

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

Policy No.	: 463300/48/2020/620	Prev. Policy No.	: -
Cover Note No.	: -	Cover Note Date	: -
Insured's Code	: 70375390	Issue Office code	: 463300
Insured's Name	: M/S VERDANT LIFE SCIENCES P LTD., (GSTIN: 37AACC7514M1ZW)	Issue Office Name	: DO 2 GUNTUR (GSTIN: 37AAACT0627R4ZV)
Address	: 55, J.N.PHARMA CITY,PARAWADA,VISAKHAPATN AM. VISAKHAPATNAM 531032	Address	: Door No.4-16-248, II Floor, S L N Plaza, Upstairs of LIC of India, Amaravathi Road, ANDHRA PRADESH 522007
Tel./Fax/Email	: / / 9052522204 / ntlifesciences@gmail.com	Tel./Fax/Email	: 0863-2232430 / 2252986 / 2220491 / 0863- 2232430 / kotakrao@orientalinsurance.co.in ; 463300@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000009336 GUNTUR DO-2 (Direct)
Agent/Broker :
Address :
Tel/Fax/Email : //

**CONSOLIDATED
STAMP DUTY PAID**

Period of Insurance : FROM 00:00 ON 28/11/2019 TO MIDNIGHT OF 27/11/2020
Collection No. & Dt. : DC_I_IND 9068002884 - 26/11/2019 **GST INVOICE NO** :371810179192 **UIN** :0
Gross Premium : 56,160 **GST** 10108 **Stamp Duty** : .5 **Total** : 66,268
Co-insurance Details : NIL

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

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

Retroactive Date : 28/11/2018**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
 premium exceeding Rs. 1 lac,the insured will comply with the provisions of the AML

Place :**Date** : 26/11/2019For and on behalf of
The Oriental Insurance Company LimitedThis 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.

 M. Adhok
 Authorised Signatory

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

Page 1 of 2

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

Signer: ATUL JERATH
Date: Tue, Nov 26, 2019 17:26:44 IST
Location: NOIDA
Reason: Signing Policy for OICL

Attached to and forming part of policy number 463300/48/2020/620

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 2 GUNTUR (GSTIN: 37AAACT0627R4ZV) on 26TH DAY OF NOVEMBER 2019

Entered By : GOSE AKHILA

Examined By : P S V S SATYANARAYANA RAO

For and on behalf of

The Oriental Insurance Company Limited

Policy Printed By : 660728

IP :

Policy Printed On : 26-NOV-19 17:26:22

MAC :



M. Ashob
Authorised Signatory

Place :

Date : 26/11/2019



IRDA-REGNO-556

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.



M. Ashob
Authorised Signatory

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

Page 2 of 2


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The Oriental Insurance Company Ltd.

DO 2 GUNTUR Door No.4-16-248, II Floor, S L N Plaza, Upstairs of LIC of India, Amaravathi Road, , 522007

GST NO : 37AAACT0627R4ZV

RECEIPT

Office Code & Name	: 463300 - DO 2 GUNTUR	Bank Code	: 9100(C-463300-01)										
Collection No.	: 51-01/9068002884	Posted Doc No.	: 9068002884										
Collection Date	: 26/11/2019 17:06	Posted Doc Dt..	: 26/11/2019										
Received with thanks From Sh./Smt./ M/s.	: M/S VERDANT LIFE SCIENCES P.LTD.,												
The Sum of	: Indian Rupees Sixty-Six Thousand Two Hundred Sixty-Eight Only												
Towards the following	: Premium collections												
SI No.	Dept. Code	Policy No.	End/Ren/Dec/ Status	Dev. Off. Claim No.	Source Code	Amount Collected	C/D GL Code	SL Code	Pay Mode	Bank Name	Bank Branch	Instrument No.	Instr. Dt./CC Exp. Dt.
1	48	2020/620	New Policy	NA0000009336		66,268.00	C	5083	DC_I_IN D			26/11/2019	26/11/2019
Total						66,268.00							
GST													
: Rs. 10108													
: 37AACCV7514M1ZW													
: LIABILITY INSURANCE (UNDER PUBLIC LIABILITY INSURANCE ACT, 1991)													
FOR THE ORIENTAL INSURANCE COMPANY LTD													
													
Note : For Payment by cheque , receipt will be valid subject to realisation of Cheque													

The Oriental Insurance Company Ltd.
 DO 2 GUNTUR Door No.4-16-248, , II Floor, S L N Plaza, Upstairs of
 LIC of India, , Amaravathi Road, , , 522007

37AAACT0627R4ZV
 Tax Invoice

Office Code : 463300 - DO 2 GUNTUR
 GST NO :37AAACT0627R4ZV
 ORIGINAL FOR RECIPIENT
 Invoice No. : 371810179192
 Invoice Date : 26-11-2019
 Billing Details Sh./Smt./ M/s. : M/S VERDANT LIFE SCIENCES P LTD.,
 55, J.N.PHARMA CITY,PARAWADA,VISAKHAPATNAM.
 AD
 531032
 STATE CODE :37
 GSTIN:37AACCV7514M1ZW
 UIN : 0

Towards HSN/SAC - 997139 - General :
 Insurance Services Tax is Payable on Reverse Charge :No

Sl No.	Dept Code	Policy No.	Policy Statu s	Endorsemen t No	Amount Collected	Taxable Value	IGST Perc	IGST Amt	CGST Perc	CGST Amt	SGST/UT GST Perc	SGST/UTGST Amt
1	48	2020/620	New Policy		66,268.00	56,160.00			9%	5,054.00	9%	5,054.00
Total					66,268.00	56,160.00				5,054.00		5,054.00

The Sum of : Indian Rupees Sixty-Six Thousand Two Hundred Sixty-Eight Only

Policy Type / Zone : LIABILITY
 INSURANCE
 (UNDER PUBLIC
 LIABILITY
 INSURANCE ACT,
 1991)

FOR THE ORIENTAL INSURANCE COMPANY LTD

Re. 1/2
 Rev. Stamp
 Cashier / Authorised Signatory



Note : For Payment by cheque , receipt will be valid subject to realisation of Cheque