

EMPLOYEES COMPENSATION POLICY SCHEDULE

Policy No. : 182100/48/2023/4339 **Prev. Policy No.** : 182100/48/2022/4303
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 70841634 **Issue Office code** : 182100
Insured's Name : RAVI GAS AGENCY (GSTIN: 27ABCPH2035D1ZB) **Issue Office Name** : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : NANDIGRAM COLONY **Address** : OFFICE NO.1 AND 2 [P] 3RD FLOOR,
OPP GAJANAN MAHARAJ MANDIR ABC EAST, BESIDE PROZONE MALL,
PUNDLIK NAGAR ROAD MIDC AREA, CHIKALTHANA
AURANGABAD AURANGABAD MAHARASHTRA 431003
431517
Tel./Fax/Email : / / 0 / NA **Tel./Fax/Email** : 0240-2331985, 2332454 / 0240--2332454 /
santosh.k@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NZ000000777 AGENCY MANAGER
Agent/Broker : BA0000018858 PREMLATA RAMANAND MODANI
Address : 92, SAFALYA , VENKATESH NAGAR, AURANGBAD,AURANGABAD,MAHARASHTRA,431001
Tel/Fax/Email : 0240-2555049/0240-2555049//NA

Period of Insurance : FROM 00:00 ON 31/12/2022 TO MIDNIGHT OF 30/12/2023
Collection No. & Dt. : DC_I_IND 8718004277 - 30/12/2022 **GST INVOICE NO** :2721683205 **UIN** :0
Gross Premium : 3,354 **GST** 604 **Stamp Duty** : 3 **Total** : 3,958

Co-insurance Details : NIL

Laws

Laws : Indemnity against legal liability to all employees(Whether or not coming within the definition of the term Workmen)under the W.C.Act prior to the date of issue of the policy,the Fatal Accidents Act,1855 and at Common Law.

Risk Information

Details of Employees with Monthly Wages Above Rs.15000/-

| Sr. No. | Est. No. of Emps | Cont ract Emps | Occupation | Estimated totalsalary /wages/other earnings | Value of food/qtrrs/ other considerations | Estimated Total earnings | Table | Place of Employment |
|---------|------------------|----------------|---|---|---|--------------------------|-------|---|
| 1 | 4 | | Gas proofing of material when carried on as a separateTrade | 216,000 | | 216,000 | A | ALL OVER I INDIA (Gas pipe line erection) |

Place : AURANGABAD

Date : 30/12/2022



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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Contract Details

The Insurance under this policy is extended to cover risks of (as per forms attached).

Total Annual Wages of all Employees *120 times.

Total Premium in words : Indian Rupees Three Thousand Nine Hundred Fifty-Eight 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 operaing offices as well as Company's website.

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 II AURANGABAD (GSTIN: 27AAACT0627R4ZW) on 30TH DAY OF DECEMBER 2022.

Entered By : MR RAJENDRA GAIKWAD

For and on behalf of
The Oriental Insurance Company Limited

Examined By : KANCHUMARTI BHARAT BABU

Policy Printed By : OICL

IP :

Authorised Signatory

Policy Printed On : 31-DEC-22 10:53:21

MAC :

Place : AURANGABAD



IRDA-REGNO-556

Date : 30/12/2022

For and on behalf of
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