



## POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

### UIN NUMBER - IRDAN190P0077100001

Insured's Name	nsured's Name : PHILLIPS MACHINE TOOLS INDIA PVT L				.TD				
	Insured's Details			Issuing Office Details					
Customer ID		PO21633956	Office Code :		NEW INDIA CENTRE DO (131300)				
Address	:	SUB PLOT NO 3, FINAL PLOT NO 109 TO 111, RAMTEKDI INDUSTRIAL ESTATE, HADAPSAR, PUNE PUNE ,MAHARASHTRA, 411013	Address	•	10TH FLOOR, NEW INDIA CENTRE, ,400039				
Phone No	:	XXXXXX0000	Phone No		02222811187 / 02222870346				
E-mail/Fax	:	dsharma@phillipscorp.com, /	E-mail/Fax	:	nia.131300@newindia.co.in /				
PAN No	:	AADCC4794K	S.Tax Regn. No	:	AAACN4165CST178				
GSTIN/UIN	:	27AADCC4794K1Z7 / NA	GSTIN	:	27AAACN4165C3ZP				
	:		SAC	:	997139 (Other non-life insurance services excl RI)				

		Po	licy Details		
Policy Number : 13130036240100000014 Business Source Code					
Period of Insurance	:	From: 07/06/2024 12:00:01 AM To: 06/06/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	:	MRS.M.J.UNWALLA - (BA1324040)
Date of Proposal	:	07-Jun-24	Agent/Bancassurance/S pecified Person	:	Ms. VRUSHTI MANISH GANDHI (NIAAG00139934) VRUSHTI GANDHI (SI00233634)
Prev. Policy no.	:	13130036230100000029	Phone No	:	9870191291 / 9820514094
Client Type	:	Corporate	E-mail/Fax	:	ahpalfin@gmail.com, / /

Premium(`)	GST(`)	Total (`)	Total (`in words)	Receipt No. & Date
				1313008124000000605 1 - 05/06/24

## Details of Employees with monthly wages upto ` 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
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#### Details of Employees with monthly wages above ` 15000:

Categories	Sub Categories	No of Employe	Cash Total e Wages	
Engineers not otherwise classified	Incl. work away from shop or yard height	Incl. work away from shop or yard upto 9 mtrs height		
Trade Description	Particular of Works	Location Details		Included All Sub - Contractors
ENGNEERS- INSTALLATION & COMMISSIONING OF CNC MACHINE	ENGNEERS- INSTALLATION & COMMISSIONING OF CNC MACHINE	ANY WHERE I	N INDIA	Yes

#### Contractor/Sub-Contractor Details:

Serial I	No	Name of Contractor	Description	Categorie	No. of Workers			Amount Wages
					Skilled	Unskilled	Others	



# THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



Extensions under the Poli	cy Cover					
Name of the Ex	ktension	Sub Limit of the Ext	ension	Deductibles of the Extension		
Special Conditions		,				
Special Exclusions		NA				
Special Excess/Deductible	9	NA				
The Policy shall be subje	ct to EMPLOY	EES COMPENSATION INSUR	ANCE Policy cla	auses	attached herewith.	
Clauses			Description	on		
Premium and GST Details						
		F	late of Tax	Am	ount in INR	
Premium						
SGST						
CGST						
IGST						
In witness whereof the ur set his (their) hand(s) on	ndersigned be this 05th day	eing duly authorised by the y of June,2024.	Insurers and or	n beha	lf of the Insurers has (have) hereunder  For and on behalf of	
				The N	lew India Assurance Company Limited	
Date of Issue: 05/06/202	4					
					Duly Constituted Attorney(s)	
Stamp Duty under the Po	licy is `					
MudrankDt	cor	nsolidated Stamp Fees Paic	l by Pay Order I	Numbe	ervide receipt	
numberdt						

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.

Tax Invoice No: 13130024E0006692

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C