



**POLICY SCHEDULE FOR PACKAGE INSURANCE POLICY**

<b>Insured's Name</b>	: HITACHI SYSTEMS MICRO CLINIC PVT LTD		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
<b>Customer ID</b>	: PO58792680	<b>Office Code</b>	: BO 311301 NEW ROHTAK ROAD, NEW DELHI (311301)
<b>Address</b>	: E-44/2, OKHLA INDL. PHASE-2, NEW DELHI NEW DELHI ,DELHI, 110020	<b>Address</b>	: 5C/1,2ND FLOOR, OPP. LIBERTY CINEMA, NEW ROHTAK RD, KAROL BAGH ,110005
<b>Phone No</b>	: XXXXXX9946	<b>Phone No</b>	: NA
<b>E-mail/Fax</b>	: anil.sharma.ch@hitachi-systems.com, /	<b>E-mail/Fax</b>	: nia.311301@newindia.co.in /
<b>PAN No</b>	: AAACM6396E	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: 07AAACM6396E2ZC / NA	<b>GSTIN</b>	: 07AAACN4165C1ZT
		<b>SAC</b>	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
<b>Policy Number</b>	: 31130146212400000138	<b>Business Source Code</b>	
<b>Period of Insurance</b>	: From:14/12/2021 12:00:01 AM To: 13/12/2022 11:59:59 PM	<b>Dev.Off. level/Broker/Corp. Agent/Web Aggregator</b>	: A2V INSURANCE BROKERS PRIVATE LIMITED. - (BR00000843) A2V INSURANCE BROKERS PRIVATE LIMITED. (SI00231957)
<b>Date of Proposal</b>	: 14-Dec-21	<b>Agent/Bancassurance/Specialized Person</b>	:
<b>Prev. Policy no.</b>	: 31130146202400000122	<b>Phone No</b>	: 9971500192 / NA
<b>Client Type</b>	: Corporate	<b>E-mail/Fax</b>	: vikas.anand@safetree.in, / /

<b>Premium(₹)</b>	<b>GST(₹)</b>	<b>Total(RS)</b>	<b>Total Rupees (In Words)</b>	<b>Receipt No. &amp; Date</b>
527816	95006	622822	RUPEES SIX LAC TWENTY-TWO THOUSAND EIGHT HUNDRED TWENTY-TWO ONLY	31130181210000006104 - 14/12/21

<b>Risk Details</b>					
Risk No.	Section	Description Of Property	Sum Insured	Location Details	Excess
1	Section XVI (Any Other Risk)	AS PER RFQ.	347247792	FIRE COVERAGE AS PER SECTION III OF NEW INDIA BHARAT LAGHU UDYAM SURAKSHA POLICY. STFI, EQ, TERRORISM, BURGLARY WITH 10% THEFT, ACCIDENTAL DAMAGE. 1698 locations as per list attached.SI per location ₹204504/-.	5000

Risk No.	Special Conditions	Special Excess
1	Excess Fire:As per tariff,Burglary :5% of claim amount min.2500/-,THEFT, min 5000/-; ACC DMG: 5% OF CLAIM , MIN 5000/- Name of beneficiary/loss payee Rajasthan Council of secondary Education.	5000

This Policy shall subject to PACKAGE INSURANCE policy clauses attached herewith.

**Premium and GST Details**

	<b>Rate of Tax</b>	<b>Amount in INR</b>
<b>Premium</b>		₹ 527816.00

Policy No. : 31130146212400000138 Document generated by 34787 at 14/12/2021 12:07:35 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



SGST	9	47503
CGST	9	47503
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 14th day of December,2021.

For and on behalf of  
The New India Assurance Company  
Limited

Date of Issue: 14/12/2021

Mudrank \_\_\_\_\_ Dt. \_\_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_ vide receipt  
number \_\_\_\_\_ dt. \_\_\_\_\_ Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1/-.

Tax Invoice No : 31130121E0011189

IRDA Registration Number: 190