

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY Ltd. ADDRESS: AURANGABAD BRANCH OFFICE Shop No- 4, Plot No- 33, Rokdiya Hanuman Colony, Opp. LMS Jeweller Jaina road, Aurangabad - 431005 KRANTI CHOWK S.O CITY: AURANGABAD STATE: MAHARASHTRA GSTIN: 27AABCC6633K1ZJ	GST Invoice No.:2825322974750 DATE: 16/08/2021 PAN: AABCC6633K SAC Code: 997133 SAC Description: Accident and health insurance services
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Business Location : AURANGABAD BRANCH OFFICE
Policy Number : 2825/00107721/000/00
Customer Code : 1001260537470001

A. Insured Details		
1	Name of Insured	ANNAPURNA COTEX PVT LTD
2	Business / Profession	SMALL GROUP
3	Address of Insured	GUT NO 237/5,PAITHAN ROAD,SHEVGAON,SHEVGAON S.O
	City	AHMED NAGAR
	State	MAHARASHTRA
	Pin Code	414502
	GST No.:	27AAHCA0876A1ZZ
4	Aadhar No.	-
5	PAN No.	AAHCA0876A
6	Period of Insurance	From (time) 00:01 30/07/2021 (effective date)
7	Insured Period	To (time) midnight of 29/07/2022 (expiration date)
8	Loan account no.	Nil
9	Premium Receipt	1027097626

B. Benefits Covered:	
Coverage	Subject to Group Mediclaim clause with following add on covers
Persons Covered	Employees Only (Maximum age of Employees & Dependents shall be restricted to 80 years)
No of persons covered	43Employees and 0 Dependents
Waiver of Pre-Existing Condition	Covered
Waiver of 30day waiting period	Covered
Waiver of 1st year Exclusion	Covered
Terrorism	Covered

Room rent Entailment	Room Class	Non-Network Co-payment	Pre-Hospitalisation	Post-Hospitalisation	Ambulance Expenses
Refer Schedule of Benefits	NIL	NIL	30 Days	60 Days	2000

C. Premium:		
Total Sum Insured	Rs.	13,300,000.00
Total Premium (net)	Rs.	208,001.00
CGST (9%)	Rs.	18,720.00
SGST (9%)	Rs.	18,720.00
Kerala Flood Cess	Rs.	0.00
IGST (0%)	Rs.	0.00
Total amount payable	Rs.	245,441.00
(in rupees)	Rupees.	Two Lakh Forty Five Thousand Four Hundred Forty One Only

D. Co- Insurance Details :	
Cholamandalam MS General Insurance Co Ltd	100%

It is warranted that in case of dishonour of premium cheque(s), the Insurance Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Conditions / Other Clause:
 1) In the event of cancellation (initiated by either the insurer or the insured), no refund shall be made if the claims ratio at the time of cancellation is > 100%. 2) Reimbursement claims to be filed within 30 days of discharge. 3) Internal congenital diseases covered. 4) 144 Daycare Procedures Covered. 5) COVID - 19 cover - Covered under inpatient hospitalisation; Home quarantine not covered.

E. Administrator
 CHOLA MS HELP
 DARE HOUSE, 2 ND FLOOR,
 NO 2, N.S.C. BOSE ROAD,
 CHENNAI G.P.O.
 CHENNAI
 TAMIL NADU
 600001

Whether tax is payable under reverse charge basis - No.
 Consolidated Stamp Duty Paid Vide G.O. Rt No.157,Commercial Taxes and Registration (j1) Department, Tamil Nadu dated 28/04/2021 .

Intermediary Name: JAINUINE INSURANCE BROKERS PRIVATE LIMITED
Code: 200149210153 **Contact No. 9850049400**
 POSP Aadhaar No.:

Note: The Certificate of Insurance / Policy Schedule is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.

Date : 16/08/2021

Authorised Signatory

Regd.&Head Office:Dare House, 2nd Floor, No.2, N.S.C Bose Road, Chennai-600 001, India
CIN: U66030TN2001PLC047977 | IRDAI Reg. No. 123

[Employee List](#)

CHEOLA MS