



Personal Accident Insurance ((Group(Unnamed)))
UIN NUMBER - IRDAN190P0003201314

Insured Name	: LOKMAT MEDIA PVT LTD		
Insured's Details		Issuing Office Details	
Customer ID	: PO44740846	Office Code	: Waluj Aurangabad (160503)
Address	: LOKMAT BHAVAN, JALNA ROAD, AURANGABAD AURANGABAD(MA) ,MAHARASHTRA, 431003	Address	: Plot no P-134, Near More Chowk, MIDC Industrial, Area, Waluj ,431136
Phone No	: XXXXXX4452	Phone No	: 02402553544 / 9960008854
E-mail/Fax	: dinesh.pandit@lokmat.com, /	E-mail/Fax	: kundan.purty@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AAACL1888J1Z6 / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997133 (Accident and health insurance services)

Policy Details

Policy Number	: 16050342220100000051	Business Source Code	
Period of Insurance	: From:30/01/2023 12:00:01 AM To: 06/02/2023 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF/POS/Web Aggregator	: JAINUINE INSURANCE BROKERS PVT. LTD. - (DA3388757) 160503_JAINUINE (SI00253690)
Date of Proposal	: 30-Jan-23	Agent/Bancassurance/Specialized Person/CPSC User	:
Prev. Policy no.	: 0	Phone No	: 02402350377, 9850049400 / NA /
Client Type	: Non-Corporate	E-mail/Fax	: kailash@jainuineinsurance.co.in, / / /
Staff Discount	: No	Type of Cover	: NA

Premium:	GST:	Total (₹)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
₹ 12000	₹ 2160	₹ 14165	₹5	RUPEES FOURTEEN THOUSAND ONE HUNDRED SIXTY-FIVE ONLY	1605038122000000 1150 - 28/01/23

Type of Cover of PU	ONDR
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Benefits under the Policy: GROUP UNNAMED

Number of Persons								10001-50000		
Sl. No	No of Person	Cadre	Sum Insured per person	Total Sum Insured	Risk Group	Excess	Medical Extension	War & Allied Cover opted		
								Sum Insured	Country	Type of Period
1	20000	AURANGABAD PREMIER LEAGUE BY LOKMAT 30.0.23 TO 06.02.23	100000	200000000	Risk Group III	0	Yes	0	NA	NA

Table Details: (Group(Unnamed))

Sl.No	Table A		Table B		Table C		Table D	
	Table A	Sum Insured	Table B	Sum Insured	Table C	Sum Insured	Table D	Sum Insured
1	Yes	100000	No	0	No	0	No	0

Sl.No	Special Conditions
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Sl.No	Special Conditions
1	UNNAMED PA POLICY FOR PARTICIPATING PLAYERS, SUPPORT STAFFS & AUDIENCE (WITH TICKETS ONLY) Warranted that All participants are in good health. COVERAGE DURING EVENT(TOURNAMENT)ONLY. AS PER POLICY

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 12000.00
SGST	9	1080
CGST	9	1080
IGST	0	0

The Policy Shall be subject to PERSONAL ACCIDENT INSURANCE ((Group(Unnamed))) policy clauses attached herewith IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:-

Date:-

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)

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

Stamp Duty under the Policy is ₹

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 : 16050322P0002482

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C