



**POLICY SCHEDULE FOR PACKAGE INSURANCE POLICY**

|                          |   |                               |   |
|--------------------------|---|-------------------------------|---|
| <b>Insured's Name</b>    | : LIONS CLUB OF INDIA                   |                               |   |
| <b>Insured's Details</b> |   | <b>Issuing Office Details</b> |   |
| <b>Customer ID</b>       | : PO62646004                            | <b>Office Code</b>            | : TRIPRAYAR BRANCH (760306)                               |
| <b>Address</b>           | : NEW DELHI<br>NEW DELHI ,DELHI, 110001 | <b>Address</b>                | : SSN SHOPPING COMPLEX<br>TEMPLE ROAD<br>TRIPRAYAR,680566 |
| <b>Phone No</b>          | :                                       | <b>Phone No</b>               | : 04872391268 / 04872396983                               |
| <b>E-mail/Fax</b>        | : /                                     | <b>E-mail/Fax</b>             | : nia.760306@newindia.co.in /                             |
| <b>PAN No</b>            | : AABAL1536G                            | <b>S.Tax Regn. No</b>         | : <b>AAACN4165CST178</b>                                  |
| <b>GSTIN/UIN</b>         | : NA / NA                               | <b>GSTIN</b>                  | : 32AAACN4165C4ZX   |
|                          |   | <b>SAC</b>                    | : 997139 (Other non-life insurance services excl RI)      |

|                            |   |  |   |
|----------------------------|---|--|---|
| <b>Policy Details</b>      |   |  |   |
| <b>Policy Number</b>       | : 76030646182400000012                                      | <b>Business Source Code</b>              |   |
| <b>Period of Insurance</b> | : From:01/09/2018 12:00:01 AM To:<br>31/08/2019 11:59:59 PM | <b>Dev.Off. level/Broker/Corp. Agent</b> | : MANAPPURAM INSURANCE<br>BROKERS' PVT LTD - (2D6223017)<br>MANAPPURAM_SITE_TRIPRAYAR_7<br>60306 (SI00090321) |
| <b>Date of Proposal</b>    | : 01-Sep-18   | <b>Agent/Bancassurance</b>               | :   |
| <b>Prev. Policy no.</b>    | : PU0   | <b>Phone No</b>                          | : NA / NA   |
| <b>Client Type</b>         | : Non-Corporate   | <b>E-mail/Fax</b>                        | : / / /   |

|                   |               |                  |                                       |                                 |
|-------------------|---------------|------------------|---------------------------------------|---------------------------------|
| <b>Premium(₹)</b> | <b>GST(₹)</b> | <b>Total(RS)</b> | <b>Total Rupees (In Words)</b>        | <b>Receipt No. &amp; Date</b>   |
| 1059322           | 190678        | 1250000          | RUPEES TWELVE LAC FIFTY THOUSAND ONLY | 76030681180000016839 - 31/08/18 |

|                     |                               |  |                    |                         |               |
|---------------------|-------------------------------|--|--------------------|-------------------------|---------------|
| <b>Risk Details</b> |                               |  |                    |                         |               |
| <b>Risk No.</b>     | <b>Section</b>                | <b>Description Of Property</b>                     | <b>Sum Insured</b> | <b>Location Details</b> | <b>Excess</b> |
| 3                   | Section X (Personal Accident) | 25000 LIONS CLUB members, ₹5lacs, Tab D-Death only | 12500000000        | NEWDELHI                | 0             |

|                 |   |                       |
|-----------------|---|-----------------------|
| <b>Risk No.</b> | <b>Special Conditions</b>                       | <b>Special Excess</b> |
| 3               | Subject to Gr Personal Accident clause attached | 0                     |

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> |                    | ₹ 1059322.00         |
| SGST           | 0                  | 0                    |
| CGST           | 0                  | 0                    |
| IGST           | 18                 | 190678               |

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 31st day of August,2018.

For and on behalf of  
The New India Assurance Company  
Limited

Date of Issue: 31/08/2018

Duly Constituted Attorney(s)



Mudrank \_\_\_\_\_ Dt. \_\_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_ vide receipt  
number \_\_\_\_\_ dt. \_\_\_\_\_.

Stamp Duty under the Policy is ₹1/-.

Tax Invoice No : 7603064624000012

**IRDA Registration Number: 190**