



POLICY SCHEDULE FOR CARRIERS LEGAL LIABILITY INSURANCE

UIN NUMBER - IRDAN190P0070100001

Insured's Name	KANHAIYA KUMAR JHA		
Insureds Details		Issuing Office Details	
Customer ID	POA1644329	Office Code	KOLKATA (510100)
Address	BENIRPOLE, BANANI NAGAR MAHESHTALA ,WEST BENGAL, 700141	Address	THE NEW INDIA ASSURANCE CO. LTD.,DO-510100,BARICK BHAVAN(4TH FLOOR), 8 CR AVENUE 700072
Phone No	XXXXXX2533	Phone No	03322126514 / 03322127274 / 9830573153
E-mail/Fax	/	E-mail/Fax	nia.510100@newindia.co.in / 22126542
PAN No	/	S.Tax Regn. No	AAACN4165CST178
GSTIN/UIN	NA/NA	GSTIN	19AAACN4165C1ZO
		SAC	997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	51010046331400005432	Business Source Code	
Period of Insurance	From:29/12/2024 12:00:01 AM To:28/12/2025 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	DIRECT BUSINESS - (1D10776129)
Date of Proposal	29-Dec-24	Agent/Bancassurance/Spe cified Person	Mr. PARMESHWAR PRASAD (NIA1D10769119) AGENT_SITE_27924 (1D10777117)
Prev. Policy no.	51010036221100001321	Phone No	9831193386, 9831193386 / NA
Client Type	Corporate	E-mail/Fax	ankitprasad2006@gmail.com. / /
Premium(₹)	4,211	GST(₹)	758
Total(₹)	4,969	Total:(₹ in words)	RUPEES FOUR THOUSAND NINE HUNDRED SIXTY-NINE ONLY
		Receipt No. & Date	5101008123000000592 5 - 29/12/24

Details of risk covered under current year policy:

								Deductible s	
Retroactive Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Pe rcentage/A mount & Percentage)	India	Worldwide excluding USA & Canada	Worldwide including USA & Canada
22/11/2023	India	India	1000000	1:1	1000000	PERC	5	0	0

Retroactive Dates

									Deductibl es	
Retroactiv e Date Details	Date	Jurisdictio n	Territory	AOA	AOA:AOY	AOY	Deductibl e Type (Amount/P ercentage /Amount & Percentag e)	India	Worldwide excluding USA & Canada	Worldwide including USA & Canada
RETROA CTIVE DATE 1	22/11/2023	India	India	1000000	1:1	1000000	Percentage	5	0	0

RETRO-DATE IS SUBJECT TO LESSER OF LIMITS - NARROWER OF COVER.

Signature Not
Verified
Digitally signed
by JAGAT KAYEE
PANIGRAHI
Date: 2023.11.21
14:50:50 IST



Sl.No	Vehicle Registration Number
1	NL-01-AF-5213

Extensions under the Policy

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Special Conditions	AS PER CO POLICY CLAUSE	
	SAME	
Special Exclusions	NA	
Special Excess/Deductible	NA	

This Policy shall be subject to CARRIERS LEGAL LIABILITY INSURANCE policy clauses attached herewith

Clauses	Description
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 4,211
SGST	9	379
CGST	9	379
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 21st.

For and on behalf of
The New India Assurance Company
Limited

Date of Issue: 29/12/2024

Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1

Mudrank number _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt

We hereby declare that though our aggregate turnover in any preceding financial year from 2017- 18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 51010023E0011349

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C