



POLICY SCHEDULE FOR PROFESSIONAL INDEMNITY INSURANCE (Doctor)

UIN NUMBER - IRDAN190P0082100001

Insured's Name	: DR.MAHESH MADHAVRAO THOMBARE
Insured's Details	
Customer ID	: ML3511398
Address	: FLAT NO 101, SAYALI VILLA, PLOT NO 14+15, BALAJI PARK, BEHIND HOTEL SEASON, VIDHYANCHAL SCHOOL ROAD, AUNDH PUNE ,MAHARASHTRA, 411007
Phone No	: XXXXXX5622
E-mail/Fax	: drmaheshthombare@gmail.com, /
PAN No	: AAJPT3010G
GSTIN/UIN	: NA / NA
Issuing Office Details	
Office Code	: THE NEW INDIA ASSURANCE CO. LTD.BR.150201 (150201)
Address	: 1171/A, REVENUE COLONY, BSNL BLDG., GROUND FLOOR NR SUB POST OFFICE, SHIVAJINAGAR, PUNE.,411005
Phone No	: 02025511185 / 02025511186
E-mail/Fax	: nia.150201@newindia.co.in / 02025511187
S.Tax Regn. No	: AAACN4165CST178
GSTIN	: 27AAACN4165C3ZP
SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15020136220400000070	Business Source Code	
Period of Insurance	: From: 23/10/2022 12:00:01 AM To: 22/10/2023 11:59:59 PM	Dev.Off. level/Broker/Web Aggregator/CPSC User	: U. M. BAWADEKAR - (2D8215594)
Date of Proposal	: 23-Oct-22	Agent/Bancassurance/S pecified Person	: Mr. MOHAN SHARAD UTAGIKAR (NIA2D8215484) AGENT_SITE_257 (2D8215836)
Prev. Policy no.	: 15020136210400000063	Phone No	: 26344161, 26344162, 9370677969 / NA
Client Type	: Non-Corporate	E-mail/Fax	: mohanutagikar@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total:(₹ in words)	Receipt No. & Date
10000	1800	11800	RUPEES ELEVEN THOUSAND EIGHT HUNDRED ONLY	1000008922100014690 8 - 07/10/22

Details of risk covered under current year policy:

								Deductible s	
Retroactive Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Worldwide excluding USA & Canada	Worldwide including USA & Canada
23/10/2002	India	India	5000000	1:1	5000000	AMT	1	0	0

Retroactive Dates

								Deductibles	
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Retroactive Date Details	Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Worldwide excluding USA & Canada	Worldwide including USA & Canada
RETROACTIVE DATE 1	23/10/2002	India	India	5000000	1:1	5000000	Amount	1	0	0

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

Description of Business	Address of Business Premises	Compulsory Excess	Voluntary Excess
GASTROENTEROLOGISTS	POONA HOSPITAL NAVI PETH PUNE	NA	0

Details of Business	Address of Business Premises	No of Qualified Person	No of Administrative Staff	Compulsory Excess	Voluntary Excess
GASTROENTEROLOGISTS	POONA HOSPITAL NAVI PETH PUNE	0	0	0	0

Option of Service	Classification of Doctor	Branch of Medicine	Registration No	Registration Year	Qualification and Year	Clinic Address	Unqualified Staff Covered	No of Members	Voluntary Excess
Surgeon	General Surgeons	Allopathic	60051	1988	M.S 1992	POONA HOSPITAL NAVI PETH PUNE	No	0	0

Total Annual Fees/Wages Payable	Compulsory Excess	Details of Business	Address of Business Premises	Voluntary Excess
0	NA	GASTROENTEROLOGISTS	POONA HOSPITAL NAVI PETH PUNE	0

Category of Establishment	Unqualified Staff Covered	No of Members	Compulsory Excess	Voluntary Excess
NA	No	NA	NA	0

Sl.No.	Type of Service
1	

Details of Business	Address of Business Premises	Professional Category	Excess	Voluntary Excess
GASTROENTEROLOGISTS	POONA HOSPITAL NAVI PETH PUNE	NA	0	0

Extensions under the Policy

Name of the Extension	Sub limit of the Extension	Deductibles of the Extension
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Amount & Percentage of Deductible Type/for Extension	Value
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Special Conditions	NA
Special Exclusions	NA

This Policy shall be subject to PROFESSIONAL INDEMNITY INSURANCE policy clauses attached herewith



Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 10000.00
SGST	9	900
CGST	9	900
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 07th day of October, 2022.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 07/10/2022

(Mrs. Rita Sinha)
[Sr. Branch Manager]

Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1/-.

Mudrank_____Dt._____consolidated Stamp Fees Paid by Pay Order Number_____vide receipt
number_____dt._____.

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 : 15020122P0006766

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C