



POLICY SCHEDULE FOR PUBLIC LIABILITY (Non-Industrial Risks) INSURANCE

UIN NUMBER - IRDAN190P0079100001

Insured's Name	: PATEL VINODKUMAR KANTILAL		
Insureds Details		Issuing Office Details	
Customer ID	: PO99638509	Office Code	: GANDHINAGAR (212100)
Address	: 215/216 SURVEY NO.,ALDESAN GAM, NANDASAN ROAD,KADI, MEHSANA KADI ,GUJARAT, 382715	Address	: 106-107, FIRST FLOOR, RADHE SQUARE, RELIANCE CIRCLE KUDASAN, GANDHINAGAR,382421
Phone No	:	Phone No	: 07923213462 / 07923213471
E-mail/Fax	: /	E-mail/Fax	: nia.212100@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 24AAACN4165C2ZW
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 21210036220700000018	Business Source Code	
Period of Insurance	: From: 06/09/2022 12:00:01 AM To: 05/09/2023 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	: Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623),
Date of Proposal	: 06-Sep-22	Agent/Bancassurance/S pecified Person	:
Prev. Policy no.	:	Phone No	: 02402350377, 9850049400 / NA
Client Type	: Non-Corporate	E-mail/Fax	: kailash@jainuineinsurance.co.in, / /

Premium(₹)	GST(₹)	Total(₹)	Total:(₹ in words)	Receipt No. & Date
55600	10008	65608	RUPEES SIXTY-FIVE THOUSAND SIX HUNDRED EIGHT ONLY	2121008122000000461 0 - 06/09/22

Details of risk covered under current year policy:

Retroactive Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Deductibles Worldwide excluding USA & Canada	Worldwide including USA & Canada
06/09/2022	India	India	20000000	1:2	40000000	AMT	0	0	0

Retroactive Dates

Retroactive Date Details	Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Deductibles Worldwide excluding USA & Canada	Worldwide including USA & Canada
RETROACTIVE DATE 1	06/09/2022	India	India	20000000	1:2	40000000	Amount	0	0	0



RETRO-DATE IS SUBJECT TO LESSER OF LIMITS - NARROWER OF COVER.

Type of Construction	OTHERS
Number of Units	1
Class of Construction	Class I
Voluntary Excess	0

Extensions under the Policy

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Special Conditions	Risk location:AS ABOVE AS PER POLICY.	
Special Exclusions	NA	
Special Excess/Deductible	NA	

This Policy shall be subject to PUBLIC LIABILITY (Non-Industrial Risks) INSURANCE policy clauses attached herewith

Clauses	Description
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 55600.00
SGST	9	5004
CGST	9	5004
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 06th day of September,2022.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 06/09/2022

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. _____.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 21210022P0009944



IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C