**Shikhar Insurance Company Ltd.**

Maharajgunj, Maharajgunj, Kathmandu
Phone:01-4370190 Fax:
Email:sureshshrestha@shikharinsurance.com
Website:www.shikharinsurance.com

बिजक नं./Bill No.

MHRJ/10040/001909

कर बिजक

TAX INVOICE

बीमकको स्थायी लेखा नं. / Insurer PAN No.

3 0 1 7 1 5 4 4 5

बीमितको नाम र ठेगाना ALPINE CLUB OF HIMALAYA PVT. LTD., KATHMANDU
/ Insured Name & Address:

बीमितको स्थायी लेखा नं./ Insured PAN No.

3 0 3 8 2 7 6 8 1

जारी मिति/Issued Date: 05/01/2024 (2080/09/20)

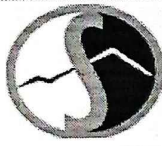
अभिकर्ता/ Agent: /0821

विवरण / Particulars	रकम रु / Amount Rs.
बीमालेख नं./ Policy No. POL/10040/LBT-PUBL/23/24/31/00003	बीमाशूलक / Premium 2,500.00
सम्पूष्टि नं./Endorsement No.	आतंकवाद, हुलदंगा तथा तोडफोड / WAR &/or SRCC / Terr., RSD & MD 0.00
बीमाङ्क / Sum Insured Rs. 500,000.00	नामसारी दस्तूर/ Other/Transfer Charge 0.00
	अन्य/ तेश्रो पक्ष / Other/Third Party 0.00
अवधि/ Period: देखि/ From: 17/01/2024 सम्म/ To: 16/01/2025	टिकट दस्तूर / Stamp Duty 20.00
अक्षरेपि / Amount in Words:	कर लाग्ने जम्मा मुल्य / Taxable Total Amt 2,520.00
Rupee Two Thousand Eight Hundred Fourty Seven Rupees and Sixty Paise Only	१३ % सू.अ.कर / 13 % VAT 327.60
	कूल जम्मा / Grand Total 2,847.60

भूलचुक लिनेदिने / E. & O. E.

For, Shikhar Insurance Company Ltd.

अधिकार प्राप्त/दस्तखत/ Authorised Signature

**Shikhar Insurance Company Ltd.**

Maharajgunj, Maharajgunj, Kathmandu
Phone:01-4370190 Fax:
Email:sureshshrestha@shikharinsurance.com
Website:www.shikharinsurance.com

Date : 05/01/2024 (2080/09/20)

Receipt No. : MHRJ/10040/001912

Print Time : 12:39 PM

D.O./Agent : /0821

Insured Name & Address: ALPINE CLUB OF HIMALAYA PVT. LTD., KATHMANDU

Received with thanks a sum of Rupees **2,848.00** by Cash: **0.00** by Cheque : **0.00**
(In words: **Rupee Two Thousand Eight Hundred Fourty Eight Only**) by Credit advice : **2,848.00**
In settlement of Bill/Policy No. MHRJ/10040/001909 POL/10040/LBT-PUBL/23/24/31/00003 Acc. Adjustment: **0.00**
Guarantee No. : Guarantee Bank: **0.00**

Premium	2,500.00
WAR &/or SRCC/RSD/MD/Terr.	0.00
Third Party	0.00
Stamp Duty	20.00
Taxable Amount	2,520.00
13 % VAT	327.60
Total	2,847.60

Policy date 05/01/2024

Cheque No :

Cheque Bank :

Cr. A. Bank: NIC Asia Bank Ltd., Newroad Branch (A/C No.:
3041097315524003), -

Remarks:



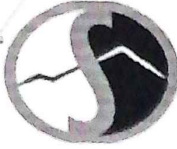
Shikhar Insurance Company Ltd.

अधिकार प्राप्त/दस्तखत/ Authorised Signature

PAYMENT BY CHEQUES/DRAFTS ARE SUBJECT TO REALISATION

Printed By:

At: 12:39:40PM



Shikhar Insurance Company Ltd.

Shikhar Biz Centre, Fourth to Seventh Floor, Thapathali, Kathmandu, Nepal
Phone No.: 5346101, 5346102, 5346107 FAX NO.: 977-1-5346103
E-mail: shikharins@mos.com.np, Web: www.shikharinsurance.com

Registration No.: ...

PAN No.: 301715445

KYC NO= GUTI/10040/21/22/000065

PUBLIC LIABILITY INSURANCE POLICY SCHEDULE

Insured Name and Address : ALPINE CLUB OF HIMALAYA PVT. LTD.,
KATHMANDU

Tel./Fax : 9851020731

Email :

Description of Profession / Business :

Trekking related company

Policy Period From 17/01/2024 To Midnight of 16/01/2025

Description of Risk :

The company will indemnify the insured upto but no exceeding amounts specified herein against such sums which insured shall become legally liable to pay as loss/damages including defense costs incurred with the written permission of the company consequent upon:

a) Accidental death to any person not being member of Insured's family or engaged in the service of Insured

b) Accidental loss/damage to property not being property belonging to/in custody or control of the insured

Location of Insured Premises :

Thamel, Kathmandu

Territorial Limit :

Within premises Alpine Club of Himalaya

Limit of Indemnity,

Any One Person : Rs. 125,000.00

Any One Event : Rs. 125,000.00

Any One Period : Rs. 500,000.00

Total Limit of Liability Any one year : Rs. 500,000.00

EXCESS & DEDUCTIBLES: 10% of Claim Amount or subject to minimum Rs. 50,000.00

Retroactive Date : NULL

Special Conditions / Endorsements :

*This Insurance policy by this cover does not cover the loss or damage by Riot, Strike, Malicious Acts, Sabotage & Terrorism.

*Terms and Condition as per attached schedule.

*Subject to Communicable Disease Exclusion Clause.

Prev. Policy No. : POL/10040/LBT-PUBL/22/23/31/00001

Policy No. : POL/10040/LBT-PUBL/23/24/31/00003

Marketing Officer : 0821

Agent Name : Direct

Agent Licence No. :

Issued At : Maharajgunj

Issue Date : 05/01/2024

Bill No : MHRJ/10040/001909

Receipt No. & Date : MHRJ/10040/001912 05/01/2024

Schedule Of Premium

Risk Covered	Premium
Normal Premium	: Rs. 2,500.00
Others	: Rs. 0.00
Total Premium	: Rs. 2,500.00
Stamp Duty	: Rs. 20.00
VAT 13%	: Rs. 327.60
Total	: Rs. 2,847.60

In witness whereof the undersigned being duly authorised by the company and on behalf of the company has/have hereunto set his/her/

Issued By : **Prabin Dhakal**

Approved By : **Subash Raut**

For and on behalf of

Shikhar Insurance Company Ltd.



Suresh Shrestha
Branch Chief