

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED ADDRESS: AHMEDABAD - BRANCH OPTIONZ, 2ND FLOOR, OPP HOTEL NEST, 18, S. P. COLONY, OFF C G ROAD, AHMEDABAD - 380009 AMBAWADI VISTAR S.O CITY: AHMEDABAD STATE: GUJARAT GSTIN: 24AABCC6633K7ZJ	GST Invoice No.:2825384066190 DATE: 09/07/2022 PAN: AABCC6633K SAC Code: 997133 SAC Description: Accident and health insurance services
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Business Location : AHMEDABAD - BRANCH	Policy Number : 2825/00103165/000/02	Customer Code : 101447334090
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A. Insured Details		
1	Name of Insured	SUVJAY INDUSTRIES INDIA LLP
2	Business / Profession	INDUSTRIAL COMPANIES
3	Address of Insured	CABIN NO 1 8 10,BHAVANI CHAMBERS,ASHRAM ROAD,AHMEDABAD,ASHRAM ROAD S.O
	City	AHMEDABAD
	State	GUJARAT
	Pin Code	380009 GST No.: 24ADCF55775M1ZJ
4	Aadhar No.	-
5	PAN No.	ADCF55775M
6	Period of Insurance	From (time) 00:01 30/04/2022 (effective date)
7	Insured Period	To (time) midnight of 29/04/2023 (expiration date)
8	Loan account no.	Nil
9	Premium Receipt	1039730668

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	75Employees and0 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
Normal: 2% ICU: 4%	NIL	NIL	30 Days	60 Days	1000

C. Premium:		
Total Sum Insured	Rs.	7,300,000.00
Total Premium (net)	Rs.	204,527.00
CGST (9%)	Rs.	18,407.50
SGST (9%)	Rs.	18,407.50
Kerala Flood Cess	Rs.	0.00
IGST (0%)	Rs.	0.00
Total amount payable (in rupees)	Rs.	241,342.00
	Rupees.	Two Lakh Forty One Thousand Three Hundred,Forty Two 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) 141 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

<b>Intermediary Name: JAINUINE INSURANCE BROKERS PRIVATE LIMITED</b> Code: 200988937432 Contact No. 9326335180 POSP Aadhaar No.:
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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.

Place : CHENNAI	CHOLAMANDALAM MS GENERAL INSURANCE CO. LTD
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[Employee List](#)

CHEOLA MS