

**LIABILITY INSURANCE (UNDER PUBLIC LIABILITY INSURANCE ACT, 1991) POLICY SCHEDULE**

**Policy No.** : 462300/48/2023/8 **Prev. Policy No.** : 462300/48/2022/4  
**Cover Note No.** : **Cover Note Date** :  
**Insured's Code** : AB0000027177 **Issue Office code** : 462300  
**Insured's Name** : THE ANDHRA SUGARS LIMITED **Issue Office Name** : DO 1 GUNTUR (GSTIN:  
(GSTIN: 37AAACT6357Q1ZL) 37AAACT0627R4ZV)  
**Address** : D.NO: 10-182, **Address** : 6-21-21, GOGULA HOUSE, 2ND FLOOR  
VENKATRAYAPURAM, TANUKU, 9/2 ARUNDALPET  
WEST GODAWARY DIST. GUNTUR - 522002  
ANDHRA PRADESH 522002  
WEST GODAVARI ANDHRA  
PRADESH 535432  
**Tel./Fax/Email** : 0 / / 0 / **Tel./Fax/Email** : 0863-2225491 / 0863-2225491 /  
finance.tnk@theandhrasugars.com v.ramakishore@orientalinsurance.co.in

**Agent/Broker Details**

**Dev.Off.Code** : NG0000000037 D NAGESWARA RAO  
**Agent/Broker** :  
**Address** :  
**Tel/Fax/Email** : ///

**Period of Insurance** : FROM 00:00 ON 01/04/2022 TO MIDNIGHT OF 31/03/2023  
**Collection No. & Dt.** : CD A/C AB0000027177 **GST INVOICE NO** :3720283779 **UIN** :0  
**Gross Premium** : 79,823 **GST** 14368 **Stamp Duty** : .5 **Total** : 174,014  
**Co-insurance Details** : NIL

**Nature of Business** : MANUFACTURING

**Category of Industry** **Policy Purchaser Category** :

**Indemnity Limit** : Rs. 5,00,00,000.00 Any One Accident  
Rs. 15,00,00,000.00 **Aggregate during the Policy Period (Not exceeding three times of any one accident of Indemnity Limit.)**

**Retroactive Date** : 01/04/2022

**Contribution to the Environmental Relief Fund** : 79,823.00 (included in the Total Premium)

**TERRITORY/JURISDICTION** : INDIA / INDIA

The Insurance under this policy is subject to terms and conditions given in the policy attached here to.

**Specific Conditions if any** : This insurance is governed by our company standard Public Liability Act Terms and Conditions.PRODUCTS(28) AND ITS MANUFACTURING LOACATION ATTACHED IN ECM,

**Place** :  
**Date** : 30/03/2022



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.

Authorised Signatory

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.

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Excess : NIL

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Financier Names are as per the list attached: Not applicable

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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 DO 1 GUNTUR (GSTIN: 37AAACT0627R4ZV) on 30TH DAY OF MARCH 2022

Entered By : V.SRINIVASA RAO

For and on behalf of  
The Oriental Insurance Company Limited

Examined By : V.RAMAKISHORE

Policy Printed By : 658537

IP :

Policy Printed On : 13-APR-22 16:04:37

MAC :

Authorised Signatory

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Place :



IRDA-REGNO-556

Date : 30/03/2022

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