

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

(भारत सरकार का एक उपक्रम)

पंजीकृत कार्यालय: ओरिएण्टल हाऊस पो.बॉ.नं.-7037

ए-25/27, आसफ अली रोड, नई दिल्ली-110 002.

NAGRIKSURAKSHA GROUP POLICY SCHEDULE

IRDA/NL-HL/01/2014/V.1/21/14-15

THE ORIENTAL INSURANCE COMPANY LIMITED

(Undertaking)

Corporate & Reged. Office : Oriental House,

P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002

CIN No. U66010DL1947GOI007158

Policy No. : 413502/48/2023/408

Prev. Policy No. : -

Cover Note No. : -

Cover Note Date : -

Insured's Code : 166219869

Issue Office Code : 413502

Insured's Name : M/S PUVI ENTERPRISES (GSTIN: 33GETPS6940N1ZF)

Issue Office Name : B O RANIPET (GSTIN: 33AAACT0627R3Z4)

Address : NO:4/223, NITHYARAJA COMPLEX, 1ST FLOOR, NELLIKUPPAM VILLAGE, PONNAI MAIN ROAD, RANIPET NORTH ARCOT TAMIL NADU 632405

Address : Immediate Claim intimation(excluding Marine Hull and Health claim) be sent to 410012@orientalinsurance.co.in NO.17-A, Krishnagiri Road, SKS Complex, TAMIL NADU 632401

Tel. /Fax /Email : / / 9751950980 / info@puvienterprises.com

Tel. /Fax /Email : 04172-272913,270489 / 04172-270912 / c.sakthivel@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000003329

Agent/Broker :

Address :

Tel/Fax/Email : //

CONSOLIDATED amount paid towards Stamp Duty for Insurance Policies to be issued from 01.04.2020 to 31.03.2021 to Government vide E-Stamp Certificate No. IN-TN06497868730491S dated 20.03.2020.

Period of Insurance : FROM 13:33 ON 31/10/2022 TO MIDNIGHT OF 30/10/2023

Collection No. & Dt. : CC 5044004953 - 31/10/2022 GST INVOICE NO :3321576569 UIN :0

Gross Premium : 1,800 GST : 324 Stamp Duty : 30 Total : 2,124

Co-insurance Details : NIL

Particulars of the Persons Covered

Sr. No.	Name of Person Covered	Age	Relationship	Sum Insured		Cummulative Bonus
				Personal Accident Section 80%	Hospitalisation Section 20%	
1	SEKAR M	34	Others	3,20,000	80,000	
2	SIVAKUMAR R	35	Others	3,20,000	80,000	
3	JAYANTHAN A	31	Others	3,20,000	80,000	
4	MUTHUKUMAR M	41	Others	3,20,000	80,000	
5	RAMAKRISHNAN S	35	Others	3,20,000	80,000	
Total :				16,00,000	4,00,000	

Place :

Date : 31/10/2022



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.

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

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Authorised Signatory

Attached to and forming part of policy number 413502/48/2023/408

Assignee Details

Sr. No.	Name	Occupation	Disabled/Injured/Sick	Assignee Name	Share %	Relationship
1	SEKAR M	OTHERS	NIL			
2	SIVAKU MAR R	OTHERS	NIL			
3	JAYANT HAN A	OTHERS	NIL			
4	MUTHUK UMAR M	OTHERS	NIL			
5	RAMAKR ISHNAN S	OTHERS	NIL			

Total Premium in words : Indian Rupees Two Thousand One Hundred Twenty-Four Only

The insurance under this policy is subject to clauses & warranties otherwise stated herein .

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.

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 on 31ST DAY OF OCTOBER 2022.

Entered By : J SURYA PRAKASH

Examined By : J SURYA PRAKASH

Policy Printed By :433349

IP :

Policy Printed On :31-OCT-22 13:50:52

MAC :

For and on behalf of

The Oriental Insurance Company Limited



Authorised Signatory

Place :

Date : 31/10/2022



IRDA-REGNO-556

For and on behalf of

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