



NAGRIKSURAKSHA INDIVIDUAL POLICY SCHEDULE

Policy No. : 412200/48/2025/969
Cover Note No : -
Insured's Code : 173911313
Insured's Name : M/S ASHVEERA PNEUMATIC SERVICES (CHENNAI) PVT LTD (GSTIN: 33AAYCA6090M1ZY)
Address : 1473 JAWAHARLAL NEHRU ROAD, GOLDEN INDUSTRIAL ESTATE, GERUGAMBAKKAM, CHENNAI -122
CHENNAI TAMIL NADU 600001

Prev. Policy No. : -
Cover Note Dt : -
Issue Office Code : 412200
Issue Office Name : BO ANNA NAGAR CHENNAI (GSTIN: 33AAACT0627R3Z4)
Address : Immediate Claim intimation(excluding Marine Hull and Health claim) be sent to 410011@orientalinsurance.co.in
W-115, 1st FLOOR, S.B.COMPLEX, 3RD AVENUE, NEXT TO D.K.KALYANA MANDAPAM, NEAR ROUNDTANA, ANNANAGAR, CHENNAI TAMIL NADU 600040

CONSOLIDATED Stamp Duty
paid to TN Government towards
Insurance Policies issued from
1/1/2024 to 31/3/2025 vide
G.O. (Rt) No. 222 dt. 03.04.2024

Tel / Fax / Email : / / 9840033239 / devaraj@ashveerachennai.com Tel / Fax / Email :

Agent/Broker Details

Dev.Off.Code : NY0000000751
Agent/Broker : BA0000008500 M PANDIAN
Address : BARAKATH VILLA, FLAT G1, NEW NO.9, 6TH AVENUE, ASHOK NAGAR, CHENNAI 600083, CHENNAI, TAMIL NADU, 600083
Tel / Fax / Email : //9444054131//licmpandi@yahoo.com

Period of Insurance : FROM 12:05 ON 18/07/2024 TO MIDNIGHT OF 17/07/2025
Collection No & Dt : CSH 7084002729 - 18/07/2024 GST INVOICE NO : 3323235097 UIN : 0
Gross Premium : 304 GST 54 Stamp Duty : 25 Total : 358
Coinsurance Details : NIL

Particulars of the Persons Covered

Sr. No.	Name of Person Covered	Age	Relationship	Occupation	Disabled/Injured/Sick	Sum Insured		Cumulative bonus
						Personal Accident Section 80%	Hospitalisation Section 20%	
1	E KATHIR	21	Self	SERVICE	NIL	4,00,000	1,00,000	0

Assignee Details

Sr. No.	Name	Assignee Name	Share %	Relationship
1	E KATHIR			

Place : CHENNAI
Date : 18/07/2024



IRDA-REGNO-556

