



POLICY SCHEDULE FOR PUBLIC LIABILITY (Act Only) INSURANCE

Insured's Name : M/S ANDHRA MEDI PHARMA INDIA PVT LTD	
Insured's Details	
Customer ID : PO22539691	Office Code : AUTONAGAR MICRO OFFICE (620809)
Address : # 40-25-35/1, OPP KESAVA TOWERS, ASRAM STREET, PATAMATA LANKA, VIJAYAWADA, VIJAYAWADA, ANDHRA PRADESH, 520010	Address : D NO:- 54-3-1/3, 2ND CROSS, 3RD LANE, JAWAHAR, AUTONAGAR, VIJAYAWADA, 520007
Phone No :	Phone No : 9848333745
E-mail/Fax : kishore@ampil.in, /	E-mail/Fax : nia.620809@newindia.co.in /
PAN No : AAJCA0961D	S.Tax Regn. No : AAACN4165CST178
GSTIN/IN : 37AAJCA0961D1ZX / NA	GSTIN : 37AAACN4165C2ZP
	SAC : 997139 (Other non-life insurance services excl RI)

Policy Details	
Policy Number : 62080936203300000001	Business Source Code
Period of Insurance : From: 11/11/2020 12:32:29 PM To: 10/11/2021 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator : DI, AUTONAGAR MICRO OFFICE, DI, AUTONAGAR MICRO OFFICE - (DI620809)
Date of Proposal : 11-Nov-20	Agent/Bancassurance/S pecified Person : Mrs. INDIRA KONERU (NIAAG00026929) AGENT (S800045377)
Prev. Policy no. :	Phone No : 9848298239 / 9848333745.
Client Type : Non-Corporate	E-mail/Fax : koneruvenu29@yahoo.co.in, / / /

Premium(₹)	ERF Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
25885	25885	4660	56430	RUPEES FIFTY-SIX THOUSAND FOUR HUNDRED THIRTY ONLY	6208098120000000082 4 - 11/11/20

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	Deductible s No of workmen	No of Other Employee
11/11/2020	<= 15 Crore	1	3500000	1:3	10500000	34000000	34000000	80	20

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	11/11/2020	15	1	3500000	1.3	10500000	34000000	34000000	80	20

Extensions under the Policy

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Special Conditions	AS PER PLI ACT POLICY TERMS AND CONDITIONS	
Special Exclusions	NA	
Special Excess/Deductible	0	

Digitally signed by Srirangar Venkatesan
Date: 2020.11.11 12:34:56+05'30'



Policy No. : 62080936203300000001 Document generated by 39894 at 11/11/2020 12:34:55 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.



Retroactive Dates	Date
Policy Retroactive Date	11/11/2020

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
Conditions	Arising out of willful or intentional non compliance of Statutory provisions
Conditions	If Company deny Liability for claim not within 1 year from date of condition claim have been discarded
Conditions	The Insured Owner shall keep record of annual turnover
Conditions	This policy may be canceled by the Insured Owner by giving 30 days notice
Conditions	This Policy may also be canceled by the Insurer by giving 30 days notice
Conditions	Company not be liable to make paymnt.if claim shall be in any manner fraudulent
Conditions	The Policy and the Schedule shall be read together as one contract
Conditions	Any dispute Policy shall be determined in accordance with the law
Conditions	Company notbe liable for ctm,relief made after5Yr from date of occurrence of acc
Conditions	During claim,any existing insurance covered same Liability, Company not liable to pay
Conditions	No payment shall be made by the insured without the written consent of Company
Exclusions	Damage to property owned,otherwise in Insured Owner control,care or custody
Exclusions	Directly or indirectly occasioned by happening through or in consequence of war
Exclusions	Ionizing radiation or contamination by radioactivity from any nuclear fuel
Exclusions	Radioactive,toxic,explosive of any explosive nuclear assembly
Exclusions	Arising under other legislation except in so for as Sec8,SubSec(1),(2)of Act
Exclusions	In respect of fines,penalties, punitive and or exemplary damages
Exclusions	Arising out of willful or intentional non compliance of Statutory provisions

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 51770.00
SGST	9	2330
CGST	9	2330
IGST	0	0

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 11th day of November,2020.

Date of Issue: 11/11/2020

Stamp Duty under the Policy is ₹1

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

**Consolidated Stamp duty Paid to
IG of Registration & Stamps
Permission obtained vide
Procs. No. GS05/4752/2019
Dated : 06.08.2019**

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Tax Invoice No : 62080920P0001302

IRDA Registration Number: 190