

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

<b>Policy No.</b>	: 433700/48/2021/676	<b>Prev. Policy No.</b>	: 433700/48/2020/813
<b>Cover Note No.</b>	:	<b>Cover Note Date</b>	:
<b>Insured's Code</b>	: 84292263	<b>Issue Office code</b>	: 433700
<b>Insured's Name</b>	: SAGAR CEMENTS (R) LIMITED (GSTIN: 37AADCB2257L1ZJ)	<b>Issue Office Name</b>	: DO 7 HYDERABAD (GSTIN: 36AAACT0627R3ZY)
<b>Address</b>	: SY NO.760-769,SAGAR CEMENT S R LIMITED,GUDIPADU VILLAGE YADIKI MANDAL,ANANTAPUR. CELL NO-  ANANTAPUR 515408	<b>Address</b>	: # 3-8-418/1, 2ND FLOOR, ABOVE S B I, ROAD NO. 4, SURYODAYA COLONY, MANSOORABAD, L B NAGAR, HYDERABAD TELANGANA 500068
<b>Tel./Fax/Email</b>	: / / 0 / NA	<b>Tel./Fax/Email</b>	: 040 24120182 / 24120183 / 9618907410 / 040 24120184 / bujji.pilla@orientalinsurance.co.in / 433700@orientalinsurance.co.in

**Agent/Broker Details**

**Dev.Off.Code** : NA0000008918 DO-7, HYDERABAD - DIRECT  
**Agent/Broker** : BA0000117129 A ANNAPURNA  
**Address** : H.NO 198 STREET NO 2 SNEHAPURI COLONY,NEAR NAGOLE  
HYDERABAD,HYDERABAD,ANDHRA PRADESH,500069  
**Tel/Fax/Email** : 9885065253/9885065253//alkreddy1873@gmail.com

**Period of Insurance** : FROM 00:00 ON 12/01/2021 TO MIDNIGHT OF 11/01/2022  
**Collection No. & Dt.** : DC\_I\_IND 9128002330 - 11/01/2021 **GST INVOICE NO** :3619241712 **UIN** :0  
**Gross Premium** : 43,315 **GST** 7797 **Stamp Duty** : .5 **Total** : 94,427  
**Co-insurance Details** : NIL

**Nature of Business** : MANUFACTURING  
**Category of Industry** GREEN **Policy Purchaser Category** : Manufacture

**Indemnity Limit** : Rs. 5,00,00,000.00 Any One Accident  
Rs. 15,00,00,000.00 Aggregate during the Policy Period (Not exceeding three times of any one accident of Indemnity Limit.)

**Retroactive Date** : 12/01/2021

**Contribution to the Environmental Relief Fund** : 43,315.00 (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** : 11/01/2021

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.

EXCLUSIONS : The exclusions under the cover includes: 1. Property belonging to the insured, 2. Defective workmanship, 3. Damage as a result of any advice, design or specification given unless part of an 'overall contract' 4. Deliberate acts  
AOA:AOY- 1:3, (AOA-5 crores:AOY-15crores).

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Excess : NIL

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Financier Names are as per the list attached:

Not applicable

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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 ab initio (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 7 HYDERABAD (GSTIN: 36AAACT0627R3ZY) on 11TH DAY OF JANUARY 2021

Entered By : R.RAVIKUMAR

For and on behalf of  
The Oriental Insurance Company Limited

Examined By : P.BUJJI

Policy Printed By : 655562

IP :

Policy Printed On : 11-JAN-21 13:15:21

MAC :

Authorised Signatory

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Place : HYDERABAD



IRDA-REGNO-556

Date : 11/01/2021

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