



UNITED INDIA INSURANCE COMPANY LIMITED

RAJASTHAN BHAVAN OLD COTTON MARKET, OLD COTTON MARKET AKOLA, AKOLA,
MAHARASTRA
AKOLA - 444001 MAHARASHTRA
PHONE: (724) 2430377 FAX: EMAIL:

EMPLOYEES COMPENSATION LIABILITY POLICY POLICY NO.:2304002723P105031046

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|--------------------------------------------------------------------------------------------------|
| <p>PERIOD OF INSURANCE From 18:00 Hrs of 07/08/2023 To Midnight of 06/08/2024</p> |
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Insured

M/s SAITEJ ENTERPRISES

SHOP NO 1, GANESHKRUPA APARTMENT, SHRI GOLVALKAR GURUJI MARG, ULKA NAGARI,
GARKHEDA, AURANGABAD
AURANGABAD
431005
MAHARASHTRA

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

| | |
|------------------------------|----------------------|
| Agent Name | : SACHIN RAMESH RAUT |
| Agent Code | : AGI0026392 |
| Mobile/Landline Number/Email | : <u>8600546765</u> |

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 230400@uiic.co.in

Download Customer App(www.uiic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.

Website: <http://www.uiic.co.in>

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EMPLOYEES COMPENSATION INSURANCE POLICY SCHEDULE

| | | | | |
|---------------------|--------------------------------------|-------------------------|----------------|---------------------------------|
| Policy No. | 2304002723P105031046 | | Prev. Pol. No. | |
| Name Of Insured/ID | M/s SAITEJ ENTERPRISES / 23234592141 | | | |
| Tel.(O) | | Fax | | Mobile 9822456050 |
| Business/Occupation | None | | Email | nikhilurhekar@yahoo.com |
| Period of Insurance | From | 18:00 Hrs of 07/08/2023 | | To Midnight of 06/08/2024 |

| | |
|------------------------------|---------------------------------------------|
| CO-INSURANCE DETAILS: | UIIC 230400 : 100% |
| PREMIUM: | NINE THOUSAND TWO HUNDRED FORTY RUPEES ONLY |

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:

| LAW | LIMIT OF INDEMNITY |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Employee's Compensation Act,1923 and subsequent amendments thereof prior to the date of issue of Policy | Subject otherwise ,to the term, condition & Exclusion of the Policy ,the amount of liability incurred by the Insured |

| | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 ₹ 0 |
| b) Limit Per Accident for any number of Employees ₹ 0 |
| c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance ₹ 0 |

| | | |
|--------------|---|----------------------|
| Net Premium | : | ₹ 9,240.00 |
| CGST(9%) | : | ₹ 832.00 |
| SGST(9%) | : | ₹ 832.00 |
| Stamp Duty | : | ₹ 1.00 |
| Total | : | ₹ 10,904.00 |
| Receipt No. | : | 10123040023105882573 |
| Receipt Date | : | 07/08/2023 |

| | |
|--------------------------|------------|
| Agency/Broker Code: | AGI0026392 |
| Business Associate Code: | BAS22799 |

Details of Employees Covered:

| Description of Employees | Worker Type | Declared Number of Employees | Declared Monthly Wage/Employee (₹) | Declared Wages during the Period of Insurance (₹) | Place/Places of Employment | Trade Category | Sub Trade Category |
|--------------------------|-------------|------------------------------|------------------------------------|---------------------------------------------------|----------------------------|----------------------------------|---------------------------------------------------------------------------|
| | Skilled | 4 | 15,000.00 | 1,440,000.00 | | WATER WORKS AND PUMPING STATIONS | CONSTRUCTION ALTERATION MAINTENANCE OR REPAIR WORK EXCL USE OF EXPLOSIVES |

Subject of following clauses:

Special Condition :

Subject to terms and Conditions of Employees Compensation Insurance Policy attached herewith.

Territory:-**Jurisdiction:-****Subsidiaries:-****Particular Of Work:-**WATER TANK CLEANING**Location Of Risk:-**AURANGABAD CITY, ALL MIDC AREA AND IN AURANGABAD DISTRICT**Add-ons/Extension/Cover Details:-**

| Cover | Total SI(₹) | Premium(₹) |
|-------------|-------------|------------|
| Basic Cover | 1440000 | 32742 |

| | | | |
|----------------------------------------------|--------|--------------------------------|-----------------------------|
| Customer GST/UIN No.: | | Office GST No.: | 27AAACU5552C1ZJ |
| SAC Code: | 997139 | Invoice No. & Date: | 2723I105031046 & 07/08/2023 |
| Amount Subject to Reverse Charges-NIL | | | |

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.

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 07/08/2023

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AKOLA 230400 on this 07th day of August ,2023

For United India Insurance Co. Ltd.


Affix Policy Stamp here.

Authorised Signatory.

Underwritten By - DH151040 (DO UNDERWRITER) , Approved By - SHI28766(RO UNDERWRITER NEW)

'Policy form - Claims made with right to defend.'

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