

EMPLOYEES COMPENSATION POLICY SCHEDULE

Policy No.	: 411700/48/2024/1974	Prev. Policy No.	: -
Cover Note No.	: -	Cover Note Date	: -
Insured's Code	: 171744445	Issue Office code	: 411700
Insured's Name	: SRI GOKULAM CONSTRUCTIONS (GSTIN: 33EXGPP5842G1ZA)	Issue Office Name	: DO 7 CHENNAI (GSTIN: 33AAACT0627R3Z4)
Address	: NO:28, UNION SALAI, PERAMANUR, MARAIMALAI NAGAR, KANCHIPURAM - 603209 CHENGAI ANNA TAMIL NADU 603209	Address	: 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
Tel./Fax/Email	: / / 9043880193 / masterinmediclaim@gmail.com	Tel./Fax/Email	: (044) 23458258 / 23458259/23458261(D) / (044) 23458262 / 411700@orientalinsurance.co.in

Agent/Broker Details

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

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

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

Principal Name	: SRI GOKULAM CONSTRUCTIONS
Site of work	: ENDURANCE TECHNOLOGIES LIMITED - IRUNGATTUKOTTAI
Trade description	: COMMERCIAL PROJECT OF CONSTRUCTION
Address	: 15 NOS OF SKILLED WORKERS - RS. 10,53,000/-
State	: TAMIL NADU
City	: CHENGAI ANNA
Pincode	: 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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IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

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 operating 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: 33AAACT0627R3Z4) on 07TH DAY OF SEPTEMBER 2023.

Place : CHENNAI

Date : 07/09/2023



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This Document is Digitally Signed

Signer: MEERA PARTHASARTHY
Date: Thu, Sep 7, 2023 16:37:00 IST
Location: NOIDA
Reason: Signing Policy for OICL

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

Entered By : MISS GAYATHRI.B
Examined By : G.JEYAPPAUL

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : OICL

IP :

Authorised Signatory

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

MAC :

Place : CHENNAI
Date : 07/09/2023



IRDA-REGNO-558

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