



## POLICY SCHEDULE FOR EVENT CANCELLATION INSURANCE POLICY

## UIN NUMBER - IRDAN190P0103100001

Insured's Name	:	KALASAGAR				
		nsured's Details	Issuing Office Details			
Customer ID	:	POB3925797	Office Code : AHMEDNAGAR D.O. 151800 (151800)			
Address	:	C/O JAINUINE INSURANCE BROKERS PVT. LTD AURANGABAD BUSINESS CENTRE (ABC WEST), BLOCK NO. E-5, LEVEL 4, OPP. DISTRICT COURT, ADALAT ROAD, (CHH. SAMBHAJINAGAR) AURANGABAD ,MAHARASHTRA, 431001	Address	:	ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001	
Phone No	:	XXXXXX1491	Phone No	:	02412321538 / 02412343372	
E-mail/Fax	:	kailash@jainuineinsurance.co.in, /	E-mail/Fax	:	nia.151800@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27AAJAK8930B1ZM / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details							
Policy Number	15180046241000000001	Business Source Code	Business Source Code				
Period of Insurance	:	From: 20/04/2024 12:00:01 AM To: 21/04/2024 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	:	20-Apr-24	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
20,000	3,600	23,601		JPEES TWENTY-THREE SAND SIX HUNDRED ONE ONLY	1000008924040053135 3 - 19/04/24

SI. No.		Perils Covered
Type of Risk for Event Cancellation	:	Social
Description of Event	:	Aeman Malik Live in Concert Musical concert
Jurisdiction of the Event	:	India
Location Details of the Event	:	At Seth Kachradasji Bakliwal Marg, Beed By Paas, Opp Kamalnayan Bajaj Hospital, Chh. Sambhajinagar AURANGABAD- 431001
Detail for Other Extension	:	0
Sum Insured	1:	10000000

Terrorism Cover opted (Yes / No)	:	No
Special Conditions		₹ 1,00,00,000/- (₹1,00,00,000/- CANCELLATION OF EVENT , PUBLIC LIAB 1:4 ₹1,00,00,000/-) (Excess 5% Percentage of claim amount)
Excess	:	5% of Claim Amount

This Policy shall subject to EVENT CANCELLATION policy clauses attached herewith.

## **Premium and GST Details**

	Rate of Tax	Amount in INR		
Premium		₹	20,000	
SGST	9	1800		
CGST	9	1800		
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)

## THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



on this 19th day of April,2024.

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 ₹1/	

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: 15180024P0000805

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C