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Azadi Ka
Amrit Mahotsav

UNITED INDIA INSURANCE COMPANY LIMITED
H.NO. 5/5/76, P.B. 506 V P CHOWK, NEW OSMANPURA AURANGABAD, AURANGABAD,
MAHARASTRA
AURANGABAD - 431005 MAHARASHTRA
PHONE: (0240) 2334176 FAX: EMAIL:

EMPLOYEES COMPENSATION LIABILITY POLICY
POLICY NO.:2307002722P107776480

PERIOD OF INSURANCE
From 16:00 Hrs of 07/11/2022
To Midnight of 06/11/2023



Insured
MS ISHANVI TECH
2095, MULEY I SQUARE K-232/233 MIDC WALUJ PLOT NO.15,16,GUT NO.65, VILLAGE
WADGAON KOLHATI AURNAGABAD
AURANGABAD
431136
MAHARASHTRA

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : RAHUL LIMBALE
Agent Code : AGN1021875
Mobile/Landline Number/Email : 9623919559
: rahullimbale.rv@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 230700@uiic.co.in

Download Customer App(www.uiic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.
Website: <http://www.uiic.co.in>

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Policy No: 2307002722P107776480

**EMPLOYEES COMPENSATION INSURANCE
POLICY SCHEDULE**

Policy No.	2307002722P107776480			Prev. Pol. No.	
Name Of Insured/ID	MS ISHANVI TECH / 23178764016				
Tel.(O)		Fax		Tel.(R)	
Business/Occupation	None			Email	
Period of Insurance	From	16:00 Hrs of 07/11/2022		To	Midnight of 06/11/2023

CO-INSURANCE DETAILS: UIIC 230700 : 100%**PREMIUM:** SEVEN THOUSAND THREE HUNDRED FIFTY-EIGHT RUPEES ONLY

Laws: The Policy covers Liability of the **Insured** under the following Law(s) shown as covered, subject to claim being otherwise admissible as per terms, conditions and exclusions of the Policy and subject to **Limit of Indemnity** as stipulated against each Law:

LAW	LIMIT OF INDEMNITY
Employee's Compensation Act, 1923 and subsequent amendments thereof prior to the date of issue of Policy	Subject otherwise, to the term, condition & Exclusion of the Policy, the amount of liability incurred by the Insured

Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured , but not exceeding:-
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- a) Limit Per Employee for any number of accidents during Period of Insurance ₹ 0
- b) Limit Per Accident for any number of Employees ₹ 0
- c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance ₹ 0

Net Premium	₹ 7,358.00
CGST(9%)	₹ 662.00
SGST(9%)	₹ 662.00
Stamp Duty	₹ 1.00
Total	₹ 8,682.00
Receipt No.	10123070022109049295
Receipt Date	07/11/2022

Agency/Broker Code:
Dev. Officer Code:

AGN1021875

Details of Employees Covered:

Description of Employees	Worker Type	Declared Number of Employees	Declared Monthly Wage/Employee (₹)	Declared Wages during the Period of Insurance (₹)	Place/Places of Employment	Trade Category	Sub Trade Category
5 WORKER ENGAGED IN SERVICE PROVIDING FOR MANUFACTURING IN ENGINEERING WORK, TOOLRM MACHINERY, OPERATING ON SIDE INSTALLATION ANY WHERE IN MAHARASHTRA STATE	Skilled	5	15,000.00	900,000.00	SERVICE PROVIDING FOR MANUFACTURING IN ENGINEERING WORK, TOOLRM MACHINERY, OPERATING ON SIDE INSTALLATION ANY WHERE IN MAHARASHTRA STATE	ENGINEERS NOT OTHERWISE CLASSIFIED	INCL WORK AWAY FROM SHOP OR YARD UPTO 9 MTRS HEIGHT

Subject of following clauses:

Special Condition :

Subject to terms and Conditions of Employees Compensation Insurance Policy attached herewith.

Territory: -MAHARASHTRA

Jurisdiction: -MAHARASHTRA

Subsidiaries: -

Particular Of Work: -SERVICE PROVIDING FOR MANUFACTURING IN ENGINEERING WORK, TOOLRM MACHINERY, OPERATING ON SIDE INSTALLATION ANY WHERE IN MAHARASHTRA STATE

Location Of Risk: -SERVICE PROVIDING FOR MANUFACTURING IN ENGINEERING WORK, TOOLRM MACHINERY, OPERATING ON SIDE INSTALLATION ANY WHERE IN MAHARASHTRA STATE

Add-ons/Extension/Cover Details:-

Medical Expenses Extension SI/Employee-Rs.25000

Cover	Total SI (₹)	Premium (₹)
Basic Cover	900000	24525
Medical Expenses Cover	125000	2452.50

Underwriting Remarks	SERVICE PROVIDING FOR MANUFACTURING IN ENGINEERING WORK, TOOLRM MACHINERY, OPERATING ON SIDE INSTALLATION ANY WHERE IN MAHARASHTRA STATE
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Customer GST/UIN No.:		Office GST No.:	27AAACU5552C1ZJ
SAC Code:	997139	Invoice No. & Date:	27221107776480 & 07/11/2022
Amount Subject to Reverse Charges-NIL			

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.

Anti Money Laundering Clause: -In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 07/11/2022
IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his hand at DO
AURANGABAD 230700 on this 07th day of November, 2022

For United India Insurance Co. Ltd.

Authorised Signatory
Underwritten By - KHA24029 (DO UNDERWRITER)

