



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: STAR AIRCON SERVICES		
Insured's Details		Issuing Office Details	
Customer ID	: PO81633022	Office Code	: NASHIK DO II (150800)
Address	: SURVEY NO 685/2 A , FLAT NO 204, MAHALAXMI CO OP SO, NR . SHARDA ARCADE, PUNE SATARA ROAD, PUNE PUNE PUNE ,MAHARASHTRA, 411037	Address	: P-26, ROAD A, STREET-2, MIDC AREA, SATPUR ,422007
Phone No	: XXXXXX6031	Phone No	: 02532350010 / 02532350966
E-mail/Fax	: star.aircon@rediffmail.com, /	E-mail/Fax	: nia.150800@newindia.co.in / 02532350916
PAN No	: AURMP5952C	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AURPM5952C1ZA / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15080036220100000046	Business Source Code	
Period of Insurance	: From: 20/10/2022 01:19:56 PM To: 19/10/2023 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: SUHAS SHANKAR BHASE - (BA7804988)
Date of Proposal	: 20-Oct-22	Agent/Bancassurance/S pecified Person	: A C. HALAKATTI (NIA1D7798086) AGENT_SITE_13057 (1D7807763)
Prev. Policy no.	: 15080036210100000044	Phone No	: 9422255068 / 02532350032, 9422249425
Client Type	: Non-Corporate	E-mail/Fax	: idelabrasive@gmail.com, ss.bhase@newindia.co.in, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
5886	1060	6946	RUPEES SIX THOUSAND NINE HUNDRED FORTY-SIX ONLY	1000008922100047836 8 - 20/10/22

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Engineers not otherwise classified	EMPLOYEES WAGES UP TO RS. 15000/-	2	360000

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
AIRCONDITION WORKS & ENGINNEERING WORKS	AIRCONDITION WORKS & ENGINNEERING WORKS	JOHN DEAR PUNE, LG PUNE ENDURANCE PUNE.	

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No. of Workers			Amount Wages
				Skilled	Unskilled	Others	

Extensions under the Policy Cover



Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Medical Extension	₹50000	NA
Special Conditions	AS PER POLICY NA	
Special Exclusions	NA	
Special Excess/Deductible	NA	
The Policy shall be subject to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.		
Clauses	Description	

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 5886.00
SGST	9	530
CGST	9	530
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 20th day of October, 2022.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 20/10/2022	
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(Mr. RAJRATAN CHAVAN)
[Divisional Manager]
Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹

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 : 15080022P0008718

<p>IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C</p>
