**EMPLOYEES COMPENSATION POLICY SCHEDULE**

<b>Policy No.</b>	: 411700/48/2024/1974	<b>Prev. Policy No.</b>	: -
<b>Cover Note No.</b>	: -	<b>Cover Note Date</b>	: -
<b>Insured's Code</b>	: 171744445	<b>Issue Office code</b>	: 411700
<b>Insured's Name</b>	: SRI GOKULAM CONSTRUCTIONS (GSTIN: 33EXGPP5842G1ZA)	<b>Issue Office Name</b>	: DO 7 CHENNAI (GSTIN: 33AAACT0627R3Z4)
<b>Address</b>	: NO:28, UNION SALAI, PERAMANUR, MARAIMALAI NAGAR, KANCHIPURAM - 603209  CHENGAI ANNA TAMIL NADU 603209	<b>Address</b>	: Immediate Claim intimation(excluding Marine Hull and Health claim) be sent to 410011@orientalinsurance.co.in NEW NO.377(OLD NO.272),Anna Salai III FLOOR,TEYNAMPET CHENNAI TAMIL NADU 600018
<b>Tel./Fax/Email</b>	: / / 9043880193 / masterinmedicclaim@gmail.com	<b>Tel./Fax/Email</b>	: (044) 23458258 / 23458259/23458261(D) / (044) 23458262 / 411700@orientalinsurance.co.in

**Agent/Broker Details**

<b>Dev.Off.Code</b>	: NY0000001232 B. GAYATHRI - BDM
<b>Agent/Broker</b>	: BA0000003801 VIJAYASREE SURESH
<b>Address</b>	: 57/2, VEERABADRAN ST, NUNGAMBAKKAM, CHENNAI 34,CHENNAI,TAMIL NADU,600034
<b>Tel/Fax/Email</b>	: 9841015847/9841015847//ss15847@hotmail.com

<b>Period of Insurance</b>	: FROM 16:36 ON 07/09/2023 TO MIDNIGHT OF 06/12/2023						
<b>Collection No. &amp; Dt.</b>	: CC 5014003384 - 07/09/2023	<b>GST INVOICE NO</b>	: 3322389796	<b>UIN</b>	: 0		
<b>Gross Premium</b>	: 6,318	<b>GST</b>	: 1138	<b>Stamp Duty</b>	: 6	<b>Total</b>	: 7,456
<b>Co-insurance Details</b>	: NIL						

**Laws****Risk Information****Contract Details**

<b>Principal Name</b>	: SRI GOKULAM CONSTRUCTIONS
<b>Site of work</b>	: ENDURANCE TECHNOLOGIES LIMITED - IRUNGATTUKOTTAI
<b>Trade description</b>	: COMMERCIAL PROJECT OF CONSTRUCTION
<b>Address</b>	: 15 NOS OF SKILLED WORKERS - RS. 10,53,000/-
<b>State</b>	: TAMIL NADU
<b>City</b>	: CHENGAI ANNA
<b>Pincode</b>	: 603209

**Contractors Information**

Place : CHENNAI  
Date : 07/09/2023



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

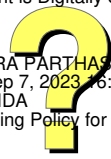
In case of any query regarding the Policy please call Toll  
Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

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

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**Attached to and forming part of policy number 411700/48/2024/1974**

Sr. No.	Name of the Contractor	Occupation	Labour (%)	Amount of Contract
1	SRI GOKULAM CONSTRUCTIONS		100	1,053,000

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

Total Premium in words : Indian Rupees Seven Thousand Four Hundred Fifty-Six 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.

It is hereby understood and agreed that the indemnity herein is extended to cover the legal liability of the insured to workmen in the employment of contractors performing work for the Insured while engaged in the business and occupations in respect of which the within Policy is granted, but only so far as regard claims under the workmen's compensation act , 1923 and subsequent amendments of said Act prior to the date of the issue of this Policy , the premium in respect of such extended insurance to be calculated.

PROPRIETOR - 1 X 1000 PER DAY X 3 M = 90000  
 SITE ENGINEER - 2 X 800 PER DAY X 3 M = 144000  
 MASON - 3 X 800 PER DAY X 3 M = 216000  
 HELPER - 4 X 650 PER DAY X 3 M = 234000  
 CARPENTER - 2 X 800 PER DAY X 3 M = 144000  
 WELDER - 1 X 1000 PER DAY X 3 M = 90000  
 PAINTER - 2 X 750 PER DAY X 3 M = 135000  
 TOTAL WORKERS - 15 NOS - TOTAL WAGES - RS. 10,53,000/-

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 DO 7 CHENNAI (GSTIN: 33AACT0627R3Z4) on 07TH DAY OF SEPTEMBER 2023.

Place : CHENNAI

Date : 07/09/2023



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

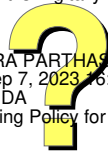
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**Attached to and forming part of policy number 411700/48/2024/1974**

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Entered By : MISS GAYATHRI.B

For and on behalf of  
The Oriental Insurance Company Limited

Examined By : G.JEYAPPAUL

Policy Printed By : OICL

IP :

Authorised Signatory

Policy Printed On : 07-SEP-23 16:37:15

MAC :

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Place : CHENNAI



IRDA-REGNO-556

Date : 07/09/2023

For and on behalf of  
The Oriental Insurance Company Limited

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