

KSHEMA GENERAL INSURANCE LTD.

Regd. Office: #413, 4th Floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad, Telangana, India- 500016

Kshema Samriddhi - Policy Schedule

UIN: IRDAN162RP0004V01202425

IRDAI Registration. No: 162		CIN No: U66000TG2018PLC125484		HSN/SAC No: 997139		
Policy Number:			Transaction No.			
Policy Issuing Office Address:		KSHEMA GENERAL INSURANCE LTD. #413, 4th Floor, My Home Tycoon, Block A, Kundan Bagh, Begumpet, Hyderabad-500016.				
Phone Number: 18005723013		Email ID: customer.support@kshema.co		Website: www.kshema.co		
Distribution Details:						
Channel Name:		Channel Code:		Mobile No:	Channel Email ID:	
POSP Name:		POSP Code:		Mobile No:		
Claim Contact:		Through Kshema App		Toll Free Number	18005723013	
Policy Risk Coverages:		Landslide, Flood, Cyclone, Natural fire, Inundation, Earthquake		Excess: NIL	Rainfed/Irrigated:	
Exclusions/ not covered		As mentioned under Section 5 of the attached Policy wordings				
Insured details:						
Insured Full Name:		Customer ID:		Contact No:	Owner/Tenant:	
Email Id:		Address:			If Tenant, name of the owner:	
Policy Details:						
Period of Cover:		From: Time:		To: Time:	Season:	
Subject Matter Details:						
Name of the Crop:		Variety:		Date of Sowing:		
Insured Acreage:		Village/District:		Survey No./No's:	Farm lat Log:	
Indemnity Percentage:		100%				
Sum Insured:		INR				
Add-on cover Premium (If opted)		Nil				
Premium		SGST	CGST		IGST	Total Amount in INR Rs.
INR		INR	INR		INR	INR

Mode of Payment:		Receipt No. and Date:	
Nominee Details:			
Name of the Nominee:	Age: *(In case of Minor provide guardian Details):	Relation:	Guardian Details:
Tax Invoice No:		GSTIN Issuing Office:	Hyderabad
Name of Financier / Hypothecation to: None			
<ul style="list-style-type: none"> • This Policy shall be void from inception if the premium in full is not realized by the Company. • In the event of fraud, the Company reserves the right to cancel the Policy. • Policy wordings are attached along with this policy schedule. 			
Relevant stamp duty has been paid		Date:	Place:
Date:		Authorized Signatory	

