

KSHEMA GENERAL INSURANCE LTD.

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

Kshema Sukriti – Policy Schedule

UIN: IRDAN162RP0002V05202324

| | | | | | |
|---|--|--|--|--|--------------------------------------|
| IRDAI Registration. No: 162 | | CIN No: U66000TG2018PLC125484 | | HSN/SAC No: 997139 | |
| Policy Number: 000000237630 | | | | | |
| Policy Issuing Office Address: | | KSHEMA GENERAL INSURANCE LTD. #413, 4th Floor, My Home Tycoon, BlockA, Kundanbagh, Begumpet, Hyderabad-500016. | | | |
| Phone Number: 18005723013 | | Email ID: info@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 iAgri App | | Customer Care Number: 18005723013 | |
| Coverages: | | Peril in category 1: Peril in category 2: | | Excess: Rainfed/Irrigated: | |
| Add on perils Opted | | | | | |
| Exclusions/ not covered | | As mentioned under Section 4 of the attached Policy wording | | | |
| Insured details: | | | | | |
| Insured Full Name: | | Customer ID: | | Contact No: | |
| Owner/Tenant: | | | | | |
| Email Id: Not Provided | | Address: | | | If Tenant, name of the owner: |
| Policy Details: | | | | | |
| Period of Cover: | | From: Time : 00:00:01 Hrs | | To: Time: 23:59:59 Hrs | |
| Season: | | | | | |
| Subject Matter Details | | | | | |
| Name of the Crop: | | Variety: | | Date of Sowing: | |
| Insured Acreage: | | Village/District: | | Survey No./No's: | |
| Insured polygon Id: | | | | | |
| Indemnity Percentage: | | | | | |
| Policy Sum Insured: | | | | | |
| Animal Attack Sum Insured (capped at 25% of policy sum insured) | | | | | |
| Premium | | SGST | | CGST | |
| IGST | | Total Amount in INR Rs. | | | |
| Mode of Payment: | | Receipt No. and date: | | CR | |
| Nominee Details: | | | | | |

| | | | |
|--|-----------------------------|------------------------------|--------------------------|
| Name of the Nominee: | Age: | Relation: | Guardian Details: |
| Tax Invoice No: | | GSTIN Issuing Office: | |
| Name of Financier / Hypothecation to: | | | |
| 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 wording are attached along with this policy schedule. | | | |
| Relevant stamp duty has been paid | Date: | Place: | |
| Date: | Authorized Signatory | | |