

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

Policy No. : 431300/48/2021/417 **Prev. Policy No.** : 431300/48/2020/368
Cover Note No. : **Cover Note Date** :
Insured's Code : AB0000032673 **Issue Office code** : 431300
Insured's Name : M/s. Porus Laboratories Pvt. Ltd. **Issue Office Name** : DO III HYDERABAD (GSTIN: 36AAACT0627R3ZY)
(GSTIN: 36AABCP7422K1ZA)
Address : Flat No. 402 & 403, Plot No. 5, 5, **Address** : FLAT NO: 302, 3RD FLOOR,
15 & 16, Road No. 36, Kavuri Hills, AL-KARIM TRADE CENTRE,
Jubilee Hills, Hyderabad - 33 **OPP. RANIGUNJ BUS DEPOT,**
SECUNDERABAD TELANGANA 500003
HYDERABAD 500033
Tel./Fax/Email : / / 9959811322 / **Tel./Fax/Email** : 040-27540027/ 27541564 / 9848441411 /
accounts@poruslabs.com 040 27544793 /
431300@orientalinsurance.co.in,
ksuresh@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NE0000000143 B.H.V.P.KUMAR
Agent/Broker : BA0000025435 Mr. K.S.V.L.Narsimham
Address : 1-5-18, NEW MARUTHI NAGAR,KOTHAPET, HYDERABAD,KOTHAPET,
HYDERABAD,HYDERABAD,ANDHRA PRADESH,500003
Tel/Fax/Email : 9866000575, 9849309314/9866000575, 9849309314/040-27544793/NA

Period of Insurance : FROM 00:00 ON 23/06/2020 TO MIDNIGHT OF 22/06/2021
Collection No. & Dt. : CD A/C AB0000032673 **GST INVOICE NO** :361930063 **UIN** :0
Gross Premium : 42,540 **GST** 7658 **Stamp Duty** : .5 **Total** : 92,738
Co-insurance Details : NIL

Nature of Business : MANUFACTURING
Category of Industry RED **Policy Purchaser Category** : Manufacture

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 : 23/06/2020

Contribution to the Environmental Relief Fund : 42,540.00 (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 : The following are the locations covered under the policy: UNIT-1: Porus Laboratories Pvt Ltd, Shed no. 339, Nallabandagudem Village, Kodad Mandal,

Place : SECUNDERAE
Date : 18/06/2020



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

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

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Nalgonda Dist, AP, Unit 2: Porus Laboratories Pvt Ltd, Survey no.452/A,
Bibinagar, Nalgonda, AP
UNIT 3: Porus Laboratories Pvt Ltd, Shed no. 2 & 5, Pipeline Road, IDA Jeedimetla,
Hyd; Unit 4: Porus Laboratories Pvt Ltd, Akkireddygudem, Munsunur Mandal,
Krishna Dist-521 213
UNIT-5: Porus Laboratories Pvt Ltd, Plot No.64, APZ, JNPC, PARWADA VIZAG.
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.
Unit 6-Porus Laboratories Limited, Plot No 2A, APIIC SEZ, Atchutapuram,
Visakhapatnam

Excess : NIL

Financier Names are as per the list attached: Not applicable

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 ab initio (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 III HYDERABAD (GSTIN: 36AAACT0627R3ZY) on 18TH DAY OF JUNE 2020

Entered By : M.RAVICHANDRA
Examined By : K.ASHOK CHANDRA

For and on behalf of
The Oriental Insurance Company Limited


Policy Printed By : 420093

IP :

Policy Printed On : 18-JUN-20 14:22:03

MAC :

Authorised Signatory

Place : SECUNDERAE 
Date : 18/06/2020



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The Oriental Insurance Company Limited

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