



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	PLATINO AUTOMOTIVE PRIVTE LIM	ITED				
Insured's Details			Issuing Office Details				
Customer ID		POA3346398	Office Code		CHINGLEPUT (712003)		
Address	:	NO.3/1, NADESAN NAGAR, THIRUVALLUR, TAMILNADU.	Address	:	113-A, G.S.T ROAD, ,603001		
Phone No		CHENNAI ,TAMIL NADU, 600095	Phone No		04427431820		
Priorie No	:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Prione No	<u> </u>	04427431620		
E-mail/Fax	:	sales@platino.co.in /	E-mail/Fax	:	nia.712003@newindia.co.in / 04427429102		
PAN No	:		S.Tax Regn. No	- l:	AAACN4165CST178		
GSTIN/UIN	:	NA / NA	GSTIN		33AAACN4165C4ZV		
	:		SAC	:	997139 (Other non-life insurance services		

Policy Details							
Policy Number	:	71200336230100000141	Business Source Code				
Period of Insurance	:	From: 04/09/2023 12:21:46 PM To: 03/01/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	:	MR.K.PAVALAVANNAN PAVALAVANNAN.K - (DM3414813)		
Date of Proposal	:	04-Sep-23	Agent/Bancassurance/S pecified Person		Mr. D. ASHOK KUMAR (NIAAG00004659) AGENT_SITE_331705 (SI00010881)		
Prev. Policy no.	:		Phone No	:	8778828380, 27431820, 9444493538 / NA		
Client Type	:	Non-Corporate	E-mail/Fax	:	vbmashok@gmail.com, //		

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
7,600	1,368	8,968	RUPEES EIGHT THOUSAND NINE HUNDRED SIXTY-EIGHT ONLY	7120038123000000287 1 - 04/09/23

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 Employee	Cash Total Wages
Electrical Engineers (not manufacturer Installation and repair of plant, fittings a Appartus incl. wireless, telephone and telegraph	nd	UNSKILLED WORKER		
Electrical Engineers (not manufacturer Installation and repair of plant, fittings a Appartus incl. wireless, telephone and telegraph	nd l		2	100000
Trade Description	Particular of Works	Location D	etails	Included All Sub - Contractors

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



of itor icy Cover	Desc		OF GENERATOR PIPE WORKS ctor/Sub-Contractor D Categorie	Petails:	ENDURANCE NOLOGIES LIMIT NO.B-1/2 & B-1 E(MAHARASHTF o. of Workers	1/3, RA)		
icy Cover	r			N	o. of Workers	Α		
icy Cover	r	cription	Categorie		o. of Workers	Α		
							Amount Wages	
				Skilled	Skilled Unskilled Others			
		Sub Limit of the Extension Deductibles of the Ext			e Extensi	on		
	AS	PER THE PC	LICY CONDITIONS					
	NA							
	NA							
е	NA							
ct to EMP	LOYEES	COMPENSA	ATION INSURANCE Po	licy clauses at	tached herewit	th.		
	Description							
			Rate of Tax	Amou	nt in INR			
				₹	7,600			
			9	684				
			9	684				
			0	0				
ndersigne this 04th	ed being n day of	duly autho September,	rised by the Insurers ,2023.	and on behalf	of the Insurers	s has (ha	ve) hereunde	
					For and on	behalf o	f	
	this 04th	this 04th day of	this 04th day of September	this 04th day of September,2023.	this 04th day of September,2023.	this 04th day of September,2023.	idersigned being duly authorised by the Insurers and on behalf of the Insurers has (ha this 04th day of September,2023. For and on behalf of	

The New India Assurance Company Limited

Date of Issue: 04/09/2023

Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹

Mudrank_____Dt.____consolidated Stamp Fees Paid by Pay Order Number_____vide receipt

number_____ dt.____.

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: 71200323P0004174

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C