



# UNITED INDIA INSURANCE COMPANY LIMITED

F-2, MALWA TOWER, 1ST FLOOR, 7 ASHOK NAGAR, INDORE

M.P, PHONE NO.

2465686, 4095431 FAX: EMAIL:

## PRODUCT LIABILITY POLICY

Policy No.: 190306/46/13/61/00000172

(OFFICE COPY)

### PERIOD OF INSURANCE

from 00:00 hrs of 07/01/2014

to midnight of 06/01/2015

*Insured*

### M/S.S.P.COMBINED

101, COMFORT HOME, 160, ANOOP NAGAR, INDORE Dist. : INDORE,  
Madhya Pradesh-452001

**PRODUCT LIABILITY POLICY  
SCHEDULE**

Policy No.	<b>190306/46/13/61/00000172</b>	Prev. Pol. No.	<b>190306/46/12/61/00000133</b>
Name of Insured	<b>M/S.S.P.COMBINED</b>		
Tel.(O)	Fax	Tel.(R)	Mobile
Business/Occupation	<b>BUSINESS</b>	Email	
Period of Insurance	From <b>00:00 Hours of 07/01/2014</b>	To	<b>Midnight of 06/01/2015</b>
CO-INSURANCE DETAILS: UIIC 190306 :100%			
PREMIUM: RUPEES FORTY THREE THOUSAND THREE HUNDRED FIFTEEN ONLY			

Sl. No.	Products Covered	Geographical Limits:
1	Gas or Oil Appliances (Domestic)	(A): India (B)EXPORTS TO :

For Countries other than North American jurisdiction				For North American jurisdiction only		
	Domestic	OECD	Non-OECD	North American jurisdic. Granted: No		
Turnover	Prv. Yr.	.00	.00	Turnover	Prv. Yr.	.00
	Cur. Yr.	3,50,00,000.00	.00		Cur. Yr.	.00
Retroactive Date	07/01/2013	07/01/2013	07/01/2013	Retroactive Date	07/01/2013	
Compulsory Excess	62,500.00	.00	.00	Compulsory Excess	.00	
Voluntary Excess	.00	.00	.00	Voluntary Excess	.00	

Limits of Indemnity	
Any one accident:	Rs. 1,25,00,000.00
Any one Year:	Rs. 5,00,00,000.00

Net Premium:	Rs. 43,315.00
Service Tax:	Rs. 5,354.00
Stamp Duty:	Rs. 1.00
Total:	Rs. 48,669.00
Receipt No.:	190306/81/13/0000002503
Receipt Date:	30/12/2013
Service Tax Regn. No:	AAACU5552CST001

Agency/Broker Code:	705
Dev. Officer Code:	7

Date of Proposal and Declaration: 03/01/2013

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at INDORE (M.P.) this 07th day of January, 2014

For **United India Insurance Co. Ltd.**

Authorised Signatory.



Policy No : 190306/46/13/61/0000017Z Dept : Traditional Business - Misc Product Liability

Agent Code: 705

Agent Name: MR. RAKESH JAIN

Agent Contact No: 9826158700

Endorsement No: 190306/46/13/61/82000015

Dev. Officer: 07

Insured's Name: M/S.S.P.COMBINED

Issuing Office Code : 190306

Address : 101, COMFORT HOME, 160, ANOOP NAGAR, INDORE Dist. : Address : F-2, MALWA TOWER, 1ST FLOOR, 7 ASHOK NAGAR, INDORE M.P. PHONE NO.

INDORE, Madhya Pradesh 452001 Tel. No.:

Telephone : 2465686, 4095431 Fax: email:

Policy Issue Date : 07/01/2014

Endorsement Effected From : 07/01/2014

Policy Expiring On : 06/01/2015

Co-insurance : UIC 190306 : 100%

Insured's Request/Reference Date : 07/01/2014

Number: 0

ENDORSEMENT CAUSE:

CORRECTION IN PRODUCT NAME

**ENDORSEMENT WORDING:**

THE CORRECT PRODUCT NAME ARE "GAS SECURA".

ALL OTHER TERMS AND CONDITION REMAIN UNALTERED.



United India Insurance Company Limited