ICICI Lombard GIC Ltd (referred as "the Company" here onwards).

Assessment	Amount (INR)
Net Assessed loss	Rs. 45000/-
Less On Account Payment made	
Less - Reinstatement Premium	To be deducted
Net Amount Payable	Rs.

I/We hereby affirm that after execution of this document and upon remittance of the assessed claim amount by the Company,

- I. the Company shall be discharged from all their liability(ies) arising directly or indirectly out of the Insurance Policy and Claim(s) for the present and future & no further request or demand would be made or raised for any additional payment under any circumstances.
- II. all other direct or indirect beneficiary(ies) shall not have any right to make any further or future demand of claim(s) either in part or in full or initiate any proceedings for claim against the Insurers.
- III. all rights, interests, or cause of action against any third party, who may be liable for this loss shall get transferred and subrogated to the Company, so that any such action, right or interest may be exerted by the said company in lieu of the undersigned as a means to recover the said loss to the extent of the payment remitted by the company.
- IV. In the event of recovery of the said property by Insured by any means whatsoever and to whatsoever extent, the Insured shall pass on same to the Insurer within a period of thirty (30) days from the date of recovery. In case of default on the part of the Insured, the Insurer shall be entitled to recover the said/equivalent amount with interest at the rate 15% per annum from the date of recovery of the said property till the entire amount is realized.
- V. I/we shall not initiate any proceedings and/or shall withdraw all proceedings initiated caused to be initiated against the Company with respect to the Claim.
- VI. I/We/ shall indemnify and hold ICICI Lombard General Insurance Company harmless from any or all claims arising out of or filed by any/all other direct or indirect beneficiary(ies) or any other person under the said policy with respect to the above stated claim.

I/We do hereby declare that the undersigned is duly authorized to sign and execute this document in respect of the claim under reference
Authorized Signatory On behalf of:

Signature:	
Name:-	ASHWIN N H NARS
Designation:-	COO
Place:-	CHennai
Date:-	22-08-2019