

EMPLOYEES COMPENSATION POLICY SCHEDULE

Policy No.	: 182000/48/2025/2068	Prev. Policy No.	: 182100/48/2024	/1398		
Cover Note No.	:-	Cover Note Date	: -			
Insured's Code	: 70065066	Issue Office code	: 182000			
Insured's Name	: AKSHAY HEATERS (GSTIN: 27ABCFA3460D1ZW)	Issue Office Name : BO OSMANPURA CIRCLE AURANGAB (GSTIN: 27AAACT0627R4ZW)				
Address	PLOT NO. W-14, WALUJ, AURANGABAD	Address : OFFICE NO. 3 & 4, 1st FLOOR, SAI SQUARE, OSMANPURA CIRCLE, AURANGABAD 431001				
	AURANGABAD MAHARASHTRA 431133		AURANGABAD	MAHARASHTRA 431601		
Tel./Fax/Email:	/ / 0 / NA	Tel./Fax/Email :0240 - 2332019, 2323364 / / 182000@orientalinsurance.co.in				
Agent/Broker D	etails					
Dev.Off.Code	: NZ0000000777 AGENCY MANAGER					
Agent/Broker	: BA0000018834 DEEPAK GOVINDPR	ASAD SONI				
Address	FLAT NO 3, CTS NO.8597, VASANT FALLY,,AURANGABAD,AURANGAE					
Tel/Fax/Email	: 9423177040/9423177040//daaa197	7@gmail.con				
Period of Insuranc	e :FROM 00:00 ON 10/07/2024 TO MI	DNIGHT OF 09/07/202	25			
Feriou or insurance		GST INVOICE I	0.0702105007	UIN :0		
	t. :DC_I_IND 8714002334 - 05/07/2024	GSTINVOICET	NO .2723195097	UIN .U		

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

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

Sr. No.	Est. No. of Emps	Cont ract Emps	Occupation	Estimated totalsalary /wages/other earnings	Value of food/qrtrs/ other considerations	Estimated Total earnings	Table	Place of Employment
1 4	1		Engineers not otherwise classified - Incl. work away from shop or yard upto 9 mtrs height	96,000		96,000	A	ALL OVER MAHARASHTRA
Place	e: Al	JRANGAE	BAD SAD					Page 1 of

Date : 04/07/2024







Attached to and forming part of policy number 182000/48/2025/2068

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, Medical Extension Add on cover(New), WC-Percapita Cover.

Total Premium in words : Indian Rupees Nine Thousand One Hundred Thirty-Five Only

The insurance under this policy is subject to conditions, clauses, warrenties, exclusions which are available on Company's website: **www.orientalinsurance.org.in** or on demand from policy issuing office.

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

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

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at BO OSMANPURA CIRCLE AURANGABAD (GSTIN: 27AAACT0627R4ZW) on 04TH DAY OF JULY 2024.

Entered By : MR RAJENDRA GAIKWAD

Examined By : DHAMMANAND SONONE

Policy Printed By : PRTLIP :Policy Printed On : 06-JUL-24 10:44:40MAC :

Authorised Signatory

Place : AURANGABAD Date : 04/07/2024







Attached to and forming part of policy number 182000/48/2025/2068

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485. CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in and through other digital platforms including Whatsapp (Send "Hi" to Sector 1200)

Place : AURANGABAD Date : 04/07/2024



