

**KSHEMA GENERAL INSURANCE LTD.**Regd. Office: #413, 4<sup>th</sup> Floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad, Telangana, India- 500016**Kshema Prakriti- Policy Schedule**

UIN: IRDAN162RP0001V05202324

IRDAI Registration. No: 162		CIN No: U66000TG2018PLC125484		HSN/SAC No: 997139	
<b>Policy Number:</b> 000000237631					
<b>Policy Issuing Office Address:</b>		KSHEMA GENERAL INSURANCE LTD. #413, 4th Floor, My Home Tycoon, Kundanbagh, Begumpet, Hyderabad, Telangana – 500016, INDIA			
<b>Phone Number:</b> 18005723013		<b>Email ID:</b> <a href="mailto:info@kshema.co">info@kshema.co</a>		<b>Website:</b> <a href="http://www.kshema.co">www.kshema.co</a>	
<b>Distribution Details</b>					
<b>Channel Name:</b> DIRECT		<b>Channel Code :</b> 999-999		<b>Mobile No:</b> 18005723013	
<b>POSP Name:</b>		<b>POSP Code:</b>		<b>Mobile No:</b>	
<b>Claim Contact:</b>		Through Kshema App		<b>Toll Free Number</b> 18005723013	
<b>Policy Risk Coverages:</b>		Aircraft Damage, Cyclone, Earthquake, Fire, Flood, Hailstorm, Landslide, Animal Attack		<b>Excess:</b> NIL	
<b>Exclusions/ not covered</b>		As mentioned under Section 4 of the attached Policy wording			
<b>Insured details:</b>					
<b>Insured Full Name:</b>		<b>Customer ID:</b>		<b>Contact No:</b>	
<b>Email Id:</b> Not Provided		<b>Address:</b>		<b>Owner/Tenant:</b>	
<b>Policy Details:</b>		<b>If Tenant, name of the owner:</b>			
<b>Period of Cover:</b>					
<b>From:</b> Time : 00:00:01 Hrs		<b>To:</b> Time: 23:59:59 Hrs		<b>Season:</b>	
<b>Subject Matter Details:</b>					
<b>Name of the Crop:</b>		<b>Variety:</b>		<b>Date of Sowing:</b>	
<b>Insured Acreage:</b>		<b>Village/District:</b>		<b>Survey No./No's:</b>	
<b>Indemnity Percentage:</b>				<b>Insured ploygon Id:</b>	
<b>Policy Sum Insured:</b>					
Animal Attack Sum Insured (capped at 25% of policy sum insured)					
<b>Premium</b>		<b>SGST</b>		<b>CGST</b>	
				<b>IGST</b>	
				<b>Total Amount</b>	
<b>Mode of Payment:</b>		<b>Receipt No. and date:</b>			
<b>Nominee Details:</b>					
<b>Name of the Nominee:</b>		<b>Age:</b> *(In case of Minor provide guardian Details):		<b>Relation:</b>	
<b>Tax Invoice No:</b>				<b>Guardian Details:</b>	
				<b>GSTIN Issuing Office:</b>	
<b>Name of Financier / Hypothecation to:</b> None					

This Policy shall be void from inception if the premium in full is not realized by the Company.  
In the event of misrepresentation, fraud, or non-disclosure of material fact, the Company reserves the right to cancel the Policy.  
Policy wordings are attached along with this policy schedule.

<b>Relevant stamp duty has been paid</b>	<b>Date: dd-mm-yyyy</b>	<b>Place:</b>
<b>Date: dd-mm-yyyy</b>	<b>Authorized Signatory</b>	