



POLICY SCHEDULE FOR PUBLIC LIABILITY (Act Only) INSURANCE

Insured's Name	: M/S.COROMANDEL INTERNATIONAL LIMITED		
Insured's Details		Issuing Office Details	
Customer ID	: PO59235971	Office Code	: VIZAG DO-III TIED DO 620300 (620300)
Address	: COROMANDEL HOUSE, D.NO:1-2-10,SARDAR PATEL ROAD,SECUNDERABAD. SECUNDERABAD ,TELANGANA, 500003	Address	: D.NO.49-01-09, IIND FLOOR, DALI RAJU SUPER MARKET, AKKAYYAPALEM MAIN ROAD,VISHAKAPATNAM - 530 016 ,530016
Phone No	:	Phone No	: 08912517737 / 08912591977
E-mail/Fax	: MittalA@coromandel.murugappa.com, /	E-mail/Fax	: nia.620300@newindia.co.in / 08912517781
PAN No	: AAACC7852K	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 36AAACC7852K2ZD / NA	GSTIN	: 37AAACN4165C2ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 62030036203300000001	Business Source Code	
Period of Insurance	: From: 01/04/2020 12:00:01 AM To: 31/03/2021 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator	: DIRECT BUSINESS NA NA - (1D3937283)
Date of Proposal	: 01-Apr-20	Agent/Bancassurance/ Specified Person	:
Prev. Policy no.	: 62030036193300000001	Phone No	: NA / NA
Client Type	: Corporate	E-mail/Fax	: / / /

Premium(₹)	ERF Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
174801	174800	31464	381065	RUPEES THREE LAC EIGHTY-ONE THOUSAND SIXTY-FIVE ONLY	6203008120000000015 9 - 24/04/20

Details of risk covered under current year policy:

Retroactive Date	Paid Up Capital	No Of Locations Involved	AOA	AOA:AOY	AOY	Annual Turnover - Previous Year	Annual Turnover - Proposed Year	Deductibles	No of workmen	No of Other Employee
01/04/2012	NA	18	50000000	1:3	150000000	1100000000	1500000000	14000	3000	

Retroactive Dates

Retroactive Date Details	Date	Paid Up Capital	No Of Locations Involved	AOA	AOA:AOY	AOY	Annual Turnover - Previous Year	Annual Turnover - Proposed Year	Deductibles	No of workmen	No of Other Employee
RETROACTIVE DATE 1	01/04/2012		18	50000000	1.3	15000000	1100000000	1500000000	14000	3000	

Extensions under the Policy

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Special Conditions	AS PER POLICY-18 NOS.OF LOCATIONS LIST ARE ATTACHED HEREWITH AS PER POLICY	
Special Exclusions	NA	
Special Excess/Deductible	0	



Retroactive Dates	Date
Policy Retroactive Date	01/04/2012

The policy shall be subject to the rules framed under the Public Liability Act 1991 and subsequent amendments from time to time.

The Policy shall be subject to PUBLIC LIABILITY (Act Only) INSURANCE Policy clauses attached herewith.

Clauses	Description	
Premium and GST Details		
	Rate of Tax	Amount in INR
Premium		₹ 349601.00
SGST	0	0
CGST	0	0
IGST	18	31464

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 24th day of April, 2020.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 24/04/2020

Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

Tax Invoice No : 62030020E0000277

IRDA Registration Number: 190