



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: MOVETECH CONVEYORS PVT LTD		
Insured's Details		Issuing Office Details	
Customer ID	: PO54674422	Office Code	: CHINCHWAD DO (152900)
Address	: PLT.NO. PAP S 74/1, PH II, CHAKAN MIDC, VILL.SAWARDARI, TAL. KHED, PUNE CHAKAN ,MAHARASHTRA, 410501	Address	: 2ND FLOOR, MAHARASHTRA COMMERCIAL HOUSE, OPP. KSB PUMPS, PUNE - MUMBAI ROAD, PIMPRI, PUNE,411018
Phone No	:	Phone No	: 02027422484 / 02027423517
E-mail/Fax	: info@movetechconveyors.com, /	E-mail/Fax	: nia.152900@newindia.co.in / 20227420784
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AALCM1054A1ZV / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15290036230100000375	Business Source Code	
Period of Insurance	: From: 08/11/2023 12:00:01 AM To: 07/11/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (1D7806040)
Date of Proposal	: 08-Nov-23	Agent/Bancassurance/S pecified Person	: M R MOTEGAONKAR (NIA1D7803570) AGENT_SITE_1297 (1D7813217)
Prev. Policy no.	: 15290036220100000393	Phone No	: 9420862523 / NA
Client Type	: Non-Corporate	E-mail/Fax	: rajendra1168@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
44,076	7,934	52,010	RUPEES FIFTY-TWO THOUSAND TEN ONLY	1529008123000000536 3 - 01/11/23

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Engineers not otherwise classified	Incl. work away from shop or yard upto 9 mtrs height	12	3024000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
ENGINEERING WORK	ENG. WORK REPAIRS AND MAINTENACNE.	1) FIAT INDIA AUTOMOBILE PVT. LTD. RANJANGAON.2)BAJAJ AUTO LTD. CHAKAN.3)THERMAX LTD. SOLAPUR 4)LUMAX INDUSTRIES CHAKAN.5)TAFE MORTORS & TRACTRORS LTD. CHENNAI. ALL OVER INDIA.	

Contractor/Sub-Contractor Details:



Serial No	Name of Contractor	Description	Categorie	No. of Workers			Amount Wages
				Skilled	Unskilled	Others	

Extensions under the Policy Cover

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

Special Exclusions	NA
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Special Excess/Deductible	NA
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The Policy shall be subject to **EMPLOYEES COMPENSATION INSURANCE** Policy clauses attached herewith.

Clauses	Description
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 44,076
SGST	9	3967
CGST	9	3967
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 01st day of November,2023.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 01/11/2023	
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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 : 15290023E0011969

<p>IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C</p>
