



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: JAYAM ROOFING AND CONSTRUCTIONS		
Insured's Details		Issuing Office Details	
Customer ID	: POA5152159	Office Code	: ANNA NAGAR D O (712900)
Address	: 193/3A/2A, SHOP NO.11, VAIYAVOOR ROAD KALIYANOOR, KANCHEEPURAM, Enathur ,TAMIL NADU, 631561	Address	: F-46, 1ST MAIN ROAD, MANGALAM BUILDINGS, II FLOOR, ANNA NAGAR EAST, CHENNAI ,600102
Phone No	: XXXXXX4045	Phone No	: 04423456841 / 04423456839
E-mail/Fax	: suresh020275@gmail.com, /	E-mail/Fax	: nia.712900@newindia.co.in / 04423456840
PAN No	: DCJPP3129K	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 33DCJPP3129K1ZE / NA	GSTIN	: 33AAACN4165C4ZV
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 71290036230100000101	Business Source Code	
Period of Insurance	: From: 18/05/2023 12:00:01 AM To: 17/08/2023 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (DM3188140)
Date of Proposal	: 18-May-23	Agent/Bancassurance/S pecified Person	: Mr. THIRUMARAN M (NIADM3048163) AGENT_SITE_21933 (DM3048974)
Prev. Policy no.	:	Phone No	: 04426443202, 9444621209 / NA
Client Type	: Corporate	E-mail/Fax	: thirumahadevan@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
7,447	1,340	8,787	RUPEES EIGHT THOUSAND SEVEN HUNDRED EIGHTY-SEVEN ONLY	1000008923050032876 2 - 17/05/23

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
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Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Builders All employees engaged in shop or yard or in construction/ demolition of buildings and other civil construction like dams, bridges etc. incl. excavation	7 EMPLOYEES @ 15000 PM	7	315000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
CONSTRUCTION WORK	CONSTRUCTION	ENDURANCE TECHNOLOGIES LTD., PLOTNO.F-82, SIPCOT INDUSTRIAL PARK, IRUGATTUKOTTAI, SRIPERUMBATUR, KANCHIPURAM-602105	

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	₹25000	NA
Special Conditions	NA	

Special Exclusions	NA
Special Excess/Deductible	NA

The Policy shall be subject to **EMPLOYEES COMPENSATION INSURANCE** Policy clauses attached herewith.

Clauses	Description
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 7,447
SGST	9	670
CGST	9	670
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 17th day of May,2023.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 17/05/2023

(MR. VINNARASU SIVALINGAM)
[SRDIVISIONAL 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 : 71290023P0002244

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

