



POLICY SCHEDULE FOR PUBLIC LIABILITY (Act Only) INSURANCE

UIN NUMBER - IRDAN190P0076100001

Insured's Name	:	M/S.COROMANDEL INTERNATIONAL LIMITED			
		Insured's Details		Issuing Office Details	
Customer ID	:	PO59235971	Office Code	:	VIZAG DO-III TIED DO 620300 (620300)
Address	:	COROMANDEL HOUSE, D.NO:1-2-10,SARDAR PATEL ROAD,SECUNDERABAD. SECUNDERABAD ,TELANGANA, 500003	Address	:	D.NO.49-01-09, IIND FLOOR, DALI RAJU SUPER MARKET, AKKAYYAPALEM MAIN ROAD,VISHAKAPATNAM - 530 016 ,530016
Phone No	:		Phone No	:	08912517737 / 08912591977
E-mail/Fax	:	MittalA@coromandel.murugappa.com, /	E-mail/Fax	:	nia.620300@newindia.co.in / 08912517781
PAN No	:	AAACC7852K	S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	36AAACC7852K2ZD / NA	GSTIN	:	37AAACN4165C2ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details					
Policy Number	:	62030036223300000001	Business Source Code	:	
Period of Insurance	:	From: 01/04/2022 12:00:01 AM To: 31/03/2023 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	:	DIRECT BUSINESS NA NA - (1D3937283)
Date of Proposal	:	01-Apr-22	Agent/Bancassurance/S pecified Person	:	
Prev. Policy no.	:	62030036213300000001	Phone No	:	NA / NA
Client Type	:	Corporate	E-mail/Fax	:	/ /

Premium(₹)	ERF Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
163711	163711	29468	356890	RUPEES THREE LAC FIFTY-SIX THOUSAND EIGHT HUNDRED NINETY ONLY	6203008122000000001 8 - 01/04/22

Details of risk covered under current year policy:

Retroactive Date	Paid Up Capital	No Of Locations Involved	AOA	AOA:AOY	AOY	Annual Turnover - Previous Year	Annual Turnover - Proposed Year	Deductible s	No of workmen	No of Other Employee
01/04/2012	NA	18	50000000	1:3	150000000	11000000000	15000000000	14000	3000	

Retroactive Dates

Retroactive Date Details	Date	Paid Up Capital	No Of Locations Involved	AOA	AOA:AOY	AOY	Annual Turnover - Previous Year	Annual Turnover - Proposed Year	Deductible s	No of workmen	No of Other Employee
RETROACTIVE DATE 1	01/04/2012		18	50000000	1.3	15000000	11000000000	15000000000	14000	3000	

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

Extensions under the Policy

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
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Special Conditions	AS PER POLICY-18 NOS.OF LOCATIONS LIST ARE ATTACHED HEREWITH AS PER PUBLIC LIABILITY ACT POLICY	
Special Exclusions	NA	
Special Excess/Deductible	0	
Retroactive Dates	Date	
Policy Retroactive Date	01/04/2012	

The Policy shall be subject to PUBLIC LIABILITY (Act Only) INSURANCE Policy clauses attached herewith.

Clauses	Description	
Premium and GST Details		
	Rate of Tax	Amount in INR
Premium		₹ 327422.00
SGST	0	0
CGST	0	0
IGST	18	29468

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 01st day of April,2022.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 01/04/2022

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. _____.

Tax Invoice No : 62030022E0000007

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C