



## POLICY SCHEDULE FOR PUBLIC LIABILITY (Act Only) INSURANCE

#### UIN NUMBER - IRDAN190P0076100001

Insured's Name	:	SRIKAR LABORATORIES PRIVATE LIMIT	ΓED			
		Insured's Details	Issuing Office Details			
Customer ID	:	PO28081048	Office Code	HYDERABAD LCBO 960000 (960000)		
Address	:	PLOT NO:32/A, JN PHARMA CITY, PARWADA, VISHAKAPATNAM VISAKHAPATNAM ,ANDHRA PRADESH, 530002	Address	:	LARGE CORPORATE AND BROKERS OFFICE, 7C,7TH FLOOR, SURYA TOWERS, S.P.ROAD, SECUNDERABAD ,500003	
Phone No	:	XXXXXX8515	Phone No	:	4027810302	
E-mail/Fax	:	accounts@srikarlabs.com, atlasinsurancehyd@gmail.com /	E-mail/Fax	:	nia.960000@newindia.co.in /	
PAN No	PAN No : AAQCS3754A		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	"IN/UIN : 37AAQCS3754A1Z8 / NA		GSTIN	:	36AAACN4165C3ZQ	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details									
Policy Number : 96000036223300000005 Business Source Code									
Period of Insurance	:	From: 18/06/2022 12:00:01 AM To: 17/06/2023 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User  : Atlas Insurance Brokers Pvt. Ltd (BR00000191) Site_Atlas_613000 - (SI00086520),						
Date of Proposal	:	18-Jun-22	Agent/Bancassurance/S pecified Person	:					
Prev. Policy no.	:	96000036213300000004	Phone No	:	27667768, / NA				
Client Type	:	Non-Corporate	E-mail/Fax	:	atlasinsurancehyd@gmail.com, //				

Premium(₹)	ERF Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
22102	22102	3978	48182	RUPEES FORTY-EIGHT THOUSAND ONE HUNDRED EIGHTY-TWO ONLY	9600008122000000116 0 - 20/06/22

Details of risk covered under current year policy:

			•					Deductible s	
Retroactive Date	Paid Up Capital	No Of Locations Involved	AOA	AOA:AOY	AOY	Annual Turnover - Previous Year	Annual Turnover - Proposed Year	No of workmen	No of Other Employee
17/06/201 4	<= 15 Crore	1	30000000	1:3	90000000	40000000	40000000	125	15

#### **Retroactive Dates**

									Deductibl es	
Retroactiv e Date Details	Date	Paid Up Capital	No Of Locations Involved	AOA	AOA:AOY	AOY	Annual Turnover - Previous Year	Annual Turnover - Proposed Year	No of workmen	No of Other Employee
RETROA CTIVE DATE 1	17/06/20 14	<=15Cro re	1	3000000	1.3	9000000	4000000 00	4000000 00	125	15

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
---

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

Date of Issue: 20/06/2022

Mudrank\_\_\_\_

Stamp Duty under the Policy is ₹1

number\_\_\_\_\_dt.\_\_\_\_.



or communica FACTORY SITU		ACT POLICY. usion for losses directly or indirectly arising out of, contributed to by, or Coronavirus (Covid-19 and/or nCov 2019) or any mutations or variation ble disease thereof"  ATED AT PLOT NO 32A, JAWAHAR PHARMA A MDL., VIZAG 531019.		
Special Exclusions NA				
Special Excess/Deductible 0				
Retroactive Dates		Date		
Policy Retroactive Date		17/06/2014		

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		₹ 44204.00				
SGST	0	0				
CGST	0	0				
IGST	18	3978				

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 20th day of June,2022.

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Tax Invoice No: 96000022E0001942

\_\_\_\_\_Dt.\_\_\_\_\_\_consolidated Stamp Fees Paid by Pay Order Number\_\_\_\_\_\_vide receipt

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C