



POLICY SCHEDULE FOR PRODUCT LIABILITY INSURANCE

Insured's Name	: GAS SAFE INDIA LTD
Insureds Details	
Customer ID	: ML3511401
Address	: PLOT NO.20,GUT NO.281/2 VILLAGE KASAR, AMBOLI,TAL.MULSHI,DIST.PUNE Dist. : PUNE, Maharashtra PAUD ,MAHARASHTRA, 412108
Phone No	:
E-mail/Fax	: /
PAN No	:
GSTIN/UIN	: NA / NA
Issuing Office Details	
Office Code	: THE NEW INDIA ASSURANCE CO. LTD.BR.150201 (150201)
Address	: 1171/A, REVENUE COLONY, BSNL BLDG., GROUND FLOOR NR SUB POST OFFICE, SHIVAJINAGAR, PUNE.,411005
Phone No	: 02025511185 / 02025511186
E-mail/Fax	: nia.150201@newindia.co.in / 02025511187
S.Tax Regn. No	: AAACN4165CST178
GSTIN	: 27AAACN4165C3ZP
SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15020136190800000001	Business Source Code	
Period of Insurance	: From: 14/08/2019 12:00:01 AM To: 13/08/2020 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator	: U. M. BAWADEKAR - (2D8215594)
Date of Proposal	: 14-Aug-19	Agent/Bancassurance/ Specified Person	: Mr. MOHAN SHARAD UTAGIKAR (NIA2D8215484) AGENT_SITE_257 (2D8215836)
Prev. Policy no.	: 15020136180800000001	Phone No	: 26344161, 26344162, 9370677969 / NA
Client Type	: Corporate	E-mail/Fax	: mohanutagikar@gmail.com, / / /

Premium(₹)	GST(₹)	Total(₹)	Total:(₹ in words)	Receipt No. & Date
61465	11064	72529	RUPEES SEVENTY-TWO THOUSAND FIVE HUNDRED TWENTY-NINE ONLY	1502018119000000316 9 - 13/08/19

Details of Risks Covered Under Policy:

Retroactive Dates	Date	Jurisdiction	Territory	AOA	AOY/Total sum Insured	Turnover	Deductible India	Deductible Rest of the world	Deductible USA/Canada
Policy Retroactive Date	14/08/2003	India	NA	37500000	150000000	NA	₹5	₹0	₹0

Does the policy covers exports only	Vendors Liability	Type of Vendor	Voluntary Excess
No	NA	NA	0

Product Description
Gas or Oil Appliances (Domestic)-Gr5

Extensions under the Policy

Name of the Extension	Sub limit of the Extension	Deductibles of the Extension
Special Conditions	NA	
Special Exclusions	NA	
Special Excess/Deductible	0	

This Policy shall be subject to PRODUCT LIABILITY INSURANCE policy clauses attached herewith

Clauses	Description
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Premium and GST Details



	Rate of Tax	Amount in INR
Premium		₹ 61465.00
SGST	9	5532
CGST	9	5532
IGST	0	0

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 13th day of August,2019.

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1/-.

Mudrank_____Dt._____consolidated Stamp Fees Paid by Pay Order Number_____vide receipt
number_____dt._____.

Tax Invoice No : 15020119E0004559

IRDA Registration Number: 190