



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, AKKAYYPALEM 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	: 62030036213300000001	Business Source Code	
Period of Insurance	: From: 01/04/2021 12:00:01 AM To: 31/03/2022 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator	: DIRECT BUSINESS NA NA - (1D3937283)
Date of Proposal	: 01-Apr-21	Agent/Bancassurance/S pecified Person	:
Prev. Policy no.	: 62030036203300000001	Phone No	: NA / NA
Client Type	: Corporate	E-mail/Fax	: / /

Premium(₹)	ERF Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
155963	155963	28073	339999	RUPEES THREE LAC THIRTY-NINE THOUSAND NINE HUNDRED NINETY-NINE ONLY	6203008120000000412 1 - 31/03/21

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	Deductible S	No of workmen	No of Other Employee
01/04/2012	NA	18	50000000	1:3	150000000	11000000000	15000000000		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	150000000	11000000000	15000000000		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
Premium	Amount in INR
SGST	₹ 311926.00
CGST	0
IGST	0
	18
	28073

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 31st day of March,2021.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 31/03/2021

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 : 62030020E0005943

IRDA Registration Number: 190