

LIABILITY INSURANCE (UNDER PUBLIC LIABILITY INSURANCE ACT, 1991) POLICY SCHEDULE

Policy No. : 431100/48/2020/3070 **Prev. Policy No.** : 431100/48/2019/3138
Cover Note No. : **Cover Note Date** :
Insured's Code : AB0000005726 **Issue Office code** : 431100
Insured's Name : M/S METROCHEM API PRIVATE LIMITED (GSTIN: 37AADCM2691M1Z0) **Issue Office Name** : DO I HYDERABAD (GSTIN: 36AAACT0627R3ZY)
Address : FL NO NO 302, BHANU ENCLAVE SUNDERNAGAR, ERRGADDA-HYDERABAD LOCATED AT PLOT NO, 34B, 40B, 60B, JN PHARMACY, THANAM (vrL.), PARWADA (MANDAL DINA VISAKHAPATNAM) **Address** : POST BOX NO: 11, 302, IIIRD FLOOR, OASIS PLAZA, TILAK ROAD, ABIDS, HYDERABAD. HYDERABAD TELANGANA 500001
Tel./Fax/Email : / / 0 / treasury@metroapi.com **Tel./Fax/Email** : 040 - 24756991 / 24756783 / 24753279 / 0 / kvreddy@orientalinsurance.co.in; 431100@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NC0000000011 B Chandra Sekara Rao
Agent/Broker : BA0000015244 P. SAI KUMAR
Address : 8-1-68/34, VINAYAK NAGAR, SHAIKHPET,,HYDERABAD-500008, HYDERABAD, ANDHRA PRADESH, 500001
Tel/Fax/Email : 9848745828/-/-psaikumar1979@rediffmail.com

Period of Insurance : FROM 00:00 ON 15/02/2020 TO MIDNIGHT OF 14/02/2021
Collection No. & Dt. : CD A/C AB0000005726 **GST INVOICE NO** :361810189426 **UIN** :0
Gross Premium : 0 **GST** 0 **Stamp Duty** : 0 **Total** : 0
Co-insurance Details : NIL

Nature of Business : MANUFACTURING

Category of Industry **Policy Purchaser Category** :

Indemnity Limit : Rs. 0.00 Any One Accident
Rs. 0.00 Aggregate during the Policy Period (Not exceeding three times of any one accident of Indemnity Limit.)

Retroactive Date : 15/02/2020

Contribution to the Environmental Relief Fund : Nil 0.00 (included in the Total Premium)

TERRITORY/JURISDICTION : INDIA / INDIA

The Insurance under this policy is subject to terms and conditions given in the policy attached here to.
Specific Conditions if any : In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of

Place : HYDERABAD



IRDA-REGNO-556

Date : 07/02/2020

For and on behalf of
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

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premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

Excess : NIL

Financier Names are as per the list attached:

Not applicable

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at DO I HYDERABAD (GSTIN: 36AAACT0627R3ZY) on 07TH DAY OF FEBRUARY 2020

Entered By : G PRASAD

For and on behalf of
The Oriental Insurance Company Limited

Examined By : B.CHANDRASEKHARA RAO

Policy Printed By : 651371

IP :

Policy Printed On : 07-FEB-20 17:38:26

MAC :

Authorised Signatory

Place : HYDERABAD



IRDA-REGNO-556

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