

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED ADDRESS: AURANGABAD BRANCH OFFICE Shop No- 4, Plot No- 33, Rokdiya Hanuman Colony, Opp. LMS Jeweller Jalna road, Aurangabad - 431005 KRANTI CHOWK S.O CITY: AURANGABAD STATE: MAHARASHTRA GSTIN: 27AABCC6633K1ZJ	GST Invoice No.: 2823422596995 DATE: 18/01/2023 PAN: AABCC6633K SAC Code: 997133 SAC Description: Accident and health insurance services
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**Business Location:** AURANGABAD BRANCH OFFICE

Policy Number : 2823/00122496/000/02 **Customer Code:** 1001379817910002

A. Insured Details		
1	Name of Insured	LAXMI VENKATESH GINNING AND PRESSING FACTORY
2	Business / Profession	GINNING AND PRESSING
3	Address of Insured	AT BHOPA PO TEGAON, TAL DHARUR, BEED H.O
	City	BEED
	State	MAHARASHTRA
	Pin Code	431122
		GST No.: 27AACFL2442D1ZR
4	Aadhar No.	-
5	PAN No.	AACFL2442D
6	Period of Insurance / Insured Period	From (time) 00:00 13/01/2023 (effective date) To (time) Midnight of 12/01/2024 (expiration date)
7	Loan account no.	Nil
8	Premium Receipt	1056085031 Date : 12/01/2023

B. Benefits Covered :		
Benefits		
Accident Death Benefit		Covered
Permanent Total Disability Benefit		Covered
Permanent Partial Disability Benefit		Covered

**9 Employees are covered under this policy (list enclosed)**

**Conditions / Other Clause**  
1. The Insurer's liability in any one incident / accident shall be cumulatively limited to Rs. 360000/- 2. As per Annexure Attached.

C. Premium Component		
Total Sum Insured	: Rs.	3,600,000.00
Premium	: Rs.	6,616.00
CGST (9%)	: Rs.	595.50
SGST (9%)	: Rs.	595.50
Kerala Flood Cess	: Rs.	0.00
IGST (0%)	: Rs.	0.00
<b>Total Premium</b>	<b>: Rs.</b>	<b>7,807.00</b>

PREMIUM: RUPEES Seven Thousand Eight Hundred Seven 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).	
Consolidated Stamp Duty Paid Vide G.O. Rt No.525, Commercial Taxes and Registration (j1) Department, Tamil Nadu dated 23/12/2022.	

**Intermediary Name: JAINUINE INSURANCE BROKERS PRIVATE LIMITED**  
**Code: 200149210153 Contact No: 8149178773**  
 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.

Place : CHENNAI	CHOLAMANDALAM MS GENERAL INSURANCE CO. LTD
Date : 18/01/2023	Authorised Signatory

Whether tax is payable under reverse charge basis - No.

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

CHEOLA MS