

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED | Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai - 600 001. Toll free: 1800 208 9100 | T: +91 (0) 44 4044 5400 | F: +91 (0) 44 4044 5550 | E: customercare@cholams.murugappa.com | website: www.cholainsurance.com | IRDAI Regn. No.123 | PAN: AABCC6633K | CIN: U66030TN2001PLC047977 | **REACH US THROUGH WHATSAPP 305234433** 

## **Policy Schedule**

	CH	OLA HO	USIN	G SOCIETY CA UIN:	AR	E POLIC	Y				
1. POLICY DETAILS											
Policy No								В	arcode		
GST Invoice No			Branc	ch Office Addre	ss						
GSTIN											
PAN											
SAC Code		SAC E	Descrip	tion							
2. INSURED DETAILS											
Insured Name								Policy Iss	sue Date		
						Period o		From Date & Time		To Date & Time	
PAN No					$\cap$	E Mail					
E-Repository Name						E-Insura AC No	nce				
GSTIN						Phone					
Financier Interest						3					
3. CO-INSURANCE DETAIL	S										
Na	ime		ı	Location	Sh	nare(%)	Sı	um Insure	d (Rs.)	Premi	um (Rs.)
				S. L.							
4. INTERMEDIARY DETAILS	5			<del> </del>							
Intermediary Name/Code/	Contact No.	C						Payment	Amount	Rs.	
Payment ID		Client C	Code					Payment	Date		
5. DETAILS OF PREMIUM										,	
									P	remium (R	s.)
Premium excl. Terrorism									₹		
Terrorism (If Opted)									₹		
CGST (9%)									₹		
SGST (9%)									₹		
IGST (18%)									₹		
Gross Premium									₹		
Consolidated Stamp Duty P	aid Vide G.O. Rt No.	G.O.No				,Commerc	cial Ta	axes and R	egistration	(j1) Depart	ment,



**Grievance Clause:** For resolution of any query or grievance, you may contact the respective branch office of the Company or may call 1800 208 9100 or may write an email to customercare@cholams.murugappa.com. If you are not satisfied with the response of the office, you may email to Grievance Officer at GRO@cholams.murugappa.com. In the event of unsatisfactory response from the Grievance Officer, you may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or General Insurance Council:https://www.cioins.co.in/ombudsman or on company website www.cholainsurance.com.

"Benefits under this policy is subject to realisation of premium cheque(s). In case of dishonor of cheque(s), no separate intimation will be given and the policy stands automatically cancelled ab initio (from inception)"

6. COVERAGE	DETAILS				
Section Number	Section Description	Sum Insured (Rs.)	Premium Excluding Terrorism (Rs.)	Terrorism Premium ("If Opted") (Rs.)	Premium Including Terrorism ("If Terrorism Opted or-else Premium Excluding Terrorism") (Rs.)
I	Building and Contents				
II	Accidental Damage Cover				
III	Landscaping				
IV	Burglary and Housebreaking-Contents (Excluding Money and Valuables)		(\$)		
V	Money Insurance				
VI	Plate Glass		y Y		
VII	Neon Sign / Glow Sign				
VIII	Electronic Equipment				
IX	Machinery Breakdown	4,)			
Х	Fidelity Guarantee				
XI	Personal Accident cover	Y			
XII	Commercial General Liability				
XIII	Chola D&O Protect Plus				
XIV	Employees' Compensation				

CLAUSES	WARRANTIES
Agreed Bank Clause (If Financier details are provided)	
Sanction Limitation and Exclusion Clause	
Communicable Exclusion clause – LMA 5394	
Cyber Loss Limited Exclusion – LMA 5410	
Transmission and Distribution Line Exclusion	
Sabotage and Terrorism Damage Cover Endorsement (If opted)	
Remarks	

Refer our website for Policy Wordings and detailed Terms & Conditions, Exclusions and the Ombudsman list.



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Note: The Policy Schedule is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, Please contact us within 15 days form the date of issuance policy.

Whether tax is payable under reverse charge basis-No

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 and also as per Notification No. 13/2020- CT dated 21-03-2020. This policy schedule shall be in lieu of Tax Invoice and hence no separate GST invoice required In compliance with Rule 54(2) of CGST Rules, 2017.

SECTION-I	BUILDING AND CONTENTS	
Location Number	r 1	
Location Address	S	
Basis of valuation	n	
Occupancy	Housing Society	
S NO	Description	Sum Incurred (De )

S. NO	Description	Sum Insured (Rs.)
1	Building	
2	Additional Structure	
3	Plant and Machinery	Ŷ
4	Furniture, fixtures and fittings	2
5	Other contents, pls specify	7
	Total Sum Insured (₹)	

	Add on Cover	Sum Insured (Rs.)		
Excess	Nil			
Terrorism Excess (If opted)				

SECTION-II	ACCIDENTAL DAMAGE COVER	
<b>Location Number</b>	1	
Location Address		
Basis of Valuation		
S.No	Description	Sum Insured (Rs.)
1		
Excess		

SECTION-III	LANDSCAPING
Location Number	1



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Location Address						
S.No		Description				Sum Insured (Rs.)
1						
Excess						
SECTION-IV	BURGLARY AND HOUSEBREAKING	– CONTENTS (E	XCLUI	DING MONEY	AND VALUABLE	s)
Location Number	1					
Location Address						
S.No		Description				Sum Insured (Rs.)
1						
Excess						
SECTION-V	MONEY INSURANCE					
Location Number	1					
Location Address						
		Money in Tra	ansit			
S. No	From	То		Annu	al Turn Over	Single Cash Carrying Limit
		Money in S	afe			
S. No	Risk		Locat	ion Address		Sum Insured (Rs.)
				<b>7</b>		
				2		
SECTION-VI	PLATE GLASS					
S.No	Description			Locatio	n of Plate Glass	Sum Insured (Rs.)
Excess						
SECTION-VII	NEON SIGN/GLOW SIGN					
S.No.	Description		ı	Make	Dimension	Sum Insured (Rs.)
Excess		L				
SECTION-VIII	ELECTRONIC EQUIPMENT					
Location Number	1					
Location Address						
S.No.	Description	Make & N	/lodel	Year of Mal	ce Serial No	o. Sum Insured (Rs.)
Excess						
SECTION-IX	MACHINERY BREAKDOWN					
Location Number	1					
Location Address						



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IRDAI Regn. No.12	3   PAN: AABCC6633K   CIN:	: U66030TN2001Pl	LC047977   <b>REACH</b>	US THROUGH WHA	TSAPP 🥥 7305234	433
S.No.	Description	on	Make & Model	Year of Make	Serial No.	Sum Insured (Rs.)
Excess						
SECTION-X	FIDELITY GUARANTE	Ε				
S.No.	N	lame of Person		De	signation	Sum Insured (Rs.)
Excess						
SECTION-XI	PERSONAL ACCIDEN	IT COVER				
S.No.	Name of Pe	erson	Relationship	Age	Assignee Name	Sum Insured (Rs.)
Excess						
SECTION-XII	COMMERCIAL GENER	RAL LIABILITY				
S.No.		Description Sum Insured (Rs.)				
Excess Extensions			A 6			
SECTION-XIII	CHOLA D&O PROTEC	T PLUS				
S.No.			Description			Sum Insured (Rs.)
				<u> </u>		
Excess Extensions			2			
	ENDLOYEE OLOOM	NOTION				
SECTION-XIV	EMPLOYEES' COMPE		N CE			6 1 1/2 )
S.No.	Employee Name	Designation	No of Emp	loyees F	Annual Wages	Sum Insured (Rs.)
Excess						
Place: CHENNAI			For CH	OLAMANDALAM I	MS GENERAL INSURA	NCE COMPANY LIMITED

Date:

**Authorised Signatory**