


User Login: 25000016890000606

Saturday, April 15, 2023 9:55:30 AM 
[Monthly Contribution](#) > [Online Challan Status](#)

<b>ChallanDoubleVerification</b>		* Required Fields
Employer's Code No.:	<input type="text" value="25000016890000606"/>	

<b>Transaction Details</b>		* Required Fields
Transaction status:	Transaction Completed Successfully	
Employer's Code No:	25000016890000606	
Employer's Name:	Expert Global Solutions Pvt .Ltd	
Challan Period:	Mar-2023	
Challan Number :	02523114440831	
Challan Created Date	14-04-2023 15:11:04	
Challan Submitted Date	14-04-2023 15:11:29	
Amount Paid:	60796.00	
Transaction Number:	CHM2991830	
<a href="#">Print</a> <a href="#">Close</a>		



# Employees' State Insurance Corporation

Contribution History Of 25000016890000606 for Mar2023

Total IP Contribution		Total Employer Contribution		Total Contribution	Total Government Contribution		Total Monthly Wages
11,442.00		49,354.00		60,796.00	0.00		1,518,554.00
SNo.	Is Disable	IP Number	IP Name	No. Of Days	Total Wages	IP Contribution	Reason
1	-	2502902876	JANAMEJAY DESHMUKH	31	20943.00	158.00	-
2	-	2502987334	AMOL BHAUSAHEB GHULE	31	18212.00	137.00	-
3	-	2503220249	GANESH RAGHUNATH BHALERAO	31	14569.00	110.00	-
4	-	2503220259	KADUBA UTTAM MAGRE	31	13385.00	101.00	-
5	-	2503419173	VINOD ASHOK BAWSKAR	31	16127.00	121.00	-
6	-	2503854103	TANMAY ARVIND KULKARNI	31	23314.00	175.00	-
7	-	2503902510	KSHITIJA KIRAN KULKARNI	31	16946.00	128.00	-
8	-	2503918999	FIROJ KADIR PATHAN	31	19441.00	146.00	-
9	-	2503922607	AKASH NALAWADE	30	13307.00	100.00	-
10	-	2504146067	MOHAN NARAYAN KULKARNI	31	20032.00	151.00	-
11	-	2504158047	SHUBHAM SHRAWAN HATTIMARE	31	24916.00	187.00	-
12	-	2504208024	NAVNATH HIMMTRAO VANKHARE	31	20715.00	156.00	-
13	-	2504212340	BHUSHAN SUNIL FEGADE	31	19122.00	144.00	-
14	-	2504218412	MANGESH HEMRAJ CHAVAN	31	20032.00	151.00	-

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SNo.	Is Disable	IP Number	IP Name	No. Of Days	Total Wages	IP Contribution	Reason
15	-	2504219124	VEERAJ RAJENDRA HUMBE	31	19122.00	144.00	-
16	-	2504226473	VISHAL G THOKE	31	28206.00	212.00	-
17	-	2504228819	TUSHAR HANSRAJ BHAGAT	31	38470.00	289.00	-
18	-	2504229226	VAIBHAV RAJU SHINDE	31	18213.00	137.00	-
19	-	2504233615	SHUBHAM KASHINATH WAGH	21	12046.00	91.00	-
20	-	2504234561	SHUBHAM RATNAKAR KHOT	31	18667.00	140.00	-
21	-	2504237987	SAMIKSHA GAUR	31	23314.00	175.00	-
22	-	2504250355	ANIKET SANJAY PATIL	0	0.00	0.00	Left Service
23	-	2504254067	ANIKET KRISHNENDU SHAW	0	0.00	0.00	On Leave
24	-	2504260915	SHIVPRASAD SUDAMRAO AMBHURE	31	23505.00	177.00	-
25	-	2504260928	AJAY PRAKASH KAWALE	31	23314.00	175.00	-
26	-	2504264944	ANANT ARUN KULKARNI	31	18667.00	140.00	-
27	-	2504268193	SHUBHAM SHIVKUMAR JADHAV	31	26325.00	198.00	-
28	-	2504285605	PRANALI MAHESH MALVE	31	20488.00	154.00	-
29	-	2504322764	SELVENTHAN M	31	18971.00	143.00	-
30	-	2504333520	MUNTAJIM RAJA IKRAM SHAIKH	31	17528.00	132.00	-
31	-	2504368612	BALKRISHNA SUNDEEP DEOGAONKAR	31	13750.00	104.00	-
32	-	2504388779	ONKAR DATTATRAYA SWAMI	31	17377.00	131.00	-
33	-	2504394634	ARSHAD JAFARKHAN PATHAN	31	13750.00	104.00	-
34	-	2504394638	MADHURI GAJANAN ZINE	31	13750.00	104.00	-
35	-	2504394640	SANGHARSH SUDHAKAR WAKLE	31	13529.00	102.00	-

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SNo.	Is Disable	IP Number	IP Name	No. Of Days	Total Wages	IP Contribution	Reason
36	-	2504396108	KRUSHNA SHIVAJI PAWAR	31	14569.00	110.00	-
37	-	2504399934	SUMEDH NARENDRA FURSULE	31	13750.00	104.00	-
38	-	2504399935	MAYURI UDHAV GUBRE	3	1330.00	10.00	-
39	-	2504412157	VAISHNAV ASHOK KULKARNI	30	17333.00	130.00	-
40	-	2504428545	GAURAV SURESH SALVE	31	13529.00	102.00	-
41	-	2504429990	RAVINDRA SHIVAJI SHINDE	0	0.00	0.00	Left Service
42	-	2504429994	SIDDHESH DEEPAK MAID	30	13307.00	100.00	-
43	-	2504433848	ROHINI MUNJABHAU SHENDGE	31	23505.00	177.00	-
44	-	2504433884	SAURABH DATTATRAY TINGRE	28	21231.00	160.00	-
45	-	2504433969	MAYUR DNYANESHWAR NAWALE	0	0.00	0.00	Left Service
46	-	2504435409	VAIBHAV KUSLANGWAD	31	13750.00	104.00	-
47	-	2504438587	ARJUN VIJAYSING KHOKAD	31	13750.00	104.00	-
48	-	2504438613	AKSHAY HARIDAS KENDRE	31	13750.00	104.00	-
49	-	2504438697	ASHITA SAGAR GADAPPA	31	17452.00	131.00	-
50	-	2504438733	SULTANE BAPU SHRAVAN	30	13307.00	100.00	-
51	-	2504438790	TANVI SUBHASH GOJE	31	13750.00	104.00	-
52	-	2504438840	RUCHA CHETAN KORANNE	31	13750.00	104.00	-
53	-	2504438859	PRATHMESH BHAGWANRAO	29	14196.00	107.00	-
54	-	2504438882	KRUTIKA SACHIN WADGAONKAR	31	18971.00	143.00	-
55	-	2504438920	GAJANAN TULSIRAM BORSE	31	18971.00	143.00	-
56	-	2504438954	PRASHIKA TANAJI GAIKWAD	31	13750.00	104.00	-

5:18:09PM

SNo.	Is Disable	IP Number	IP Name	No. Of Days	Total Wages	IP Contribution	Reason
57	-	2504438995	KIRTI ASHOK RACHATTE	31	13750.00	104.00	-
58	-	2504439010	ANKIT SUNIL DUBEY	30	18359.00	138.00	-
59	-	2504439026	YOGESH DIGAMBAR WAKLE	31	13750.00	104.00	-
60	-	2504439036	SHWETA RAHUL MOIM	31	13750.00	104.00	-
61	-	2504439128	SAURAV SADASHIV GAWANDE	30	13307.00	100.00	-
62	-	2504439153	RUSHIKESH NARENDRA PALAKUDATEWAR	31	18971.00	143.00	-
63	-	2504439169	WASEEM AHMED ABDUL RAHIM KHAN	31	18971.00	143.00	-
64	-	2504439228	KIRAN VIJAY GANGAWANE	31	13750.00	104.00	-
65	-	2504439338	SUCHITA BALAJIRAO WAGHMARE	31	13750.00	104.00	-
66	-	2504439342	SHROTIKA VIJAYKUMAR GAWALI	27	11975.00	90.00	-
67	-	2504439418	VISHAL RAMESH BANSODE	25	11088.00	84.00	-
68	-	2504439464	SAGAR SHAHAJI MANDHARE	29	12863.00	97.00	-
69	-	2504439482	SAGAR JIVAN DEOGHARKAR	29	12863.00	97.00	-
70	-	2504439534	KAMLAKAR DASHARATH KAMBALWAD	27	11975.00	90.00	-
71	-	2504439576	SAIRAJ GANPAT KATRE	29	12863.00	97.00	-
72	-	2504439613	RUPALI RAJARAM BHADANGE	31	13750.00	104.00	-
73	-	2504439641	DIVYA SUNIL PATIL	31	13750.00	104.00	-
74	-	2504439655	NAMAN JAIN	29	12863.00	97.00	-
75	-	2504439725	VEVEK BABULAL YADAV	30	13086.00	99.00	-
76	-	2504439848	KAMALKISHOR MANIKCHAND JAJU	28	12420.00	94.00	-
77	-	2504439863	ANURAG YADAV	30	13307.00	100.00	-

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SNo.	Is Disable	IP Number	IP Name	No. Of Days	Total Wages	IP Contribution	Reason
78	-	2504439882	ABHILASHA L.M	21	9314.00	70.00	-
79	-	2504439896	PAWAN KUMAR	31	13750.00	104.00	-
80	-	2504439912	PRATIK DADARAO BHONGLE	29	12863.00	97.00	-
81	-	2504440234	AVINASH SANJAY TELGOTE	28	12420.00	94.00	-
82	-	2504440242	SHUBHAM SHAMRAO DESAI	29	12863.00	97.00	-
83	-	2504440317	OMKAR VISHNU SANGULE	28	12420.00	94.00	-
84	-	2504440380	DEVAL VILASRAO WALKE	27	11975.00	90.00	-
85	-	2504441543	RUSHIKESH CHANDRAKANT SANGLE	31	13750.00	104.00	-
86	-	2504441743	SUDHANSHU DEVIDAS CHAVAN	28	12420.00	94.00	-
87	-	2504463712	AMOL SANJAY PAGADE	31	20032.00	151.00	-
88	-	2504474704	VAIBHAV KISHOR YEWALEKAR	31	18970.00	143.00	-
89	-	2504474770	TEJAS SAHEBRAO DHANWATE	31	18971.00	143.00	-
90	-	2504474782	ROHINI PRASHANT TAKLE	30	18359.00	138.00	-
91	-	2504474791	DATTU VINAYAK DAHINDE	0	0.00	0.00	On Leave
92	-	2504474800	RAJESH RAMESH PAWAR	30	18359.00	138.00	-
93	-	2504481177	PARAG HARISHCHANDRA CHAUDHARY	31	19121.00	144.00	-
94	-	2504492772	ANIRUDDHA PRASHANT PATHAK	31	18971.00	143.00	-
95	-	2504497054	AJINKYA HIRAMAN BHOJ	31	14707.00	111.00	-
96	-	2504522954	NAYAN JYOTI BORUAH	31	19729.00	148.00	-
97	-	2504525914	MANGESH CHUNNILAL JADHAV	29	12863.00	97.00	-
98	-	2504527158	MUNJA BABAN ASORE	26	11532.00	87.00	-

5:18:09PM



## BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

### Welcome to Bajaj Allianz Family

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.		ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210	
Insured Name	EXPERT GLOBAL SOLUTIONS PVT LTD	Policy Number	OG-24-2006-2802-00000057

#### EXPERT GLOBAL SOLUTIONS PVT LTD

T 11 STPI MIDC CHIKALTHANA,--SELECT--  
AURANGABAD-431210  
MAHARASHTRA

Mobile No : 9146000996



**Customer ID : 380691728**

Dear Customer,

Thank you for choosing Bajaj Allianz General Insurer as your preferred insurer. Bajaj Allianz General Insurance Company Limited, a consistently profitable insurer enjoys a reputation of expertise, stability and strength. We are a customer focused market leader present in over 200 locations across India. As an organization we strive to understand the risk management needs of our consumers and translate it into affordable products and services of global quality that deliver value for money. Bajaj Allianz has an ISO Certified claims, Operations and Services process and has received iAAA rating for the last three consecutive years from ICRA Limited, an associate of Moody's Investors Service, for claims paying ability. The rating indicates highest claims paying ability and a fundamentally strong position in the industry.

We request you to kindly go through the contents of the policy schedule and the terms and conditions. In case of any clarification or disagreement, please write to us at

**Bagic.help@bajajallianz.co.in within fifteen days** of receipt of this policy.

We assure you the best of our services and look forward to a continual patronage and association with you.

For & on the behalf

**Bajaj Allianz General Insurance Company Ltd.**

Authorized Signatory



## BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

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Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

### EMPLOYEE'S COMPENSATION INSURANCE TRANSCRIPT OF PROPOSAL UIN. IRDAN113RP0011V02200102

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.	ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210		
Insured Name	EXPERT GLOBAL SOLUTIONS PVT LTD	Policy Number	OG-24-2006-2802-00000057

Bajaj Allianz General Insurance Company Ltd

[Corporate Identity Number (CIN) : U66010PN2000PLC015329]

Unique Identification Number (UIN) : IRDAN113RP0011V02200102

Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006

Transcript of Proposal for Employee Compensation Insurance

Dear EXPERT GLOBAL SOLUTIONS PVT LTD

We, Bajaj Allianz General Insurance Company Ltd 'Company' or 'Insurer', wish to inform you that your contract of insurance (Policy) will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB or other means which would be considered as the final proposal, the transcript of which is as follows:

You are requested to yourself reconfirm the same at your end. In case of any disagreement or objection or any changes with respect to information mentioned below, We request you to please revert back within a period of 15 days from the date of your receipt of this document [but in case of short term Policy, your revert shall reach us before the inception date of Policy/ activities/risks covered by Policy/ies are started]. In case of our non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed that you have positively confirmed to us the correctness of the below mentioned information and declaration. In case you disagree to any of the information/contents of this transcript, standard Terms and conditions, you have the option to return the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, you shall be entitled to a refund of the premium paid, subject only to there being no claim made under the Policy and also subject to a deduction of the expenses incurred by us and the stamp duty charges. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we have issued the Policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab-initio if material facts/declarations are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Personal Information of Insured			
First Name		Last Name	
Middle Name		Mobile Number	9146000996
Email Address	saurabh@expertgs.com	Nationality	
Date of Birth		Unique Identity (Aadhaar No.)	NA
Pan No	AAACE8345H		
Permanent Address		Mailing Address	
House No/ Building No/ Flat No		House No/ Building No/ Flat No	T 11 STPI MIDC CHIKALTHANA
Street/ Locality/ Landmark		Street/ Locality/ Landmark	
State		State	MAHARASHTRA
City		City	AURANGABAD
Area		Area	--SELECT--
Pincode		Pincode	431210

Proposers trade or occupation BUSNISS

Particulars of work to be covered in Detail: EMPLOYEE ENGAGED AS IT SERVICE ENGINEER

Risk Location address(s) ANYWHERE IN INDIA

Number of work shifts and duration of each shift

Policy Period: From: 12-MAY-2023 12:01 AM To : 11-MAY-2024 Midnight

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: Bagichelp@bajajallianz.co.in, Website www.bajajallianz.com  
Corporate Identification Number: U66010PN2000PLC015329

Fax no: 020-30512246

Give a Missed Call on 8080945060, SMS WORRY to 575758  
Say Hi on WhatsApp us on 7507245858





# BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED


(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

## EMPLOYEE'S COMPENSATION INSURANCE TRANSCRIPT OF PROPOSAL UIN. IRDAN113RP0011V02200102

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.		ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210	
Insured Name	EXPERT GLOBAL SOLUTIONS PVT LTD	Policy Number	OG-24-2006-2802-00000057

### COVERAGES 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 1923	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 Rs. 0 b) Limit Per Accident for any number of Employees Rs. 0c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs. 0	Yes
Occupational Diseases		a) Limit Per Employee Rs. 100000 b) No of Employees 1 Aggregate liability of the company for all employees during the Period of Insurance shall be limited to 50% of the amount arrived at by multiplying per Employee limit with the number of Employees.	No
Contractors Employees		Limit: As per Employees Compensation Act 1923	Yes
Road Ambulance		Rs.5000 Per Employee in the aggregate during the policy period	No
Transportation of Mortal Remains		Rs.2000 Per Employee in the aggregate during the policy period	No
Medical Expenses		(If Yes) Please select limit per Employee in the aggregate during the policy period from below options	Yes

### 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; Also the definition of Wages and Employee as given under Employees State Insurance Act, 1948 shall apply for the purpose of verifying as to whether employee is or is not covered under Employees State Insurance Act, 1948.

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: Bagichelp@bajajallianz.co.in, Website www.bajajallianz.com  
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Insured Name	EXPERT GLOBAL SOLUTIONS PVT LTD	Policy Number	OG-24-2006-2802-00000057

### OWN EMPLOYEE DETAILS\*\*

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance	Place/Places of Employment
Mr. Shashikant Sabde - Service Engineer	1	Rs.300000	T-11, STPI, MIDC, CHIKALTHANA, AURANGABAD-431210

### CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for] \*\*

Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment
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Kindly answer the below questions:

1. Does the above, schedule include
  - a. All persons in your service?
  - b. All your contractors/ subcontractors?
2. Do you comply with all statutory obligations, manufacturers recommendations and other safety regulations in conduct of the Business
3. Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements
4. Employee Safety Practices
  - a. Do you have documented SOP for employee safety in place?
    - i. Is there a compliance procedure in place?
    - ii. Is there a procedure in place for identification and immediate correction of breach in SOP for Employee safety?
    - iii. Do you carry out periodic management review of SOP?
  - b. Fire prevention and safety measures available in your factory/establishment.
  - c. Do you carry out frequent training sessions on Safety for your Employees?
5. Medical Facility
  - i. Do you have a medical facility with round the clock doctors, para medical staff and ambulance services?
  - ii. Do you have a medical facility with round the clock para medical staff and ambulance services, but doctors on call only?
  - iii. No medical facility available except first aid
  - iv. Hospital (public/private) within 5 k.m. from your factory/establishment with round the clock availability of doctors, para medical staff, ambulance services?
6. Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.
7. Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?
8. Please provide Past Claims Experience, if any

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

Year (Past 3 years from this date)	Premium Paid	Wages Paid	Amount of Loss
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### State the total Premium paid and particulars of accidents to your Contractors employees during the past three years. \*\*

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: Bagichelp@bajajallianz.co.in, Website www.bajajallianz.com  
Corporate Identification Number: U66010PN2000PLC015329

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# BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

## EMPLOYEE'S COMPENSATION INSURANCE TRANSCRIPT OF PROPOSAL UIN. IRDAN113RP0011V02200102

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.		ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210	
Insured Name	EXPERT GLOBAL SOLUTIONS PVT LTD	Policy Number	OG-24-2006-2802-00000057

Year (Past 3 years from this date)	Premium Paid	Wages Paid	Amount of Loss

### DECLARATIONS AND WARRANTIES, TERMS AND CONDITIONS:

- The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to you and you have fully understood the significance of the proposed contract of insurance basis which you have confirmed for Policy issuance. .
- You have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements, particulars, answers and/or particulars, information, declarations, warranties, documents given in/as per this proposal shall be held to be promissory and shall be the basis of the Policy/insurance contract between you and the Company and your proposal is subject to the Board approved underwriting policy of the Company and that the Policy will come into force only after your full payment of the prescribed premium chargeable and our receipt and realisation of full prescribed premium.
- You declare that the statements and particulars given in this transcript are complete, true and accurate in all respects, to the best of your personal knowledge and belief and that there is no other information, which is relevant to your proposal for insurance that has not been disclosed to us. You undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured. You shall immediately inform the Company if there are any subsequent changes to the information, declarations, warranties mentioned in this transcript of the proposal or if additions or alterations are carried out in the risk proposed after the submission of this proposal. You agree to the Standard Terms and Conditions of the Company. In case of Disagreement or objection or any changes with respect to information, declarations, Standard Terms and Conditions, exclusions and contents mentioned hereinabove, please contact Companys toll free number & register your objections / changes / disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy.
- You shall dully provide and declare to the Company the details of employees accurately, from time to time.
- The Company shall have no liability under the Policy insurance contract if it is found that any of your statements, particulars, answers and or particulars, information, declarations, warranties, in your this proposal or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter [whether material or not material] to the grant of a cover by the Company.
- You authorize the Company to share information pertaining to your proposal for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority, reinsurers, group companies, auditors/legal counsel, service providers etc.,
- You have read and understood the privacy policy of the Company and hereby unconditionally agree and bind yourself to all terms and conditions of the Companys privacy policy, as amended, from time to time.
- You agree that the Standard Terms and Conditions sent to you for the Policy taken by you for the first time shall be applicable to the renewal Policy and the Company need not send the Standard Terms and Conditions at the time of renewal and if you require the same you will seek the same from the Company.



Toll free Number: 1800-103-2529, 1800-22-5858, 1800-102-5858 and 1800-209-5858

Email address: bagic.help@bajajallianz.co.in

Website: www.bajajallianz.com

Contact our Policy servicing branch at: ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210

\*\* This is print of electronic records maintained by us in accordance with law and hence does not require signature.

Scrutiny No: 349825636

### PROHIBITION OF REBATES

Section 41, of Insurance Act, 1938: 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 punishable with a penalty which may extend to ten lakh rupees.



\* 3 4 9 8 2 5 6 3 6 \*

**BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED**

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

**EMPLOYEE'S COMPENSATION INSURANCE POLICY SCHEDULE** UIN: IRDAN113RP0011V02200102

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.		ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210	
Insured Name	EXPERT GLOBAL SOLUTIONS PVT LTD	Policy Number	OG-24-2006-2802-00000057

INSURED DETAILS		POLICY DETAILS	
Proposer Address	T 11 STPI MIDC CHIKALTHANA,--SELECT-- AURANGABAD-431210 MAHARASHTRA	Policy Issued on	12-MAY-2023
Customer ID	380691728	Period of Insurance	From: 12-MAY-2023 12:01 AM To : 11-MAY-2024 Midnight
GSTIN / UIN	27AAACE8345H1ZK	Endorsement	NA
STATE CODE/NAME	27 - Maharashtra	Policy Status	Issued

SL NO.		
1	Risk Location address	ANYWHERE IN INDIA
2	Proposers business [Correspondence] address	T-11,STPI,MIDC,CHIKALTHANA,. AURANGABAD-431210
3	Proposers trade or occupation	BUSNISS
4	Particulars of work to be covered in Detail	EMPLOYEE ENGAGED AS IT SERVICE ENGINEER
5	Retroactive Date: The company shall not be liable for any claim prior to this date even if the claim is first made during the policy period (Applicable only to Occupational Disease Endorsement)	
6	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	

SL NO.	LAW	LIMIT OF INDEMNITY	COVERAGE
6(a)	Employees 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 [Employees covered under Employees State Insurance Act 1923 are not covered under this indemnity]	Yes
6(b)	Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured	Yes

**7. Additional Covers**

Cover	Limit Per Employee	Aggregate limit SI
Coverage For Medical Expenses	100000	0

**8. Details of Employee Covered**

Nature Of Work	Classification No	Description Of Employees	Salary Per Month	No of employees	No Of Months	Total Wages	Total Wages upto 15000	Total Wages above 15000
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	Mr. Shashikant Sabde - Service Engineer	Rs.25000	1	12	Rs.300000	Rs.180000	Rs.120000

**9. Period of Insurance**

From 12-MAY-2023 to 11-MAY-2024 (both days inclusive)

**10. Co-Share Details**

Own Share: 100%

**11. Premium Details**

Description	Description	Amount (INR)
Final Premium Rupees One Thousand One Hundred Eighty Four Only .	Net Premium	Rs.1,004
	State GST (9%)	Rs.90
	Central GST (9%)	Rs.90
	<b>Final premium</b>	<b>Rs.1,184</b>

Special Conditions	1.Subject to submission of duly filled in proposal & payment of premium 2.All the workers in site have to be covered and the books of accounts and attendance register shall be mandatorily maintained by the insured 3.Gross wages including value of perquisites need to be given.
Clauses	1.On expiry of policy actual statement of wages need to be provided for adjustment of premium 2.Only specified work nature is covered and any change in work nature needs to be informed and terms change accordingly. 3.To include employees of sub/contractors, full details of contract are to be furnished specifically. 4.All other details and terms to be same as existing employee compensation insurance policy

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: Bagichelp@bajajallianz.co.in , Website www.bajajallianz.com  
Corporate Identification Number: U66010PN2000PLC015329

Fax no: 020-30512246

Give a Missed Call on 8080945060, SMS WORRY to 575758  
Say Hi on WhatsApp us on 7507245858

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<http://twitter.com/BajajAllianz>
<https://www.linkedin.com/company/bajaj-allianz-general-insurance>

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## BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

### EMPLOYEE'S COMPENSATION INSURANCE POLICY SCHEDULE UIN. IRDAN113RP0011V02200102

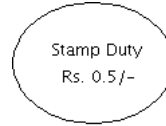
<b>Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.</b>	ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210
<b>Insured Name</b>	EXPERT GLOBAL SOLUTIONS PVT LTD
<b>Policy Number</b>	OG-24-2006-2802-00000057

<b>Warranties</b>	1.Blasting works or works involved with explosives not covered unless specified and agreed by Insurance Company. 2.All Employees shall be covered without any selection under given Job Description. 3.Interest and penalty are not covered. 4.The policy does not cover for accidents occurring under the influence of intoxicating liquor or drugs or where employee has disobeyed safety instructions or regulations, or disregarded the use of safety devices		
<b>Exclusions</b>	1.Any liability caused by any infectious and or contagious disease is not covered under the policy. 2.Oil & Energy, Offshore, Blasting/Tunnelling, Mining, Asbestos, Security Agencies not covered unless specified and agreed by Insurer		
<b>Additional covers</b>	NA		
<b>Proposal date</b>	NA		
<b>Financial Institution Ref. No.</b>			
<b>Agency Code &amp; Name</b>	10010963, TEJESH PATEL		
<b>Contact No.</b>	9226563788	<b>E-Mail</b>	tejeshptl05@gmail.com

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

QR Code



Authorized Signatory

This document is digitally signed, hence counter signature / stamp is not required

Consolidated Stamp Duty of Rs.0.5/- paid towards Insurance Stamps vide Challan No. MH018043478202223M Defaced No. 0000250675202324 ORDER NO.CSD/685/2023/2054 ORDER DATED 13.04.2023DEFACED DATE dated 13-APR-23 timing 13:04:23 of General Stamp Office,Mumbai,India.

BAGIC GST No : 27AABC85730G1ZX | Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006 PH:66026666 | Services Accounting Code : 997139 - Other non-life insurance services (excluding reinsurance services). No reverse charge is payable on these services. | Invoice No. : 381712487/1

Schedule ( 1 ) | Printed on : 12-May-2023 06:30:55 | tejesh.patel@general.bajajallianz.co.in | WEB |



## BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

### EMPLOYEE'S COMPENSATION INSURANCE RECEIPT UIN. IRDAN113RP0011V02200102

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.	ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210		
Insured Name	EXPERT GLOBAL SOLUTIONS PVT LTD	Policy Number	OG-24-2006-2802-00000057

### RECEIPT

Receipt Number 2006-00509580  
Receipt Date 12/05/2023  
Business Channel ML

Received with thanks from **EXPERT GLOBAL SOLUTIONS PVT LTD**  
(Customer ID : 380691728) a total sum of Rupees One Thousand One Hundred Eighty Four Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount
Credit Card	98671720	12/05/2023	NA	NA	1,184

Total Amount 1,184.00

Note :

Issuance of this receipt does not amount of acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

\* Cheque/DD/PO receipt is valid subject to realisation of the instrument

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

Caringly yours



Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006