

## PROFESSIONAL INDEMNITY -DOCTORS POLICY SCHEDULE

**Policy No.** : 182000/48/2024/2054 **Prev. Policy No.** : 182101/48/2022/1166  
**Cover Note No.** : **Cover Note Date** :  
**Insured's Code** : 22032330 **Issue Office Code** : 182000  
**Insured's Name** : DR. SOMANI HARINARAYAN B.  
(GSTIN: 0) **Issue Office Name** : BO OSMANPURA CIRCLE  
AURANGABAD (GSTIN:  
27AAACT0627R4ZW)  
**Address** : SOMANI CLINIC"LAXMINARAYAN **Address** : OFFICE NO. 3 & 4, 1st FLOOR, SAI  
MANDIR ROAD  
GEORAI; DIST. BEED. **SQUARE, OSMANPURA CIRCLE,**  
9420000169 **AURANGABAD 431001**  
BEED MAHARASHTRA 431127 **AURANGABAD MAHARASHTRA**  
431601  
**Tel./Fax/Email** : / / 9420000169 / NA **Tel./Fax/Email** : 0240 - 2332019, 2323364 / /  
182000@orientalinsurance.co.in

### Agent/Broker Details

**Dev.Off.Code** :  
**Agent/Broker** : LC0000000281 M/S JAINUINE INSURANCE BROKERS PVT LTD  
**Address** : 4th Floor Office No. E-5, Aurangabad Business Centre, Kesarsingpura  
Adalat,,AURANGABAD MAHARASHTRA -431001,AURANGABAD,MAHARASHTRA,431001  
**Tel/Fax/Email** : 02572225747/8888841491/

**Period of Insurance** : FROM 15:00 ON 11/12/2023 TO MIDNIGHT OF 10/12/2024  
**Collection No. & Dt.** : DC\_I\_IND 8714003058 - 11/12/2023 **GST INVOICE NO** :2722284385428 **UIN** :0  
**Gross Premium** : 560 **GST** : 100 **Stamp Duty** : .5 **Total** : 660  
**Co-insurance Details** : NIL

### RISK DETAILS

**Name of the Doctor** : DR. SOMANI  
HARINARAYAN B.  
**Description of Profession** : PHYSICIAN

**Indemnity Limit** :

Any One Accident Rs . 9,70,000  
Aggregate during the policy period Rs . 9,70,000

#### Location ID

#### Location Description

1 SOMANI CLINIC" LAXMINARAYAN MANDIR ROAD GEORAI DIST.  
BEED

**Retroactive Date** : 11/12/2023

**Add on Covers** :

**Total Sum Insured in words** : Indian Rupees Nine Lakhs Seventy Thousand Only  
**Total Premium in words** : Indian Rupees Six Hundred Sixty Only

The Insurance under this policy is subject to Warranties & Clauses :

**Territorial Limits** : Any where in India

**Place** : AURANGABAD  
**Date** : 11/12/2023



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll Free No.  
1800 11 8485 and 011 33208485.

Authorised Signatory

**Attached to and forming part of policy number 182000/48/2024/2054**

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

**Territory/Jurisdiction: INDIA / INDIA**

Excess : NIL

Financier Names are as per the list attached : Not applicable

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at AURANGABAD on 11TH DAY OF DECEMBER 2023.

Entered By : MR RAJENDRA GAIKWAD

Examined By : SUNIL BHANDARE

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed By : OICL IP :

Policy Printed On : 11-JAN-24 12:00:19 MAC :

Authorised Signatory

Place : AURANGABAD  
Date : 11/12/2023



IRDA-REGNO-556

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