



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: ALCA TECHNOLOGIES		
	Insured's Details		Issuing Office Details
Customer ID	: PO08441813	Office Code	: CHINCHWAD DO (152900)
Address	: W-16, S-BLOCK, MIDC, BHOSARI, PUNE PUNE ,MAHARASHTRA, 411026	Address	: 2ND FLOOR, MAHARASHTRA COMMERCIAL HOUSE, OPP. KSB PUMPS, PUNE - MUMBAI ROAD, PIMPRI, PUNE,411018
Phone No	: XXXXXX1058	Phone No	: 02027422484 / 02027423517
E-mail/Fax	: accounts@alcatech.co.in, /	E-mail/Fax	: nia.152900@newindia.co.in / 20227420784
PAN No	: AALFA9357K	S. Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AALFA9357K1ZU / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15290036220100000146	Business Source Code	
Period of Insurance	: From: 05/07/2022 02:43:10 PM To: 04/10/2022 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (1D7806040)
Date of Proposal	: 05-Jul-22	Agent/Bancassurance/S pecified Person	: CHANDRAKANT KRISHNARAO NERKAR (NIA1D7803087) AGENT_SITE_83 (1D7812734)
Prev. Policy no.	:	Phone No	: 9850055172 / NA
Client Type	: Non-Corporate	E-mail/Fax	: cknerkar@yahoo.com, / /

Premium(`)	GST(`)	Total (`)	Total (` in words)	Receipt No. & Date
7358	1324	8682	RUPEES EIGHT THOUSAND SIX HUNDRED EIGHTY-TWO ONLY	1000008922070010532 8 - 05/07/22

Details of Employees with monthly wages upto ` 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Salvage Corps	Employees solely engaged upon premises of the crops in handling and treating salvaged goods	5	225000

Details of Employees with monthly wages above ` 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
ALUMINIUM FOUNDRY	ALUMINIUM SCRAP LIFTING		

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No. of Workers	Amount Wages
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Signature Not
Verified
Digitally signed
by SRINIVASAN
VAIDESWARAN
Date: 2022.07.05
14:43:26 +05'30'



				Skilled	Unskilled	Others	
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Extensions under the Policy Cover

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Medical Extension	50000	NA
Special Conditions	NA	

Special Exclusions	NA
Special Excess/Deductible	NA

The Policy shall be subject to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.

Clauses	Description
Conditions	Due observance and fulfilment of terms, conditions and endorsements of policy
Conditions	The Company may cancel Policy by sending seven days notice by registered letter
Conditions	Name of every employee with amount of wages, earnings shall be properly recorded
Conditions	No payment shall be made by or on behalf of Insured without consent of Company
Conditions	Remedy available to the insured if the company disclaims liability
Conditions	The insured shall take reasonable precaution to prevent accidents and diseases
Conditions	Notice or communication under this policy shall delivered in writing to Company
Conditions	The Policy and the Schedule shall be read together as one contract
Conditions	liability being otherwise admitted
Conditions	In the event claim, Insured shall give notice to Company with full particulars
Exclusions	Any accident, loss or legal liability arising from nuclear weapons material
Exclusions	Death, injury caused directly or indirectly by ionising radiation or contamination by radioactivity
Exclusions	Any legal liability of whatsoever nature
Exclusions	Any sum which the insured would have been entitled to recover from any party but for an agreement between insured and such party
Exclusions	Liability of the insured which arises by virtue of an agreement
Exclusions	Any employee who is not a workman within the meaning of the Law(s)
Exclusions	Insureds liability to employees of their contractors
Exclusions	Any injury or disease directly attributable to war or war-like situations
Exclusions	Damage to any property or any Consequential losses

Premium and GST Details

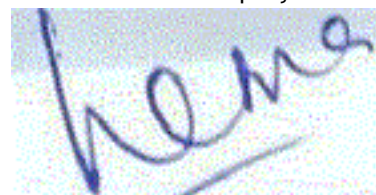
	Rate of Tax	Amount in INR
Premium		7358.00
SGST	9	662
CGST	9	662
IGST	0	0

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 05th day of July, 2022.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 05/07/2022	
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(HEMA IYER)
[Divisional Manager]
Duly Constituted Attorney(s)



Stamp Duty under the Policy is `

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt
number _____ dt. _____.

Tax Invoice No : 15290022P0004802

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C