



POLICY SCHEDULE FOR PUBLIC LIABILITY (Non-Industrial Risks) INSURANCE

UIN NUMBER - IRDAN190P0079100001

Insured's Name	: MAHAVIR POLY PRINT (NILESH HASMUKHLAL TURAKHIYA)		
Insureds Details		Issuing Office Details	
Customer ID	: POB6949946	Office Code	: GANDHINAGAR (212100)
Address	: STREET NO 12, MAHAVIR CHAMBER BHAKTINAGAR STATION PLOT RAJKOT RAJKOT RAJKOT ,GUJARAT, 360002	Address	: 106-107, FIRST FLOOR, RADHE SQUARE, RELIANCE CIRCLE KUDASAN, GANDHINAGAR,382421
Phone No	: XXXXXX5550	Phone No	: 07923213462 / 07923213471
E-mail/Fax	: cs.jainuine@gmail.com, /	E-mail/Fax	: nia.212100@newindia.co.in /
PAN No	: AASPT6145R	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 24AASPT6145R1ZN / NA	GSTIN	: 24AAACN4165C2ZW
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 21210036240700000026	Business Source Code	
Period of Insurance	: From: 01/10/2024 12:00:01 AM To: 31/12/2024 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	: 01-Oct-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
33,897	6,102	40,000	RUPEES FORTY THOUSAND ONLY	1000008924090042395 8 - 13/09/24

Details of risk covered under current year policy:

Retroactive Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Deductibles Worldwide excluding USA & Canada	Worldwide including USA & Canada
01/10/2024	India	India	50000000	1:1	50000000	AMT	0	0	0

Retroactive Dates

Retroactive Date Details	Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Deductibles Worldwide excluding USA & Canada	Worldwide including USA & Canada
RETROACTIVE DATE 1	01/10/2024	India	India	50000000	1:1	50000000	Amount	0	0	0



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

Type of Construction	OTHERS
Number of Units	1
Class of Construction	
Voluntary Excess	0

Extensions under the Policy

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Special Conditions	Coverage of insurance not less than Per person Death/ Permanent disability Cover - 10 Lacs Per person Permanent partial disability Cover - 7.5 Lacs Per person Hospitalization expenses for injury - 2 Lacs RISK LOCATION ROYAL MELA (Exhibition Mela), Vinita Vishram, Near Ring Road, Sports Ground, Surat-395001.	
Special Exclusions	NA	
Special Excess/Deductible	NA	

This Policy shall be subject to PUBLIC LIABILITY (Non-Industrial Risks) INSURANCE policy clauses attached herewith

Clauses	Description
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 33,897
SGST	9	3051
CGST	9	3051
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 13th day of September, 2024.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 13/09/2024

(MR. MOHAMAD RAFIQ SHAIKH)
[SR. DIVL. MANAGER]

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 : 21210024P0010961

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
