

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

Policy No.	: 433700/48/2022/1509	Prev. Policy No.	: 433700/48/2021/676
Cover Note No.	:	Cover Note Date	:
Insured's Code	: 84292263	Issue Office code	: 433700
Insured's Name	: SAGAR CEMENTS (R) LIMITED (GSTIN: 37AADCB2257L1ZJ)	Issue Office Name	: DO 7 HYDERABAD (GSTIN: 36AAACT0627R3ZY)
Address	: SY NO.760-769,SAGAR CEMENTS R LIMITED,GUDIPADU VILLAGE YADIKI MANDAL,ANANTAPUR. CELL NO- ANANTAPUR ANDHRA PRADESH 515408	Address	: # 3-8-418/1, 2ND FLOOR, ABOVE S B I, ROAD NO. 4, SURYODAYA COLONY, MANSOORABAD, L B NAGAR, HYDERABAD TELANGANA 500068
Tel./Fax/Email	: / / 0 / NA	Tel./Fax/Email	: 040 24120182 / 24120183 / 9618907410 / 040 24120184 / bujji.pilla@orientalinsurance.co.in / 433700@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NZ0000000111 AGENCY MANAGER, DO 7 HYDERABAD
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 12/01/2022 TO MIDNIGHT OF 11/01/2023
Collection No. & Dt. : DC_I_IND 9128003131 - 10/01/2022 **GST INVOICE NO** :3620157548 **UIN** :0
Gross Premium : 36,790 **GST** 6622 **Stamp Duty** : .5 **Total** : 80,202
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 : 12/01/2022

Contribution to the Environmental Relief Fund : 36,790.00 (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.

Place : HYDERABAD



IRDA-REGNO-556

Date : 10/01/2022

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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Specific Conditions if any : In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of 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).

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 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 10TH DAY OF JANUARY 2022

Entered By : R.RAVIKUMAR
Examined By : Kumbha Bhavana

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : 658898UWT

IP :

Policy Printed On : 10-JAN-22 12:35:34

MAC :

Authorised Signatory

Place : HYDERABAD



Date : 10/01/2022



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