

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.:2825508603613 DATE: 11/04/2024 PAN: AABCC6633K SAC Code: 997133 SAC Description: Accident and health insurance services
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Business Location : AURANGABAD BRANCH OFFICE	
Policy Number : 2825/00109577/000/00	Customer Code : 1021365629360001

**A. Insured Details**

1	Name of Insured	CUSTOMACH GLOBAL PRIVATE LTD
2	Business / Profession	PRIVATE LIMITED COMPANIES
3	Address of Insured	GUT NO 17/2,OPP MOTHERSOME COMPANY,NEAR VOLKSWAGEN MATERIAL GATE NIGHOJE TAL KHED,CHAKAN S.O
	City	PUNE
	State	MAHARASHTRA
	Pin Code	410501 GST No.: 27AAJCC1121E1Z7
4	Period of Insurance	From (time) 00:01 03/04/2024 (effective date)
5	Insured Period	To (time) midnight of 02/04/2025 (expiration date)
6	Loan account no.	Nil
7	Premium Receipt	1067516019

**B. Benefits Covered:**

Coverage	Subject to Group Mediclaim clause with following add on covers
Persons Covered	Employees + Spouse + 3 Dependent Children (Maximum age of Employees & Dependents shall be restricted to 60 years)
No of persons covered	14Employees and19 Dependents
Waiver of Pre-Existing Condition	Covered
Waiver of 30day waiting period	Covered
Waiver of 1st year Exclusion	Covered
Maternity Extension	Refer Term & Condition
Maternity Waiting Period Waiver	Covered
New Born Baby - Day 1 cover	Covered
Terrorism	Covered

Room rent Entailment	Room Class	Non-Network Co-payment	Pre-Hospitalisation	Post-Hospitalisation	Ambulance Expenses
Normal: 1% ICU: 1.5%	NIL	NIL	30 Days	60 Days	2000

**C. Premium:**

Total Sum Insured	Rs.	1,400,000.00
Total Premium (net)	Rs.	259,607.00
CGST (9%)	Rs.	23,364.50
SGST (9%)	Rs.	23,364.50
Kerala Flood Cess	Rs.	0.00
IGST (0%)	Rs.	0.00
Total amount payable	Rs.	306,336.00
(in rupees)	Rupees.	Three Lakh Six Thousand Three Hundred Thirty Six Only

**D. Co- Insurance Details :**

Cholamandalam MS General Insurance Co Ltd	100%
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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).

**Conditions / Other Clause:**

- 1) In the event of cancellation (initiated by either the insurer or the insured), no refund shall be made if the claims ratio at the time of cancellation is > 100%.
- 2) Reimbursement claims to be filed within 30 days of discharge. 3) Internal congenital diseases covered. 4) 141 Daycare Procedures Covered. 5) COVID 19 - Covered from day 1 under in-patient hospitalisation; Home quarantine not covered.

**E. Administrator**

CHOLA MS HELP  
DARE HOUSE, 2 ND FLOOR,  
NO 2, N.S.C. BOSE ROAD,  
CHENNAI G.P.O.  
CHENNAI  
TAMIL NADU  
600001

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 and also as per Notification No. 13/2020-CT dated 21-03-2020. This policy schedule shall be in lieu of Tax Invoice and hence no separate GST invoice required In compliance with Rule 54(2) of CGST Rules, 2017.

Whether tax is payable under reverse charge basis - No.

Consolidated Stamp Duty Paid Vide G.O. Rt No.114,Commercial Taxes and Registration (j1) Department, Tamil Nadu dated 08/03/2024 .

**Intermediary Name:**  
**JAINUINE INSURANCE**  
**BROKERS PRIVATE**  
**LIMITED**

**Code:** 200149210153

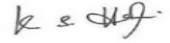
**Contact No.** 8149178773

**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

For and Behalf of  
CHOLAMANDALAM MS GENERAL INSURANCE CO. LTD  
@CholaSign1



Date : 11/04/2024

Authorised Signatory

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

[Employee List](#)