रिएण्टल इंश्योरेंस कम्पनी लिमिटेड

(भारत सरकार का उपक्रम आई. आर. डी. ए. रजि. क्र. 556)

EMPLOYEES COMPENSATION POLICY SCHEDULE

THE ORIENTAL INSURANCE (Govt. of India Undertal இந்து ந

Policy No.

: 182100/48/2024/1304

Cover Note No.

Insured's Code

: 38910761

Insured's Name

Address

: AVI CONSTRUCTION (GSTIN: 0)

Prev. Policy No. Cover Note Date

Issue Office code

Issue Office Name : DO II AURANGABAD (GSTIN

27AAACT0627R4ZW)

: 182100/48/2023/1087

: OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL,

MIDC AREA, CHIKALTHANA

AURANGABAD MAHARASHTRA 431003

AURANGABAD MAHARASHTRA 431133

Tel./Fax/Email:

/ / 9075380848 /

hiwaleashish515@gmail.com

AURANGABAD

Tel./Fax/Email:0240-2331985, 2332454 / 0240--2332454 /

santosh.k@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code

: NZ0000000777 AGENCY MANAGER

Agent/Broker

: BA0000018834 DEEPAK GOVINDPRASAD SONI

: PLOT NO.45, GUT NO.57, RAJ NAGAR, Address

Address

:FLAT NO 3, CTS NO.8597, VASANT VIHAR APTT.,KUWAR

FALLY,,AURANGABAD,AURANGABAD,MAHARASHTRA,431001

Tel/Fax/Email

9423177040/9423177040//daaa1977@gmail.com

Period of Insurance ;FROM 10:00 ON 04/07/2023 TO MIDNIGHT OF 03/07/2024

Collection No. & Dt. : CSH 8718001235 - 04/07/2023

GST INVOICE NO :2722228340

UIN:0

Gross Premium

: 8,765

GST

1578

Stamp Duty: 9

Total: 10,343

Co-insurance Details: NIL

Laws

Laws: Indemnity against legal liability to all employees(Whether or not coming within the definition of the term Workmen)under the W.C.Act prior to the date of issue of the policy, the Fatal Accidents Act, 1855 and at Common Law.

Risk Information

*Claims Intimated/reported/lodged under this Policy On or after 17.10.2022 shall be dealt by the following Office: The Oriental Insurance Company Ltd., SVC Aurangabad OFFICE NO.1 And 2 (P) 3RD FLOOR, ABC EAST, BESIDE PRÓZONE MALL, MIDC AREA, CHIKALTHANA, AURANGABAD-431003, PHONE 0240-2332454

Place:

AURANGABAD

04/07/2023 Date:



For and on behalf of The Oriental Insurance Company Limited

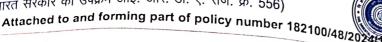
This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

reacting the Policy please call Toll

राजी गेट नई दिल्ली - 110 002 ■ कृपयाAसमस्ताहक्क Bigॉॉलीकीyजारी कर्ता कार्यालय से क

ओरिएण्टल इंश्योरेस कम्पनी लिमि

भारत सरकार का उपक्रम आई. आर. डी. ए. रजि. क्र. 556)



THE ORIENTAL INSURANCE (Govt. of India Undertagging Island

Details of Employees with Monthly Wages Below Rs.15000/-

s	- 1	Est.	Cont ract Emps	000000000000000000000000000000000000000	300/2				
No	0.	No. of			Estimated totalsalary /wages/other earnings	Value of food/qrtrs/ other considerations	Estimated Total earnings	Table	Place of Employment
1	5			Builders - All employees engaged in shop or yard or in construction/demolition of buildings and other civil construction like dams, bridges etc. incl. Excavation Excl. blasting and tunneling			96,000	A	ALL OVER MAHARASHTRA

Contract Details

The Insurance under this policy is extended to cover risks of (as per forms attached).

Total Annual Wages of all Employees *120 times, WC-Percapita Cover.

Total Premium in words

: Indian Rupees Ten Thousand Three Hundred Forty-Three Only

The Insurance under this policy is subject to Warranties & Clauses(as per forms attached).

"It is hereby agreed that this policy doesnot cover medical expenses" as required under the provision 2A of the Workmen Compensation Act, 1923(as amended) and described above.

Subject to adjustment in the terms of Condition 6. The estimated amount of wages/salaries & other earnings on which premium is based.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operaing offices as well as Company's website.

Not applicable

Place:

AURANGABAD

Date:

04/07/2023





For and on behalf of The Oriental Insurance Company Limited

ओरिएण्टल इंश्योरेंस कम्पनी लि त्रत सरकार का उपक्रम आई. आर. डी. ए. रजि. क्र. 556)

तरत सरकार का Gaming part of policy number 182100/48/20



THE ORIENTAL INSURANCE (Govt. of India Undertaking 1 PODA

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW) on 04TH DAY OF JULY 2023.

Entered By

MR RAJENDRA GAIKWAD

Examined By

KANCHUMARTI BHARAT BABU

For and on behalf of

The Oriental Insurance Company Limited

Policy Printed By: 702951

IP:

Policy Printed On: 04-JUL-23 15:36:04

MAC:

Authorised Signato

Place:

AURANGABAD

Date :

04/07/2023



For and on behalf of The Oriental Insurance Company Limited

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पित्रकृति एवं भूटिन के स्वितिक एको रिर्गि देवे देविड रेहें, रूप-25/27, आसफ अली रोड, नई दिल्ली - 110 002 ■ कृपय**∧समस्ताशस्य सामुमाँसिरी** जारी कर्ता कार्यालय से करें। Rend & Head Office Original Hallane And The And In Boad New Delhi-110 002 कर /For any information Please Call : टोल फ्री न./Toll Free No. 1800118485 ■ नॉन टोल फ्री न./Non Toll Free No. 011-332084