



M/S MONK AUTOMATION PVT LTD  
PLOT NO L- 19, MIDC AMBAD , NASHIK, NASHIK, . . . , NASHIK, NASHIK, MAHARASHTRA, 422010,

**Subject : Reliance Employees Compensation Insurance Policy Schedule Policy No : 920222327110005077**

Dear M/S MONK AUTOMATION PVT LTD,

**Welcome to the Reliance General Insurance family!**

We are delighted to have you as our valuable customer and are truly thankful that you have chosen Reliance General Insurance for your Insurance requirements.

We are pleased to inform you that you have been insured under Policy No.920222327110005077. Attached herewith your policy document, with all the details which have been prepared based on the details furnished to us. We request you to kindly go through the same.

For any discrepancy in the document, kindly write to us immediately for necessary rectification. In the absence of any communication from your end, the contents and coverage of the policy shall stand accepted by you.

To enable us to serve you better, you are requested to mention your Policy Number in all your further correspondences With Reliance General Insurance, you get nothing less than excellent and unparalleled services. Thanking you once again for choosing us. Look forward to a long lasting and delightful relationship.

Yours sincerely,  
For Reliance General Insurance Company Limited

Authorized Signatory

### Employees Compensation Insurance Policy Schedule

<b>Policy Number : 920222327110005077</b>	<b>Proposal No : R03082349730</b>
Insured : <b>M/S MONK AUTOMATION PVT LTD</b>	Period Of Insurance : From <b>2023-08-03T00:00:00 to 2024-08-02T00:00:00</b> (both days inclusive)
Communication Address & Place of Supply: <b>PLOT NO L- 19, MIDC AMBAD , NASHIK, NASHIK, ., . , NASHIK, NASHIK, MAHARASHTRA, 422010,</b>	Policy Issuing Office Address: <b>RELIANCE GENERAL INSURANCE COMPANY LIMITED 6TH FLOOR, OBEROI COMMERZ, INTERNATIONAL BUSINESS PARK, OBEROI GARDEN CITY, OFF WESTERN EXPRESS HIGHWAY, GOREGAON (EAST), MUMBAI – 400 063</b>
Business : <b>AUTOMATION CONTROL PANEL MANUFACTURING &amp; SALES SERVICES</b>	Policy servicing address : <b>6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East) MUMBAI MUMBAI MAHARASHTRA 400063</b>
Details of previous policy (if renewal) :	Date of proposal & declaration : <b>03/08/2023</b>
Previous policy No :	
Mobile No : <b>8888848370</b>	Email ID: <b>SACHIN.BHAMRE@MONKAUTOMATION.COM</b>
GSTIN/UIN of the Insured : <b>27AABMC9042N1Z2</b>	Tax Invoice No. & Date : <b>R03082349730 &amp; 03/08/2023</b>
Risk Locations : <b>Anywhere in India</b>	

Laws : The Policy covers Liability of the Insured under the following Law(s) shown as covered, subject to claim being otherwise admissible as per terms, conditions and exclusions of the Policy and subject to Limit of Indemnity as stipulated against each.

Law / Act	Limit of Indemnity	Coverage
a) Employee's Compensation Act, 1923 and subsequent amendments thereof prior to the date of issue of this Policy	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the insured as per act for any death/PPD/TTD/PTD arising out of an accident.	Yes
b) The Fatal Accidents Act, 1855	Subject otherwise, to the terms, conditions & Exclusions of the Policy	Yes
c) Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy	Yes

Premium Details	Amount ( ` )
Net Premium	1,479.00
CGST (9.00%)	133.11
SGST (9.00%)	133.11
<b>Total Premium ( ` )</b>	<b>1,745.00</b>

Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/78/2023/(Validity Period Dt.01/07/2023 to Dt.01/01/2024)/3029 DT.26 JUN 2023" at General Stamp Office, Mumbai. \*\* Not Applicable for the State of Jammu & Kashmir

GSTIN : 27AABCR6747B1ZG, SAC 997139

Description of services : Other non-life insurance services (excluding reinsurance services)

### Details of Employee Covered

Description of work done by Employees		Declared Number of Employees	Declared Wages during the Period of Insurance	Endt. No.	Class No.
Occupancy	Designation				
Electric Cables, Makers and suppliers of incl. Cablelaying, installation and Erection work - Sho	PROJECT ENGINEER	2	600,000.00		134
Total		2	600,000.00		

Direct / Direct

**Intermediary Code/Name**

**Intermediary Contact No.**

**Intermediary E-mail ID**

**Subject to following clauses**

**Conditions:**

- Excluding Cover for Contractors & sub Contractors
- Previous Loss History: NIL
- Warranted that attendance and wage register is maintained at the place of employment by the Insured as per statutory requirements/ compliance and to be submitted when required by insurer.
- The change in place or nature of employment as when if any during the policy period to be informed to the insurer mandatorily and the same shall be covered at the sole discretion of Insurer and if additional premium is required the same shall be charged
- The total number of employees/workers mentioned against each job description and occupation should not exceed at any time and if it is exceeding the same should be informed to the insurer and premium should be paid accordingly and in case of any violation claim shall not be admissible
- Warranted that no tunneling work/ underground work and/ or blasting is carried out at the work site.
- Losses / damage due to war , Civil war , Nuclear energy and radio active effects are excluded
- Occupational Diseases stand excluded.
- The workman under the influence of liquor or drugs is excluded.
- The willful disobedience by the workman of orders and rules expressly given to secure the safety of the workmen is excluded.
- Workers to follow all safety measures as per industry standards at all times.
- Onus of proof lies with the insured for employment and coverage under the policy for the person on behalf of whom the claim is made, to furnish the total number of employees/workers working on site at the time of accident.
- Endorsement no :8 : It is hereby understood and agreed that any work in connection with erecting or repair away from the shop or yard of the Insured is expressly excluded from the indemnity granted under this Policy
- Policy is subject to No past insurance claims history.
- Medical Extension :Not provided

**Exclusions:**

- a.-Fireworks, ammunitions, fuses, cartridges, powder, nitro-glycerine, or any explosives.
- b.-Gases and or air under pressure in containers.
- c.-Petrochemicals and also chemicals of a "toxic" (as defined under Indias Public Liability act 1991), noxious, explosive and or highly flammable nature.
- d.-Asbestos and or asbestos products other than
- The storage, Transport and / handling of any of the substances above mentioned other than (d) which is merely incidental to the operations and/or trade of the insured not otherwise excluded, is hereby covered.
- Losses suffered in the course of the construction, maintenance and demolition of towers, steeples, bridges, flyovers and other walkways and road bridges not longer than 300 meters and road bridges with unsupported span longer than 100 meters.
- Losses suffered in the course of shipbuilding, ship repairing and ship breaking other than pleasure crafts, stevedoring and or harbour / long shore work and Sub-aqueous work
- Service in any kind of armed forces (including, but not limited to military, police, security services).
- Workers engaged in underground and/or underwater mines and underground services.
- Subaqueous work.
- Quarries where explosives are used.
- Employees stationed outside India.

In Witness whereof this policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal No. as mentioned in the policy. Warranted that in case of dishonor of premium cheque(s) the company shall not be liable under the policy and the contract shall be void abinitio"

This document shall be treated as a Tax Invoice as per Rule 9(2) of the Goods and Services Tax Invoice Rules.

The policy wording with detailed terms, conditions and exclusions are available on our website [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in)

In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

**Grievance Clause :** For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 or may write an email at [rgicl.services@relianceada.com](mailto:rgicl.services@relianceada.com). In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at [rgicl.grievances@relianceada.com](mailto:rgicl.grievances@relianceada.com). In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at [rgicl.headgrievances@relianceada.com](mailto:rgicl.headgrievances@relianceada.com). In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website [www.irda.gov.in](http://www.irda.gov.in) or on company website [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in) or on [www.gbic.co.in](http://www.gbic.co.in). The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located.

Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.

Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: [bimalokpal.mumbai@gbic.co.in](mailto:bimalokpal.mumbai@gbic.co.in) | Shri. A. K. Sahoo

Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar

Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: [bimalokpal.pune@gbic.co.in](mailto:bimalokpal.pune@gbic.co.in)

**For: Reliance General Insurance Co Ltd.**



**Authorized Signatory**

## **Forming A Part Of Policy No. 92022327110005077**

Employees Compensation Endorsement 345 (Erstwhile Tariff)-

Coverage for Medical Expenses:

In consideration of the payment of an additional premium it is hereby understood and agreed that this Policy subject to its terms provisions and conditions is extended to indemnify the Insured in respect of the reasonable medical surgical and hospital expenses (including cost of conveyance to hospital) incurred by the Insured for treatment of injury to which the indemnity granted under this policy applies had disablement exceeded three days.

Provided always that the liability of the Company under this endorsement shall be limited to **Rs. null /-** in respect of each Employee per person per accident and the aggregate liability of the company for all accidents during the Period of Insurance to **Rs. null /-** (mentioned above).

**For: Reliance General Insurance Co Ltd.**



**Authorized Signatory**

**Attached to and Forming A Part Of Policy No. 920222327110005077**

**Coinsurance Clause**

1. It is hereby declared and agreed that insurers named hereunder severally agree and accept the following for the proportion set against its name :
  - 1.1 In event of any claim being admissible by the insurer towards the liability, to pay or make good to the insured the value of the property at the time of the happening of its loss or destruction or the amount of such damage thereto as provided for under the policy and or
  - 1.2 To indemnify the insured against liability at law or damage to any property or injuries to persons as provided for under the policy

**2. Co-insurance Schedule :**

SrNo	Name of the Insurer	Share (%)
1	Reliance General Insurance Company Limited	100%

**3. Conditions forming part of this clause**

It is hereby agreed and understood that :

- 3.1 The Insured in exercise of his option has after having understood the implications, selected the above named lead Insurer and the named Co-insurers vide sr. Nos. of the co-Insurance schedule as in point no. 2 under the policy
- 3.2 To indemnify the insured against liability at law or damage to any property or injuries to persons as provided for under the policy
- 3.3 It shall be the responsibility of the insured or his authorised representative licensed by IRDA to decide on the panel of co-insurers and their respective shares of the risk herein as set out in co-insurance share under paragraph 2 above and communicate the same to all such participating co-insurers, prior to assumption of risk.
- 3.4 The lead Insurer shall finalise the terms and conditions applicable to the risk in the form of an underwriting slip with a unique code to be handed over to the Insured/Authorised intermediary.
- 3.5 It shall be the responsibility of the insured or his authorized representative to ensure that all insurers listed in the co-insurance schedule under paragraph 2 above, are fully aware of the terms and conditions of this policy and shall secure their unqualified acceptance of such terms and conditions prior to issuance of cover and inclusion of names of insurers in this co-insurance arrangement.
- 3.6 During the currency of the policy, if there are any material changes in risk or as changes in original terms and conditions such as variation BID080520 in Sum Insured, changes in premium charged, extension of policy period, etc., the same shall be communicated by the insured or his authorised representative giving sufficient advance notice of 7 days to the leader as well as all other participating co-insurers listed in the co-insurance schedule under paragraph 2 above and procure confirmation thereon. The endorsement to this effect shall be executed by the lead insurer under advice to all other participating co-insurers.
- 3.7 The liability of the insurers shall in no case exceed in respect of each item of the sum expressed in the set schedule to be insured thereon or in the all, the total sum insured hereby or sums as may be substituted thereof by endorsement
- 3.8 In the event of any of the insurers, chosen by the Insured as per paragraph 3.1 above and listed in the co-insurance schedule, withdrawing from participation in this Policy at any time during its currency after giving due notice of 14 days, the insured shall arrange for an alternative insurer to take up the full share of risk vacated by the existing insurer. In the event of insured failing to do so, the insured shall be considered as his own insurer for such share of risk or part there of which is not taken up by such alternative co-insurer
- 3.9 In the event of any of the insurers, chosen by the Insured as per paragraph 3.1 above and listed in the co-insurance schedule, withdrawing from participation in this Policy at any time during its currency after giving due notice of 14 days, the insured shall arrange for an alternative insurer to take up the full share of risk vacated by the existing insurer. In the event of insured failing to do so, the insured shall be considered as his own insurer for such share of risk or part there of which is not taken up by such alternative co-insurer
- 3.10 Upon receipt of such notification of claim, all claim related activities including appointment of surveyors, etc shall be done by the lead insurer who shall decide the admissibility as well as quantum of the claim and the co-insurers shall abide by the same.
- 3.11 In the event of any claim being value of more than 5 crores the lead insurer can immediately demand and the following co-insurer shall pay the cash call of their proportionate share of loss
- 3.12 In all other cases, where the Lead Insurer pays 100% of the assessed loss, the following co-insurer/s shall remit their share of the loss to the Lead Insurers within a maximum period of 21 days from the date on which the Lead Insurer makes the demand. Lead Insurer's declaration that the Claim and the amount there of was in accordance with terms and conditions of the Policy issued shall be considered sufficient by the co-insurers for the purpose of remitting their share of the loss to the Lead Insurer.
- 3.13 The co-insurers forming part of this agreement shall be entitled to demand and obtain from the Lead Insurer/Intermediaries copies of all policies, endorsements or other claim related documents relevant to this co-insurance clause

In witness, whereof, this policy has been signed by Reliance General Insurance Co Ltd. General Insurance Company (Lead Insurer) for itself and as authorized agents for other participating insurers named herein

Subject otherwise to the terms, exceptions, conditions and limitations of this policy

**Attached to and Forming A Part Of Policy No. 920222327110005077**

**EMPLOYEES COMPENSATION POLICY**

WHEREAS the INSURED by Proposal which shall be the basis of this contract and deemed to be incorporated herein has applied to the RELIANCE GENERAL INSURANCE COMPANY LIMITED (hereinafter called the "Company") for the insurance hereinafter contained for the Business described in the Schedule and has paid or agreed to pay the premium stated in the Schedule as consideration for such insurance.

NOW THIS POLICY WITNESSETH, subject to the terms exceptions and conditions contained herein or endorsed hereon, that if at any time during the Period of Insurance any Employee of the Insured shall sustain personal Injury by accident arising out of and in the course of his employment in the Business, for which the Insured is liable to pay compensation under any Law(s) specified in the Schedule, then Company shall indemnify the Insured upto the Limit of Indemnity against all sums for which the Insured shall be so liable, including costs and expenses for defending any claim for such compensation incurred with the Company's consent

PROVIDED ALWAYS that in the event of any change in the Law(s) or the substitution of other legislation therefore, this Policy shall remain in force but the liability of the Company shall be limited to such sum as the Company would have been liable to pay if the Law(s) had remained unaltered.

**DEFINITIONS**

Certain words used in this Policy and shown in bold are defined hereunder and shall have such meaning wherever they appear in this Policy

**Business** means the Business of the Insured as specified in the Schedule in respect of which this Policy is issued.

**Injury** means physical bodily injury including death resulting from such Injury arising out of an accident but does not include any mental sickness, disease, Occupational Disease or illness, unless caused by such physical bodily injury.

**Insured** means the person or organization specified in the Policy Schedule but does not include their Contractors or Sub Contractors.

**Occupational Disease** means any disease listed under Schedule III of the Employees' Compensation Act. 1923 contracted by an Employee due to employment in the Business.

**Wages** means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment.

**Employee** means such person or persons in direct employment under the Insured in the Business covered under this Policy, but shall not include any person employed under a Contractor or Sub-Contractor of the Insured unless specifically shown as covered in the Schedule.

- a) any particular claim by an Employee and
- b) all claims arising out of all accidents for any number of Employees during the Period of Insurance.

**Limit of Liability** means the maximum amount of indemnity specified in the Schedule that will be provided under this Policy by the

- a) any particular claim by an Employee and
- b) all claims arising out of all accidents for any number of Employees during the Period of Insurance.

**EXCLUSIONS**

- a) This Policy shall not cover liability of the Insured
- b) For Injury caused to Employee by accident directly or indirectly caused by or arising from or in consequence of or attributable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, mutiny, insurrection, rebellion, revolution or military or usurped power, nuclear weapons material, ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste form the combustion of nuclear fuel.
- c) For Occupational Diseases contracted by an Employee
- d) For interest and/or penalty imposed on the Insured under any law or otherwise.
- e) Under any Law for medical expenses in connection with treatment of any Injury sustained by an Employee
- f) For persons employed in the Business under a Contractor or Sub-contractor of the Insured unless specifically
- g) For Injury sustained by person whilst in the employ of the Insured otherwise than in the Business and/or who has is not declared for insurance under this Policy
- h) Assumed by agreement which would not have attached in the absence of such agreement



- i) For any sum which the Insured would have been entitled to recover from any party but for an agreement between the Insured and such party.
- j) For any accident occurring whilst the Employee is under the influence of Intoxicating liquor or drugs.
- k) For any incapacity or death of an Employee resulting from his/her deliberate self-injury or the deliberate aggravation of an accidental Injury.

## CONDITIONS

**1.The Contract:** This Policy and the Schedule shall be read together as one contract and any word defined herein and shown in bold shall bear such specific meaning wherever it may appear in the Policy or the Schedule

**2.Due Observance:** The due observance and fulfillment of the terms, conditions and endorsements of this Policy so far as they relate to anything to be done or not to be done by the Insured shall be condition precedent to any liability of the Company to make any payment under this Policy.

**3.Mis-representation/Non-Disclosure:** This Policy shall be void in the event of any mis-representation or non-disclosure in the Proposal and the Insured is deemed to warrant the truth and accuracy of the statements and answers in the Proposal which form the basis of this Policy.

**4.Written Communication:** Every notice or communication to be given or made Under this Policy shall be delivered in writing to the Company.

**5.Safeguards:** The Insured shall take reasonable precautions to prevent accidents and disease and shall comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.

**6.Claim Intimation:** In the event of any occurrence which may give rise to a claim under this Policy the Insured shall as soon as possible, and in any case within a period of thirty days of such occurrence, give notice thereof to the Company in writing with full particulars. Every letter claim writ summons and process shall be notified to the Company immediately on the receipt. Notice shall also be given to the Company immediately the Insured shall have knowledge of any impending prosecution inquest or fatal enquiry in connection with any such occurrence as aforesaid.

**7.Company's Rights After Loss:** No admission offer promise or payment shall be made by or on behalf of the Insured without the consent of the Company which shall be entitled, without being obliged to do so, if it so desires to take over and conduct in his name the defence or settlement of any claim or to prosecute in his name for its own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim and the Insured shall give all such information and assistance as the Company may require.

**8.Duty to Declare Employees & Wages:** It is clearly agreed and understood that the Insured shall be bound at all times to declare all Employees and Wages payable in respect of such Employees on the basis of which the Premium for this Policy is calculated.

**9.Average:** Notwithstanding anything contained hereinabove,

a) If the number of Employees (whether on duty or otherwise) employed by the Insured on the date of accident is higher than the number covered under this Policy, the Company shall be indemnify Insured's liability arising out of such accident, only in such proportion that the number of Employees covered bears to the Employees found employed on the date of accident:-

I. If the amount of Wages declared for this insurance for all Employees is less than the actual Wages paid until date of accident, the Company shall be liable to indemnify on any claim only in proportion that the Wages declared bears to the Wages paid. For the purpose of this clause, the Wages declared shall be calculated proportionately for the period from commencement of Policy until date of accident for comparison with the actual wages paid during such period to determine applicability of this clause.

II. If the liability of the Insured for any claim by an Employee is determined on the basis of Wages higher than covered under this Policy, the Company shall be liable to indemnify only in proportion that the Wages covered under the Policy for the Employee/Employees bears to the Wages on the basis of which Insured is held liable. For the purpose of this clause, the Wages covered in respect of any Employee shall be deemed to be the average wage per Employee in the category under which the Employee falls as specified in the Schedule, unless actual Wages paid at the time of accident is substantiated by submission of documentary evidence to the Company.

b) If more than one of the above clauses is found applicable in respect of a claim, only such clause under which the liability of the Company is least shall be applied.

**10.** In case of increase in Employees or Wages subsequent to insurance, Insured shall keep the Company intimated and obtain Endorsement by payment of necessary additional premium. The Insured shall as and when required by the Company permit inspection of its records to verify the Wages and Employees and shall also provide duly authenticated copies thereof if so required the Company.

**11. Maintenance of record of Employees/Wages:** The Insured undertakes to maintain an accurate record of the Employees and Wages in respect of the Business throughout the Period of Insurance, in compliance with all statutory requirements or otherwise, and allow the Company to inspect such records during or upon expiry of this Policy.

**12. Contribution:** If at the time of the happening of an accident covered by this Policy there shall be any other insurance covering the same risk in respect of the Employee whether or not effected by the Insured, then the Company shall not be liable to contribute more than its rateable proportion of the amount that would otherwise be payable under this Policy.

**13. Cancellation:** The Company or the Insured may cancel this Policy by sending at least 15 days written notice to the other party at his last known address and in such event the premium shall be adjusted in accordance with Condition 10 above.

**14. Forfeiture:** If the Insured shall make any claim or connive in the making of any claim, knowing the claim to be false or fraudulent, the Policy shall become void and all claims will stand forfeited.

**15. Arbitration:**

a) If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) in respect of any claim, such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator to a panel of three arbitrators to be appointed in accordance with the provision of the Arbitration and Conciliation Act, 1996. The arbitration shall be governed by India Law. The venue of arbitration shall be within India.

b) It is clearly agreed and understood that no reference to arbitration can be made if the Company has either not admitted or has disputed liability in respect of any claim under or in respect of this Policy.

c) In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

d) It is further expressly agreed and declared that if the Company shall disclaim liability in respect of any claim and is not within 12 calendar months from the date of such disclaimer be made the subject matter of a suit or proceeding before a Court of law or any other forum, it shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**16. Law and Jurisdiction:** It is hereby declared and agreed that this contract of Insurance and all claims there under shall be governed by Indian Law and any legal proceeding in respect thereof shall be raised a competent court of India. All claims shall be paid in Indian Rupees only.

## Proposal Form for Employees Compensation Insurance Policy - Retail

(The liability of the Company commences only when this proposal is accepted by the Company and the premium is received.)

If at any time during the Period of Insurance any Employee of the Insured so declared shall sustain Injury by accident arising out of and in the course of his employment in the Business, Indemnity shall be under Law(s) opted for, subject to the terms, exceptions and conditions contained in the Policy wordings or endorsed hereon, upto the Limit of Indemnity against all sums for which the Insured shall be so liable which is agreed by the Insurer and mentioned on the Policy Schedule.

### Proposer Details

- Name of the Proposer: M/S MONK AUTOMATION PVT LTD
- Proposer's business [Correspondence] address:  
PLOT NO L- 19, MIDC AMBAD, NASHIK, NASHIK, . . ., NASHIK, NASHIK, MAHARASHTRA, 422010,
- Source of Funds:  Business  Profession  Salary  Agricultural Income  Savings  Others
- Monthly Income:  upto ` 20,000  ` 20,001 to ` 50,000  ` 50,001 to ` 1,00,000  ` 1,00,0001 to ` and above
- PAN No.:  6. UID Aadhar No.
- Do you have a GST Registration Number:  Yes  No  
If Yes, please specify:  27AABMC9042N1Z2
- Proposer's trade or occupation:  AUTOMATION CONTROL PANEL MANUFACTURING & SALES SERVICES
- Particulars of work to be:
- Risk Location address(s):  

Risk Location ID	Risk Address
- Policy Period: From 2023-08-03T00:00:00 To 2024-08-02T00:00:00

Coverage's Required

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coverage Options (Yes/No)
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act	Yes
Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	a) Limit Per Employee for any number of accidents during Period of Insurance ` _____ b) Limit Per Accident for any number of Employees ` _____ c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance ` _____	Yes
Medical Expenses :	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	d) Limit Per Employee for any number of accidents during Period of Insurance ` 0 b) Aggregate liability for all accidents during the Period of Insurance ` 0	false
Occupational Diseases:	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	d) Limit Per Employee ` _____ b) Aggregate liability of the company for all employees during the Period of Insurance ` _____	No
Contractors Employees	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	Limit: As per Employees Compensation Act	No

**All Persons Employed Must Be Included**

\* Wages means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment;

Own Employe Details\*\*

Occupancy Name	Description of Employees/Designation	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment
Electric Cables, Makers and suppliers of incl. Cablelaying, installation and Erection work - Sho	PROJECT ENGINEER	2	600000	

Contractors Employe Details [if The Coverage Has Been Opted For]\*\*

Type of Contractor	Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

\*\* Please attach additional sheets if required.

12. Does the above, schedule include-

- (a) All persons in your service?
- (b) All your contractors/ subcontractors?

13. Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.  Yes  No

14. Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements.  Yes  No

15. Are you at present insured or have your ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.  Yes  No

16. Has any proposal for an insurance in respect of your liability to your employees or renewal  Declined  Withdrawn

State the total Wages paid and particulars of accidents to your employees during the past three years.\*\*

Year [Past 3 years from this date]	Wages Paid	Amount of Loss

State the total wages paid and particulars of accidents to your contractors employees during the past three years.\*\*

Year [Past 3 years from this date]	Wages Paid	Amount of Loss

\*\* Please attach additional sheets if required.

All Persons Employed Must Be Included

17. Name of the Bank Account  Mr.  Mrs.  Ms. \_\_\_\_\_

18. Bank Account No.: \_\_\_\_\_ 19. Account:  Savin  Current

20. Name of the Bank \_\_\_\_\_

21. Branch \_\_\_\_\_

22. MICR Code (9 digit MICR code number of the bank and branch appearing on the

23. IFSC Code (11 character code appearing on your cheque leaf)

I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.\*

As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

Declaration

I/We the undersigned this day of 03/08/2023 desire to effect an insurance in terms of the Policy to be issued by the Company against my/our Statutory, Common Law liability and other covers above mentioned.

I/We hereby declare that all the above statements and particulars, which I/We have read over, checked, are true that I/We have not suppressed misrepresented or mis-stated any material fact, that I/We have fairly declared my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and the "Reliance General Insurance Company."

I/We also agree to inform Company any changes in any respect of any material matter to the grant of a cover in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form.

I/We also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realizing [in case of payment by cheque/DD/PO] of prescribed premium amount, failing which Company's risk is void abinitio.

I/We undertake to exercise all statutory, ordinary and reasonable precautions for safety of all the Employees as if they were uninsured.

I/We further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

Place: 9202-Corporate Office(Servicing)

Date: 03/08/2023

\_\_\_\_\_  
Signature of the Proposer

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.