Bajaj Allianz General Insurance Company Ltd.

Corporate Identity Number (CIN): U66010PN2000PLC015329 IRDAI Registration No.113 Unique Identification Number (UIN): IRDAN113CP0004V01202122 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune-411006 Transcript of Proposal for COMMERCIAL PACKAGE POLICY

Dear REGENT EDUCATION & RESEARCH FOUNDATION,

We,**Bajaj Allianz General Insurance Company Ltd. ["Company" or "Insurer"],** wish to inform you that the your contract of insurance ("Policy"), will based on the information and declaration given by you through proposal, telephonic conversation / email / web-inputs / TAB or other means which would be considered as the final proposal, the transcript of which is as follows:

You are requested to yourself reconfirm the same at your end. In case of any disagreement or objection or any changes with respect to in-formation mentioned below, the Company request you to please revert back within a period of 15 days from the date of your receipt of this document [but in case of short term Policy, your revert shall reach to the Company before the Risk inception date of Policy/activities/risks covered under the Policy are started]. In case of Company's non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information and declaration mentioned in this transcript proposal, it shall be deemed that you have positively confirmed to the Company the correctness of the below mentioned transcript and declaration. . Kindly note that as the information/con-tents and declarations/confirmations provided by you as contained in this transcript is the basis on which the Company have issued the Policy to you, the Company advise you to please ensure that you have provided/disclosed and or not withheld any material facts/in-formation and declarations, as Policy becomes Void ab-initio if material facts/declaration are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by the Company apart from forfeiture of the premium amount.

Personal Information of Insured			
Title [Mr/Mrs/Ms/Company/ other entity]		First Name	REGENT EDUCATION & RE-SEARCH FOUNDATION
Middle Name		Last Name	
Email Address	SURAJITA@UIBINDIA.COM	Mobile Number	7044696655
Date of Birth		Nationality	
Pan No	AABTR3825K	Unique Identity (Aadhaar No.)	
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	BARAKANTHALIA PO- SEWLI TELINIPARA BARRACKPORE	House No/ Building No/ Flat No	BARAKANTHALIA PO- SEWLI TELINIPARA BARRACKPORE
Street/ Locality/ Land-mark		Street/ Locality/ Land-mark	
State	WEST BENGAL	State	WEST BENGAL
Area		Area	
City	NORTH 24 PARGANAS	City	NORTH 24 PARGANAS
Pincode	700121	Pincode	700121

1) COVERAGE DETAILS)

SECTION 1: STANDARD FIRE AND SPECIAL PERILS COVER

Note: This section is compulsory.

a. Address of all Risk Locations (RL) to be covered:

RL	Address
1	Commercial Package - Bharat Sookshma Udyam Suraksha (College).
2	
3	

b. Building Details:

Construction of External Walls: Bricks

Construction of Roof:Concrete

c. Is the Building owned by you? Yes(Not applicable for tenant occupant)

d. Are you the sole occupant of the Building? No

If no, who are the other occupants? Please give details: NA

e. If you are the owner of the Building, please indicate the sum to be insured (Rs.):(Please take the reinstatement value)

7,50,00,000.00 f. Contents (Please specify the sum to be insured for contents)

Item	Sum to be Insured (Rs.)
Business Equipment (Other than Electronic Equipment covered under Section 7 and Portable Equipment covered under Section 12)	1,00,00,000.00
Furniture, Fixture and Fittings	
Other items (Please specify)	

g. Do you wish to cover the following extensions?

i. Earthquake Cover: NA

ii. Terrorism Cover:Yes

SECTION 2: BURGLARY AND ROBBERY COVER

Note: This section is compulsory.

a) Please give the break-up of the sum to be insured. Please note that the sum to be insured for this Section will be same as that for con-tents under
Section 1.

Item	Sum to be Insured (Rs.)
Business Equipment (Other than Electronic Equipment covered under Section 7 and Portable Equipment covered under Section 12)	1,00,00,000.00
Furniture, Fixture and Fittings	
Other items (Please specify)	

b) Would you like to opt for a cover on a first loss basis @ 25% of the total value at risk? NA

c) Would you like to opt for a Theft extension cover? NA

d) Whether 24 hours security provided for the building? Yes

If yes, please give details: Adequate Security

e) Whether any burglar alarm or similar security devices are provided?

Yes If yes, please give details: Adequate Security

SECTION 3: MONEY INSURANCE COVER

a) Do you wish to opt for this cover?

If yes, please furnish the following details: NA

b) Please specify the locations between which the transit of money to be covered: NA

c) What is the Any One Transit Limit? NA

d) How many transits take place in a month? NA

e) What is the estimated Annual Transit? NA

f) What is the mode of transit? Private 4 Wheeler

g) Please specify security provided, if any: Adequate Security

h) Whether casual employees are used for carrying money? No

i) Is there a daily written record of the money in transit and is it updated every day? Yes

j) Do you want to cover cash in safe/strong room? Yes

If yes, please provide the sum to be insured: Rs. NA

k) Do you want to cover cash in till/counter? Yes

If yes, please provide the sum to be insured: Rs. NA

SECTION 4: PLATE GLASS COVER

a. Do you wish to opt for this cover?

If yes, please provide the following details of the plate glass to be insured:

Description and Position of Plate Glass	Size of Plate Glass		Sum to be Insured (Rs.)
	Height in cm.	Width in cm.	

b. Is there any plate glass in the insured premises that is not included in the above?

No If yes, please describe the position and size: NA

c. Is there at present any broken or damaged plate glass? No

If yes, please describe the position and size: NA

SECTION 5: MACHINERY BREAKDOWN COVER

a. Do you wish to opt for this cover?

If yes, please provide the following information:

Description of the Equip-ment	Sr. No. , Type and Capa-city of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum to be Insured (Rs.)*

b. Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equip-ments: NA

SECTION 6: NEON SIGN COVER

a. Do you wish to opt for this cover?

If yes, please provide the following information in respect of all the neon signs and/or glow signs to be insured: NA

Description	Year of Production	Name of Manufacturer	Sum to be Insured (Rs)[Reinstatement Value]

SECTION 7: ELECTRONIC EQUIPMENTS INSURANCE COVER

a. Do you wish to opt for this cover?

If yes, please provide the following information:

Description of the Equip-ment	Sr. No. , Type and Capa-city of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum to be Insured (Rs.)*

The sum to be insured should represent the new replacement value of the same type of equipment

b. Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipment: NA

c. Do you require cover for external data media? No

If yes, please provide the reinstatement value of external data media: NA

d. Do you require cover for reproduction of data lost following an indemnifiable damage to property insured under material damage coverage of this Section? No

e. Do you wish to opt for Terrorism cover? Yes

SECTION 8: FIDELITY GUARANTEE COVER

a. Do you wish to opt for this cover?

If yes, please furnish the following details:

Details of Employees to be covered		
Category of Staff to be covered	No. of Employees to be covered	Employee Sum Insured (Rs.)

b. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last five years? No

If yes, please provide the following details:

Date	Circumstances	Amount of Loss (Rs.)

c. Is there a system to obtain references from previous employers? No

If not, please specify practice followed: NA

d. Has there been any occasion to question honesty or conduct of any person proposed for guarantee?

No If yes, please provide details: NA

e. How often are the employees required to account for money? NA

f. Are books of accounts balanced every day? Yes

If not, what is the frequency of balancing books of accounts? NA

g. What independent system is there to check that all sums received by employees are accounted for? Adequate Sys-tem In Place

SECTION 9: GROUP PERSONAL ACCIDENT COVER

a. Do you wish to opt for this cover?

If yes, please furnish the following details:

Name of the Per-son	DOB	Relationship with the Proposer	Occupation	Monthly Salary (Rs.)	Coverage Re-quired(Basic/Wide r/Comprehensive)	Total Sum Insured (Rs.)

b. Do you wish to opt for Medical Expenses cover? No

c. Do you wish to opt for Hospital Confinement cover? No

SECTION 10: PUBLIC LIABILITY COVER

Note: Please note that liability under Public Liability Insurance Act 1991 or any other no fault liability basis is not covered.

a. Do you wish to opt for this cover?

b. Please provide the limit to indemnity required for any one accident and any one year: Rs. NA

c. Has there or have there been any instances of third party Bodily Injury and Property Damage in the past?

No If yes, please give details: NA

SECTION 11: WORKMEN'S COMPENSATION COVER

a. Do you wish to opt for this cover?

If yes, please furnish the following details: NA

Details of Employees to be covered		
Number of Employees	**Nature of Work**	**Monthly Salary (Rs.)**

b. Are there any security measures to prevent accidents? Yes

If yes, please provide details: Adequate Security Measures

c. Has there or have there been any instances of accidents in the premises in the past 3 years?

No If yes, please provide details: NA

SECTION12: PORTABLE EQUIPMENTS COVER

a. Do you wish to opt for this cover?

If yes, please provide the following information: NA

Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manu-facturer	AMC (Yes/No)	Territorial Lim-its(India/Worldwide)	Sum to be Insured (Rs.)*

The sum to be insured should represent the new replacement value of the same type of equipment

b. Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipments: NA

SECTION 13: BAGGAGE INSURANCE COVER

a. Do you wish to opt for this cover?

If yes, please provide the following details: NA

b. Please specify the limit to be insured per loss: Rs. NA

c. Please specify the total limit during the policy period: Rs.NA

d. Please specify the territorial limits: India NA / Worldwide NA

SECTION 14: PEDAL CYCLE COVER

a. Do you wish to opt for this cover?

If yes, please provide the following information in respect of all pedal cycles to be in-sured:

Name of the Manufacturer	Year of Production	Frame no.	Value including accessories (Rs.)

b. Please specify details of the location where the pedal cycles are stored when not in use: NA

SECTION 15: BUSINESS INTERRUPTION COVER

a. Do you wish to opt for this cover?

If yes, please provide the following details: NA

b. What is the Turnover for last 12 months? Rs. NA

c. What is the estimated Turnover for next 12 months? Rs.NA

d. What is the sum to be insured? Rs. NA

NB: The sum to be insured is estimated Gross Profit for next 12 months which is Turnover less purchases and other variable business expenses.

e. What is the estimated Net Profit for the next 12 months? Rs. NA

f. What is the indemnity period opted? 6 months / 9 months / 12 months

NA g. Do you maintain upto date books of accounts? Yes

h. Do you wish to opt for terrorism cover extension? Yes

(You can opt for terrorism extension for this section, only if you opt it under Section 1)

MODE OF PAYMENT

a. By Cheque: Cheque No 005646 Bank ICICI BANK LIMITED Branch BARRACKPUR, KOLKATA

b. By Cash:No

PREVIOUS INSURANCE DETAILS

a. Is your previous insurance policy with Bajaj Allianz General Insurance? Yes

b. If yes, kindly provide the previous Policy No.: OG-23-2401-4094-00000054 Policy Expiry Date: 25/03/2024

c. If no, kindly provide name of the previous insurer (if any): Previous Policy No : OG-23-2401-4094-00000054 Policy Expiry Date: 25/03/2024

d. Please provide the claims history for past 3 yrs:

No. of Claims made: NA Cause of Loss: NA

Total Claimed Amount: NA

e. Has any General Insurance Company, in respect of the risk to which this proposal relates, ever:

Declined a proposal, refused renewal or terminated insurance? No

Required an increased premium or imposed special conditions? Yes

If yes in either case, please provide details: NA

PERIOD OF INSURANCE

From 00:01:00 26-MAR-24 To 25-MAR-25 Midnight

I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information:Yes

DECLARATIONS, WARRANTIES, TERMS AND CONDITIONS:

A. The contents of the proposal [transcript of the proposal of you is this document] and connected documents have been fully explained to you and you have fully understood the significance of the proposed Policy/contract of insurance basis which you have confirmed to the Company for Policy issuance.

B. You have clearly understood the Standard terms and conditions [T AND C] to the Policy/contract of insurance and agree that the statements, particulars, answers and/or particulars, information, declarations, warranties, documents given in/as per this transcript of proposal shall be held to be promissory and shall be the basis of the Policy/contract of insurance between you and the Company and your proposal is subject to the Board approved underwriting policy of the Company and that the Policy will come into force only after your full payment of the prescribed premium chargeable and Company's receipt and realisation of full prescribed premium.

C. You declare that the statements and particulars given in this transcript are complete, true and accurate in all re-spects, to the best of your personal knowledge and belief and that there is no other information, which is relevant to your proposal for insurance that has not been disclosed to the Company. You undertake to exercise all ordinary and reason-able precautions for safety of the property as if it were uninsured. You shall immediately inform the Company if there are any subsequent changes to the information, declarations, warranties mentioned in this transcript of the proposal or if ad-ditions or alterations are carried out in the risk proposed after the submission of this proposal and thereafter.

D. You agree to the Standard Terms and Conditions of the Company. In case of disagreement or objection or any changes with respect to information, declarations, Standard Terms and Conditions, exclusions and contents mentioned hereinabove, please contact Company's toll free number and register your objections / changes / disagreement to the contents of this transcript or you may also send the Company email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy.

E. The Company shall have no liability under the Policy/contract of insurance if it is found that any of your statements, particulars, answers and/or particulars, information, declarations, warranties, in your this proposal or other documents are incorrect\and or untrue or suppressed any information or provided misleading or false information in any respect on any matter [whether material or not material] to the grant of a cover by the Company.

F. You authorize the Company to share information pertaining to your proposal for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority, reinsurers, group compan-ies, auditors/legal counsel, service providers etc.

G. You have read and understood the privacy policy of the Company and hereby unconditionally agree and bind your-self to all terms and conditions of the Company's privacy policy, as amended, from time to time.

H. You agree that the Standard Terms and Conditions sent to you for the Policy taken by you for the first time shall be applicable to the renewal Policy and the Company need not send the Standard Terms and Conditions at the time of re-newal and if you require the same you will seek the same from the Company.

Toll free Number: 1800-103-2529, 1800-102-5858 and 1800-209-5858

Email address: bagichelp@bajajallianz.co.in

Website: www.bajajallianz.com

Contact Company's Policy servicing branch at:null

** This is print of electronic records maintained by the Company in accordance with law and hence does not require signature.

Scrutiny
No:398687009 Note -

PROHIBITION OF REBATES

Section 41, of Insurance Act, 1938: No person shall allow or offer to allow either directly or indirectly as an inducement

to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with a penalty, which may extend to Ten Lakh Rupees.

Date: _____

Place: _____

ANNEXURE

In case the value of the contents is collectively less than Rupees Five Lakhs, you shall be required to declare the indi-vidual values of the contents.

Electronic Equipment

Sr. No.	Description of the Item	Age	Sum Insured

Domestic Appliances

Sr. No.	Description of the Item	Age	Sum Insured

Kitchen Appliances

Sr. No.	Description of the Item	Age	Sum Insured

Air Conditioner

Sr. No.	Description of the Item	Age	Sum Insured

Portable Equipment

Sr. No.	Description of the Item	Age	Sum Insured

Furniture and Fixtures

Sr. No.	Description of the Item	Age	Sum Insured

CLOTHES, UTENSILS AND PEROSNAL EFFECT ITEMS

Sr. No.	Description of the Item	Age	Sum Insured

ANY OTHER ITEM, PLEASE MENTION IN THE BELOW TABLE:

Sr. No.	Description of the Item	Age	Sum Insured

Bajaj Allianz General Insurance Company Ltd. Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006

COMMERCIAL PACKAGE POLICY POLICY SCHEDULE

UIN: IRDAN113CP0004V01202122

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc. :	6th Floor, Mani Square, 164,, 6th Floor, Mani Square, 164,, Canal Circle road,, Mani Square Premises,, KOLKATA-700054 Phone No :033-30212900		
Policy No.	**OG-24-2401-4094-00000044**		
Product	COMMERCIAL PACKAGE POLICY		
Period of Insurance	**From 00:01:00 26-MAR-24 To 25-MAR-25 Midnight**	**Policy Issued On**	30-MAR-24
Co-Insurance Details	**Own Share: 100%**		
Insured Name	**REGENT EDUCATION & RESEARCH FOUNDATION**		
Insured Address	BARAKANTHALIA PO- SEWLI TELINIPARA BARRACKPORE, , PO Area - -, , NORTH 24 PARGANAS, WEST BENGAL - 700121		
Bank Details :	No Details	No Details	
GSTIN / UIN	19AABTR3825K2Z5	**Place of Supply/State Code/Name**	19 - West Bengal
Company GST No :	19AABCB5730G1ZU	**Invoice No :**	259623331/4
Company PAN :	AABCB5730G		
Risk Name :	Simple	**Risk Occupancy :**	Colleges

Description	Sum Insured (Rs)
Fire and Allied Perils-Bharat Laghu Udyam Suraksha	8,50,00,000.00
Section 1:Standard Fire and Special Perils Cover: Contents	1,00,00,000.00
Section 2: Burglary and Robbery Cover- With Theft and RSMD	1,00,00,000.00
Section 3: Money Insurance Cover: Money in Transit-With RSMD	1,00,00,00.00
Section 3: Money Insurance Cover: Money in Safe -With RSMD	1,00,00,00.00
Section 3: Money Insurance Cover: Money in Counter -With RSMD	1,00,00,00.00
SECTION 10: Public Liability Cover (AOA:AOY=1:1)	1,00,000.00

Additional Loading @**	0 %
Additional Discount@	0 %
Base Premium	28,040.00
Special Discount	0
Net Premium	28,040.00
Terrorism Surcharge**	12750.0
Stamp Duty	
State GST (9%)	3,671.00
Central GST (9%)	3,671.00
Final Premium	**48,132.00**

***** All Premium figures are in Rupee.**

On specific request and subject to terms and conditions, record of information exchange will be made available.

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.

I/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.

Scope of Cover	As per the policy wording attached.
Risk Covered	Commercial Package - Bharat Sookshma Udyam Suraksha (College).
Special Perils	EQ , STFI, TERRORISM
Special Exclusions	As per the policy wording attached. Exclusion for direct and indirect loss as a result of infectious diseases or contagious disease;including but not limited to diseases arising out of corona viruses. Any Liability is subject to the exclusion for direct and indirect loss as a result of infectious diseases or contagious disease including but not limited to diseases arising out of corona viruses in the policy . Any change with respect to Any changes/revised rates/revised instructions from regulatory/supervisory bodies like IRDA/ IIB/GIC Re/GI Council. Cyber Risk exclusion NMA 2915. Sanction and Limitations clause.
Subject to Clauses	Section 1: Standard Fire and Special Perils Cover As per Bharat Laghu Udyam Suraksha policy wordingsSection 2: Burglary and Robbery Cover 1. Deductible: 5% of the claim amount subject to a minimum of Rs. 5,000/- for each and every claim. 2. Subject to 24 hour security presence at the insured location.3. Other terms and conditions: As per Commercial Package Policy Wordings. Section 3: Money Insurance Cover Money in Transit Cover 1. The maximum sum insured under this cover should not exceed Rs. 50 lakhs. 2. Locations for transaction of money from specified location in proposal form to Bank and vice versa. Transit to be within city limits. 3. Only employees on rolls of the Proposer authorized to carry cash. 4. Adequate security precautions to be taken for money in transit. 5. Other terms and conditions: As per Commercial Package Policy Wordings. Money in Safe Cover 1. The maximum sum insured under

this cover should not exceed Rs. 50 lakhs. 2. Money to be stored in a standard make safe outside business/ working hours.3. Details of make/model of these safes at each and every location to be obtained prior to inception of the policy.4. Other terms and conditions: As per Commercial Package Policy Wordings. Money in Counter Cover 1. The maximum sum insured under this cover should not exceed Rs. 50 lakhs. 2. Coverage for money in counter at the listed premises will operate only when the same is in the custody of employees authorized to handle money.3. Other terms and conditions: As per Commercial Package Policy Wordings. Excess for all above : 5% of claim amount subject to min of 5000/-Section 10: Public Liability Cover 1. The maximum AOA:AOY limits under this Section can be Rs. 4 crores. 2. Deductible: Rs. 50000 for each and every claim. 3. Other terms and conditions: As per Commercial Package Policy Wordings. Safety and Fire Precaution measures"Fire Extinguisher, Eiether Hydrant systemor Smoke detection systems in place , 24x7 Watch and Ward S2"85% of SIDistance from Nearest Fire brigadeLess than 5 km D180% of SIAge of building5-10 years A290% of SIAMC for Fire appliancesYes F195% of SIDistance from nearest water bodyBetween 20 to 50 Km N490% of SIClaim Ratio for past 3 yearsUpto 70% C1100% of SIBasement RiskNo B2100% of SI

Warranties

1)For SFSP Policy As per Bharat Laghu Udyam Suraksha Policy Desired Coverages & Clauses: .SFSP- .Earthquake - .STFI - .Terrorism- .Fire, including due to its own fermentation, or natural heating, or spontaneous combustion- .Additions, alterations or extensions upto 15% -EXCLUDING STOCK .Under insurance waiver up to 15% .Temporary removal of stocks - upto 10% .Cover for Money upto Rs. 50,000/- .Cover for documents such as deeds, manuscripts, business books, plans, drawings, securities etc. upto Rs. 50,000/- .Cover for computer programmes, information and data upto Rs. 5 lacs .Cover for personal effects of employees, Directors and visitors upto 15,000 per person for a maximum of 20 persons during the policy period .Start up Expenses - upto Rs. 5 lacs .Removal Of Debris Clause (Upto 2% Of The Claim Amount) .Architects, Surveyors And Consulting Engineers Fees (Upto 5% Of The Claim Amount) under Professional fees .Costs compelled by Municipal Regulations .Bush fire, Forest fire, Jungle fire .Impact damage of any kind, i.e., damage caused by impact of, or collision caused by, any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.) .Leakage from automatic sprinkler installations. .Theft within 7 days from the occurrence of, and proximately caused by, any of the above Insured Events .Rent for Alternate Accommodation Cover 6m 20 lacs .Impact Damage (Belonging to Insureds Own Vehicle) .Agreed Bank Clause / Reinstatement value Clause / Local Authority Clause / Designation of Property Clause.2) For Burglary Policy Desired Coverages & Clauses: .Standard Burglary & Housebreaking .25% First Loss Basis .Theft Extension .RSMD Extension .Goods held in trust

Special Conditions

3) For Money Policy As per our standard CPP policy wording Desired Coverages & Clauses: .Standard Money (In Transit, Safe, Till & Counter) .Theft Extension .RSMD Extension .Terrorism .Cash can be carried in a box / bag that is closed and locked .Cash can be carried in both Public & Private vehicles. .Maximum Transit distance will be 30 Km from office to bank / office and vies-versa. .The safe is accessed only by authorized employees, but the safe are not fixed in the wall. 4) For Public Liability Policy As per our standard CPP policy wording Desired Coverages & Clauses: .AOG perils cover Extension .Food & Beverages Extension .Lift & Escalator Liability .Medical expenses extension .Cross Liability Clause .Sudden & Accidental Pollution Extension - 72 hours basis .Notification Extension Clause .Extended Claim Reporting Clause .Claim Series ClauseRISK LOCATION ADDRESS-BARAKANTHALIA. PO - SEWLITELINIPARA, BARRACKPORE, NORTH 24 PGS. WB, Kolkata 700121.

Comments OUR RENEWAL OG-23-2401-4094-00000054

Risk Category Preferred Risk

Cover Category Others

Bank RM Employee Code : N

Broker Code 10033802	**Channel Name : BR**
Broker Name : UIB INSURANCE BROKERS INDIA PRIVATE LIMITED	
Contact No : 0/0	
Email -	

Premium Collection Details [Receipt No/Collection No/Amount] 2401-02507247 / 398687009 / Rs. 48,132.00 ,

*** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

*** This policy is subject to the standard policy wordings, warranties and conditions applicable for this product in addition to any specific warranty or condition attached

For & On Behalf of Bajaj Allianz General Insurance Company Ltd.

Stamp Duty Rs.0.25

Authorized Signatory
Printed , Signed and Executed at Pune

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

Principal Location : 6th Floor, Mani Square, 164, 6th Floor, Mani Square, 164, Canal Circle road, Mani Square Premises, KOLKATA - 700054 PH:033-30212900 | Services Accounting Code : 997137 - Other property insurance services. No reverse charge is payable on these services.

In case of any claim, please contact our 24 Hour Call centre at 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'Bagichelp@bajajallianz.co.in'.

398687009/-/10033802/NA/-

Prefix your area code if you are calling from a Mobile Device.

Generated by abhijit roy08

Bajaj Allianz General Insurance Company Ltd.

6th Floor, Mani Square, 164, 6th Floor, Mani Square, 164, Canal Circle road, Mani Square Premises, KOLKATA - 700054
Contact No:Contact No: 033-30212900,033-30212901; Fax No: 033-40034297

RECEIPT

Receipt Number **2401-02507247**

Receipt Date **29/03/2024**

Business Channel **BR**

Received with thanks from REGENT EDUCATION AND RESEARCH FOUNDATION

(Customer ID : 212239199) a total sum of Rupees Forty Eight Thousand One Hundred Thirty Two Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Cheque	005646	15/03/2024	ICICI BANK LIMITED	BARRACKPUR, KOLKATA	48,132

Total Amount **Rs.** **48,132.00**

Note : 398687009

Issuance of this receipt does not amount to acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and con-ditions of the Insurance Policy if and when issued.

* Cheque/DD/PO receipt is valid subject to realisation of the instrument.

For & on behalf of

Bajaj Allianz General Insurance Company Ltd.

Authorised Signatory

MEMBER	60																	
RISK DETAIL	SI/Limits of Liability	Relationship with the Policy holder (RK)	Spouse/Son/Daughter employed?	Any Physical Defects?	Name of the Insured	Date of Birth of the Member	Occupation of the Member (RK)	Nominee Name	Relationship with Nominee	Employee Number of the Insured person	COVER DETAIL	Cover Code	SI for road accident	SI for hosp expenses due to road accident	Is extension for accdnt in course of emp required?	SI for hosp expenses due to accdnt in course of emp extn	Is hosp expenses for any other accident(wider cover) required?	SI for hosp expenses for any other accident(wider cover)
	200000	SELF	NO	No	ARUP GHOSH	26-01-1976	EMPLOYEE	SHUVOSHREE GHOSH	FATHER	1		STDCOV	100000	100000	NO	100000	Yes	100000
	100000	SELF	NO	No	SNEJEET DEY	12-05-2003	EMPLOYEE	TAPASI DEY	MOTHER	2		STDCOV	100000	100000	NO	100000	Yes	100000
	100000	SELF	NO	No	DEBOTTAM PURKAIT	26-03-2004	EMPLOYEE	AMALENDU PURKAIT	FATHER	3		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SOUMALI BANERJEE	08-09-2003	EMPLOYEE	CHAITALI BANERJEE	MOTHER	4		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	ISAQUE PURKAIT	25-11-1999	EMPLOYEE	ISMILE PURKAIT	FATHER	5		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	TUHINAPARVEEN	19-03-1997	EMPLOYEE	MAMTAJ BEGAM	MOTHER	6		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SHELLEY DAS	06-02-1997	EMPLOYEE	JUGAL KUMAR DAS	FATHER	7		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	ANKAN MONDAL	14-06-2003	EMPLOYEE	JUTHIKA MONDAL	MOTHER	8		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	JYOTIRMAY GHOSH	08-04-2002	EMPLOYEE	BULA GHOSH	MOTHER	9		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	FEROZ ALAM KHAN	12-11-1995	EMPLOYEE	ALEYA KHAN	MOTHER	10		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SUMAN MONDAL	10-07-2003	EMPLOYEE	SUDHENDU MONDAL	FATHER	11		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	MAINAK BISWAS	02-11-2003	EMPLOYEE	MRINMOY BISWAS	FATHER	12		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	PIYASA DHAR	09-02-2003	EMPLOYEE	GOUTAM DHAR	FATHER	13		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	RUMPA UKIL	15-09-1995	EMPLOYEE	SANKAR UKIL	FATHER	14		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SHREYA PAN	09-04-2002	EMPLOYEE	DIPAK KR PAN	FATHER	15		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SALMA TASNIM	16-08-2002	EMPLOYEE	SK ABDUL GAFFAR	FATHER	16		STDCOV	100000	100000	No	100000	Yes	100000

Principal
Regent Education & Research Foundation
Bara Kanthalia, P.O.-Sewli Telinipara
Barrackpore, Kolkata-700121

	100000	SELF	NO	No	PARTHA SARATHI MONDAL	01-05-1979	EMPLOYEE	MOUMITTA CHATTERJEE MONDAL	WIFE	17		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	RINKU SARKAR	01-11-1979	EMPLOYEE	SUDIP MITRA	HUSBAND	18		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	DIPANJAN DAS	17-02-1993	EMPLOYEE	SIMA DAS	WIFE	19		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	CHAYAN ROY	14-07-2001	EMPLOYEE	RAMANANDA ROY	FATHER	20		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SOUGATA MONDAL	23-11-2000	EMPLOYEE	MANINDRA MOHAN MONDAL	FATHER	21		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	TAMANNA BHOWMICK	03-10-2003	EMPLOYEE	PRANAB BHOWMICK	FATHER	22		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	ARITRA GHOSH	18-06-2003	EMPLOYEE	MOHANTA GHOSH	FATHER	23		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	ARUN KR SAHA ROY	20-01-1967	EMPLOYEE	ARCHANA SAHA ROY	WIFE	24		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	ADITYA ROY	16-05-2003	EMPLOYEE	AMITAVA ROY	FATHER	25		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	JAYASHRI BANERJEE	13-11-2002	STUDENT	KEDAR NATH BANERJEE	FATHER	26		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	RIYA SAHOO	27-05-2003	STUDENT	PRASANTA KR SAHOO	FATHER	27		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	BHASHWARITA DHAR	25-09-2002	STUDENT	BHAJAN CHANDRA DHAR	FATHER	28		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	ABIR KARMAKAR	04-09-2002	STUDENT	PRODIP KARMAKAR	FATHER	29		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SHIBNATH NASKAR	16-06-1999	STUDENT	BHUPAL NASKAR	FATHER	30		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SANTA CHAKRABORTY	25-06-1993	STUDENT	AVIJIT GUHA	HUSBAND	31		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	DEBADRITA DAS	21-07-2004	STUDENT	ASHIM KUMAR DAS	FATHER	32		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SUBODH CHANDRA PAUL	01-10-1972	STUDENT	SUDESHNA PAL	WIFE	33		STDCOV	100000	100000	No	100000	Yes	100000

Principal
Regent Education & Research Foundation
Bara Kanthalia, P.O.-Sewli Telinipara
Barrackpore, Kolkata-700121

	100000	SELF	NO	No	BITAN GHOSH	10-08-2002	STUDENT	PRASANTA GHOSH	FATHER	34		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	JOY BHATTACHARJEE	05-04-1989	STUDENT	BAISHAKHI BHATTACHERJEE	WIFE	35		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	PRITISH MISRA	27-01-2001	STUDENT	PRASANTA KUMAR MISRA	FATHER	36		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	RONTIDEB CHAKRABORTY	11-08-1998	STUDENT	JOYDEB CHAKRABORTY	FATHER	37		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	MONOJ DAS	24-08-1976	STUDENT	SIMA DAS	WIFE	38		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	ABDUL AZIZ	05-08-2002	STUDENT	ABDUL MANNAN	FATHER	39		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	PULAK PANDA	19-02-1989	STUDENT	NARAYAN CHANDRA PANDA	FATHER	40		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	S K M D JAVED HASAN	27-10-1998	STUDENT	S K JAHANGIR	FATHER	41		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SAMIMA PARVIN	11-12-1995	STUDENT	RABIUL ISLAM	HUSBAND	42		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	JAYANTA KR BHUNIYA	28-04-1968	STUDENT	SHANTANA BHUNIYA	WIFE	43		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SATYAJIT MONDAL	17-06-1986	STUDENT	TAMALIKA DAS MONDAL	WIFE	44		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	NIKHIL CHANDRA MONDAL	04-06-1978	STUDENT	MONORAMA MONDAL	WIFE	45		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SHUBHRANSHU PANJA	23-09-2002	STUDENT	BHRAMAR KUMAR PANJA	FATHER	46		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	MONSUR ALI GAZI	17-11-1972	STUDENT	JAHANARA BIBI	WIFE	47		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	ABHIJIT BANERJEE	23-12-1971	STUDENT	KEYA BANERJEE	WIFE	48		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	UJJWAL KUMAR NAG	06-07-1989	STUDENT	SATHI SAMADDAR	SISTER	49		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	MANOS KUMAR ROY	17-01-1974	STUDENT	KALYANI ROY	WIFE	50		STDCOV	100000	100000	No	100000	Yes	100000

Principal
Regent Education & Research Foundation
Bara Kanthalia, P.O.-Sewli Telinipara
Baruipore, Kolkata-700121

	100000	SELF	NO	No	SARAJ KUMAR DAS	23-04-2001	STUDENT	SARASWTI DAS	SISTER	51		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	MRINMOY PAUL	22-10-1979	STUDENT	DEBADRITA PAUL	WIFE	52		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	RAKESH KUMAR PANDEY	15-07-1974	STUDENT	KIRAN PANDEY	WIFE	53		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	RAKIBAL HASAN SIPAI	16-06-1979	STUDENT	IFTASHAM SIPAI	WIFE	54		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	HAARISH SARDAR	24-06-1997	STUDENT	SAFIUDDIN SARDAR	FATHER	55		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SAYED FRIZAL ELAHI	30-04-1995	STUDENT	SABIA BIBI	MOTHER	56		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	SOMNATH SADHUKHEN	03-09-1992	STUDENT	C SADHUKHAN	FATHER	57		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	DEEPLANGSHU MAHAJAN	14-07-1994	STUDENT	PRADIP MAHAJAN	FATHER	58		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	ARNAB PAL	27-06-1990	STUDENT	PARESH CH PAUL	FATHER	59		STDCOV	100000	100000	No	100000	Yes	100000
	100000	SELF	NO	No	ANJANA ADHYA DHAR	27-06-1990	STUDENT	SACHINDRA NATH ADHYA	FATHER	60		STDCOV	100000	100000	No	100000	Yes	100000

Principal
Regent Education & Research Foundation
Bara Kanthalia, P.O.-Sewli Telinipara
Barrackpore, Kolkata-700121