



POLICY SCHEDULE FOR PUBLIC LIABILITY (Industrial Risks) INSURANCE

UIN NUMBER - IRDAN190P0078100001

Insured's Name	: PP BAFNA VENTURE PVT. LTD.		
Insured's Details		Issuing Office Details	
Customer ID	: POA8449772	Office Code	: JALNA BRANCH (160501)
Address	: 101 TO 111, LEVEL 1, WTC TOWER- 1, KHARADI, PUNE- 411014, PUNE, DIST. PUNE. PUNE ,MAHARASHTRA, 411014	Address	: K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203
Phone No	:	Phone No	: 02482232708 / 02482232709
E-mail/Fax	: naser@jainuineinsurance.co.in, /	E-mail/Fax	: nia.160501@newindia.co.in /
PAN No	: AAHCP9052F	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AAHCP9052F1Z8 / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16050136230600000001	Business Source Code	
Period of Insurance	: From: 28/09/2023 03:54:04 PM To: 27/09/2024 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	: 28-Sep-23	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
4,500	810	5,310	RUPEES FIVE THOUSAND THREE HUNDRED TEN ONLY	1605018123000000584 0 - 29/09/23

Details of risk covered under current year policy:

Retroactive Date	Jurisdiction	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Deductibles	Worldwide including USA & Canada
28/09/2023	India	15000000	1:1	15000000	AMT	25000	0	0

Retroactive Dates

Retroactive Date Details	Date	Jurisdiction	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Deductibles	Worldwide including USA & Canada
RETROACTIVE DATE 1	28/09/2023	India	15000000	1:1	15000000	AMT	25000	0	0



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

Number of Units	Voluntary Excess
3	0

Type of Manufacturing unit
Book binders, envelope & paper bag mfrs

Extensions under the Policy

Name of the Extension	Sub limit of the Extension	Deductibles of the Extension
-----------------------	----------------------------	------------------------------

Special Conditions	NA NA
Special Exclusions	NA
Special Excess/Deductible	NA

This Policy shall be subject to PUBLIC LIABILITY INSURANCE policy clauses attached herewith

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 4,500
SGST	9	405
CGST	9	405
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 29th day of September, 2023.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 29/09/2023	
---------------------------	--

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 : 16050123P0007030

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
