



कृपया अपनी पत्राचार मुद्रिका नीचे दर्शाए गए कार्यालय को भेजें  
EMPLOYEES COMPENSATION POLICY SCHEDULE

Policy No. : 161890/48/2024/185  
Cover Note No. : -  
Insured's Code : 171249830  
Insured's Name : G.S.M. FURNACE LINING CONTRACTOR (GSTIN: 27AFHPC4731L1ZF)  
Address : 3368, CHAUHAN NIWAS, EKTA HOUSING SOCIETY, MHETRA WASTI, CHIKHALI, PUNE-411062.  
PUNE MAHARASHTRA 411001  
Prev. Policy No. : -  
Cover Note Date : -  
Issue Office code : 161890  
Issue Office Name : BC - BHOSARI, PUNE (GSTIN: 27AAACT0627R4ZW)  
Address : Solanki Plaza, 684/2, Datta Mandir Rd.,Nr. Palkhi Hotel, Landewadi, BHOSARI, Pune - 411039  
PUNE MAHARASHTRA 411039

Tel./Fax/Email : / / 9890442208 / gsmfurnacelining@yahoo.in Tel./Fax/Email : 8237142788 / / 161890@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000007640 DIRECT BC BHOSARI

Agent/Broker : BA0000042043 PRAMOD KUMAR DUBEY

Address : SAI SAMRUDDHI CO-OP SOCIETY, S.NO. 116/2,,FLAT NO.508, ALANDI MOSHI ROAD, OPP. H P PETROL PUMP, NEAR TAPKIR NAGAR, GALI NO.-1, HAVELI, PUNE-412105, PUNE, MAHARASHTRA, 412105

Tel/Fax/Email : 9834671144/8390905435/pkdubey.kumar@gmail.com

Period of Insurance : FROM 10:16 ON 24/07/2023 TO MIDNIGHT OF 23/08/2023

Collection No. & Dt. : CSH 8908000305 - 24/07/2023 GST INVOICE NO :2722283613 UIN :0

Gross Premium : 1,472 GST 264 Stamp Duty : 1 Total : 1,736

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

भुगतानित समेकित मुद्रांक शुल्क वाईड प्रमाणपत्र क्र. जेडीआर / ओरिएण्टल इश्योरेन्स मं. का. चिंचवड / पुणे - 19.  
33/19 दिनांक 02/01/2019 तथा पॉलिसी अंतर्गत मुद्रांक शुल्क रु.....  
प्राधिकृत हस्ताक्षर

Place : PUNE

Date : 24/07/2023



IRDA-REGNO-556

For half of The Oriental Insurance Company Limited



Authorised Signatory

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

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 Rupee

Page 1 of 3

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

# दि ओरिएण्टल इश्योरेन्स कम्पनी लिमिटेड

पंजीकृत एवं मुख्य कार्यालय : ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002  
वेबसाइट <http://www.orientalinsurance.org.in> देखें



# THE ORIENTAL INSURANCE COMPANY LIMITED

Regd. & Head Office : A-25/27, Asaf Ali Road, New Delhi - 110 002  
Visit us at <http://www.orientalinsurance.org.in>

Attached and forming part of policy number 167890/48/2024/185

Address all communication to Policy Issuing Office

## Details of Employees with Monthly Wages Above Rs.15000/-

Sr. No.	Est. No. of Emps	Cont ract Emps	Occupation	Estimated totalsalary /wages/other earnings	Value of food/qtrts/ other considerations	Estimated Total earnings	Table	Place of Employment
1	3		Engineers not otherwise classified - Incl. work away from shop or yard upto 9 mtrs height	45,000		45,000	A	ENDURANCE TECHNOLOGIES LIMITED, 8-1/2 & B-1/3, MIDC INDUSTRIES AREA, NIGHOJE, CHAKAN, TAL.RAJGURUNAGAR, PUNE-410501, MONTHLY WAGE RS. 15000/- PER MONTH ONLY

## 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.

Total Premium in words : Indian Rupees One Thousand Seven Hundred Thirty-Six Only

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

"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.

Not applicable

Place : PUNE

Date : 24/07/2023



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

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DHANRAJ PRINTERS : 500 Nos x 1 pkts.

# दि ओरिएण्टल इन्श्योरेन्स कम्पनी लिमिटेड

पंजीकृत एवं मुख्य कार्यालय : ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002  
वेबसाइट <http://www.orientalinsurance.org.in> देखें

कृपया अपनी पत्राचार पॉलिसी जारी कर्ता कार्यालय से करें।

Attached to and forming part of policy number 161890/48/2024/185



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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 BC - BHOSARI, PUNE (GSTIN: 27AAACT0627R4ZW) on 24TH DAY OF JULY 2023.

Entered By : C. S. NIKAM

Examined By : Sanjay Kumar

Policy Printed By : 505048

IP :

Policy Printed On : 24-JUL-23 11:02:33

MAC :

For and on behalf of  
The Oriental Insurance Company Limited



Authorised Signatory

Place : PUNE

Date : 24/07/2023



IRDA-REGNO-556

The Oriental Insurance Company Limited



Authorised Signatory

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CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

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DHANRAJ PRINTERS : 500 Nos x 1 pkls.

The Oriental Insurance Company Ltd.

BC - BHOSARI, PUNE Solanki Plaza, 684/2, Datta Mandir Rd., Nr. Palkhi Hotel, Landewadi, BHOSARI, Pune - 411039, PUNE, PUNE, 411039

GST NO : 27AAACT0627R4ZW

RECEIPT

Office Code & Name : 161890 - BC - BHOSARI, PUNE Bank Code : 9100(C-161890-01)  
 Collection No. : 51-01/8908000305 Posted Doc No. : 8908000305  
 Collection Date : 24/07/2023 11:02 Posted Doc Dt. : 24/07/2023

Received with thanks From Sh./Smt./ M/s. : G.S.M. FURNACE LINING CONTRACTOR

The Sum of : Indian Rupees One Thousand Seven Hundred Thirty-Six Only

Towards the following : Premium collections

Sl No.	Dept. Code	Policy No.	Policy Status	End/Ret/Dec/Claim No.	Dev. Code	Source Code	Amount Collected	C/D Code	GL Code	SL Code	Pay Mode	Bank Name	Bank Branch	Instrument No.	Exp. Dt.
1	48	2024/185	New Policy	NA0000007640	BA000000	42043	1,736.00	C	5083	AA0000000001	CSH				
<b>Total</b>							<b>1,736.00</b>								

GST

: Rs. 264

GST NO Of Insured

: 27AFHPC4731L1ZF

Policy Type / Zone

: EMPLOYEES  
COMPENSATION

Note : For Payment by cheque , receipt will be valid subject to realisation of Cheque

CIN: U66010DL1947GOI007158 IRDA Regn. No. 556 - All the amounts mentioned in this report are in Indian Rupees

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
 पंजीकृत एवं मुख्य कार्यालय : ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002  
 वेबसाइट http://www.orientalinsurance.org.in

कृपया अपनी पत्राचार पालिसी जारी कार्यालय से करें



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FOR THE ORIENTAL INSURANCE COMPANY LIMITED



Cashier: Signatory