## POLICY SCHEDULE

# Janata Personal Accident (Group) Insurance IRDA/NL-HLT/OIC/P-P/V.1/25/14-15

Policy No : 221113/47/2022/287 Prev Policy No :

Insured's Name : PRINCIPAL RAJKIYA Issue Office Name : CBO 4 LUCKNOW (GSTIN:

09AAACT0627R4ZU)

Address : KATAI JOYA AMROHA Address : 134/135, SAHU PLAZA ALAMBAGH

AMROHA UTTAR PRADESH 244221

POLYTECHNIC, (GSTIN: 0)

LUCKNOW UTTAR PRADESH 226005

gspal@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NZ0000000664 DIRECT AGENCY MANAGER CBO:IV:LUCKNOW

Agent/Broker :

Address :

Tel/Fax/Email : ////

Tel/Fax/Elliali .///

Period of Insurance: FROM 10:03 ON 27/12/2021 TO MIDNIGHT OF 26/12/2023

Collection No & Dt : CSHCHQ 1024902492 - 31/12/2021 GST INVOICE NO :0920406351 UIN :0

Gross Premium : 448 : 0 Stamp Duty : 35 Total : 448

**Risk Information** 

S no	No of Persons	Sum Insured Per Person	Total Sum Insured	
------	---------------	---------------------------	-------------------	--

1 7 1,00,000 7,00,000

Details of Insured Persons is as per the enclosed list .

### **SCHEDULE OF PREMIUM**

Description	Sum Insured	Premium
Janata Personal Accident Cover	7,00,000	840.00
LESS :HO Discount		391.94
TOTAL PREMIUM		448.00
STAMP DUTY		35.00
TOTAL AMOUNT		448.00

Total Sum Insured In Words: Indian Rupees Seven Lakhs Only

Total Premium In Words : Indian Rupees Four Hundred Forty-Eight Only

The Insurance under this Policy, in addition to the following special condition(s) is subject to general terms, conditions, clauses, warranties specified in Janata Personal Accident Insurance policy attached hereto. This schedule and policy are to be read together.

Maximum Liability Per Insured Under This Policy Under Any Circumstances Shall Be Limited To Sum Insured Set Forth Against Respective Individual Insured

Place: LUCKNOW
Date: 30/12/2021



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.

Authorised Signatory

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

Death / Disablement Should Result Within 12 Months From The Date Of Accident.

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac,the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operaing 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 CBO 4 LUCKNOW (GSTIN: 09AAACT0627R4ZU) on 30TH DAY OF DECEMBER 2021

Entered By : REKHA SURI For and on behalf of

Examined By : VATSAL NATH

The Oriental Insurance Company Limited

Policy Printed By: 265594 IP:

Policy Printed On: 18-APR-22 14:24:30 MAC:

**Authorised Signatory** 

Place: LUCKNOW Date: 30/12/2021





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.

Authorised Signatory

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

## POLICY SCHEDULE

# Janata Personal Accident (Group) Insurance IRDA/NL-HLT/OIC/P-P/V.1/25/14-15

Policy No : 221113/47/2022/288 Prev Policy No :

09AAACT0627R4ZU)

Address : KATAI JOYA AMROHA Address : 134/135, SAHU PLAZA ALAMBAGH

AMROHA UTTAR PRADESH 244221

POLYTECHNIC, (GSTIN: 0)

LUCKNOW UTTAR PRADESH 226005

gspal@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NZ0000000664 DIRECT AGENCY MANAGER CBO:IV:LUCKNOW

Agent/Broker :

Address :

Tel/Fax/Email : ////

Period of Insurance: FROM 10:02 ON 27/12/2021 TO MIDNIGHT OF 26/12/2024

Collection No & Dt : CSHCHQ 1024902492 - 31/12/2021 GST INVOICE NO :0920406348 UIN :0

Gross Premium : 20,835 : 0 Stamp Duty : 1085 Total : 20,835

**Risk Information** 

S no	No of Persons	Sum Insured Per	Total Sum Insured	
		Person		

1 217 1,00,000 2,17,00,000

Details of Insured Persons is as per the enclosed list .

### **SCHEDULE OF PREMIUM**

Description	Sum Insured	Premium
Janata Personal Accident Cover	2,17,00,000	39,060.00
LESS :HO Discount		18,225.40
TOTAL PREMIUM		20,835.00
STAMP DUTY		1,085.00
TOTAL AMOUNT		20,835.00

Total Sum Insured In Words: Indian Rupees Two Crores Seventeen Lakhs Only

Total Premium In Words : Indian Rupees Twenty Thousand Eight Hundred Thirty-Five Only

The Insurance under this Policy, in addition to the following special condition(s) is subject to general terms, conditions, clauses, warranties specified in Janata Personal Accident Insurance policy attached hereto. This schedule and policy are to be read together.

Maximum Liability Per Insured Under This Policy Under Any Circumstances Shall Be Limited To Sum Insured Set Forth Against Respective Individual Insured

Place: LUCKNOW
Date: 30/12/2021



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.

Authorised Signatory

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

Page 1 of 2

Death / Disablement Should Result Within 12 Months From The Date Of Accident.

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac,the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operaing 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 CBO 4 LUCKNOW (GSTIN: 09AAACT0627R4ZU) on 30TH DAY OF DECEMBER 2021

Entered By : REKHA SURI For and on behalf of

Examined By : VATSAL NATH

The Oriental Insurance Company Limited

Policy Printed By: 265594 IP:

Policy Printed On: 18-APR-22 14:24:57 MAC:

**Authorised Signatory** 

Place: LUCKNOW Date: 30/12/2021





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.

Authorised Signatory

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