

पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance

Policy Number:  
27070041231000018

जारीकर्ता कार्यालय/Issuing Office  
कार्यालय कोड /Office Code: 270700  
कार्यालय पता /Office Address: NASIK  
DIVISION I 5th Floor, 24 Udyog  
Bhavan,,Near I.T.I Signal, Trimbak  
Road,,Dist: Nashik, Maharashtra - 422007.  
State Code: 27, Maharashtra  
GSTIN: 27AAACN9967E1Z3  
Contact Number: 253 2351500  
Mobile Number: 0

व्यवसाय स्रोत /Business Source: 037661

विक्रय चैनल वक्रिण/Sales Channel Code:  
9000142318

नाम /Name: Mr Mali Balaso Contact  
Number: 7498507277

सह दलाल कोड / Co Broker Code:

कस्टमर केयर टॉल फ्री नंबर/Customer  
Care Toll Free Number:  
1800 345 0330

ईमेल/

email:customer.support@nic.co.in



ग्राहक का नाम /Customer Name: KIVASH ENGINEERING PVT  
LTD

ग्राहक आईडी /Customer ID:  
9700578822

पैन /PAN: AAACK5049E

पता/ Address: PLOT NO.F-81, MIDC, AMBAD, NASHIK DIST. :  
NASHIK, MAHARASHTRA, City: NASHIK, District: NASHIK, State:  
MAHARASHTRA, PIN: 422010.

फोन /Phone:

ई-मेल /E-Mail:

पॉलिसी: 11/10/2023 के 15:43 से 10/10/2024 की मध्य रात्रतिक प्रभावी /Policy Effective from 15:43 hours, on 11/10/2023 to  
midnight of 10/10/2024

प्रीमियम/ Premium	₹ 8,804.00	कवर नोट संख्या और तथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 792.00	प्रस्ताव संख्या और तथि/Proposal Number and Date	8800231011212350 Dt. 11/10/2023
SGST/UTGST	₹ 792.00		
IGST	₹ 0.00		
कम: जीएसटी, टीडीएस / Less: GST_TDS	₹ 0.00	रसीद संख्या और तथि/Receipt Number and Date	270700812310004153 Dt. 11/10/2023
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00		
कुल /Total Amount	₹ 10,389.00	पछिली पॉलिसी संख्या और समाप्ती तथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA

(Rupees Ten Thousand Three Hundred Eighty Nine Only.)

Joint Policyholder Name: NA

Joint Policyholder Address: NA

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.

SL.No	Law	Limit of Indemnity	Coverage
1	Employee Compensation Act, 1923 and Subsequent amendments thereof prior to the date of issue of this Policy	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Yes
3	Medical Expenses	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:- a) Limit Per Employee: ₹1,00,000.00 b) Aggregate Limit(AOP): ₹1,00,000.00	Yes

SL.No	Industry Type	Description of Work Done by Employees	Number of Employees	Declared Wages/ Contract Value	Place of Employment	Contractors Name, Contractors Address
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Printed on 11/10/2023 by ID: 73319

नेशनल इन्श्योरेंस कम्पनी लिमिटेड

National Insurance Company Limited

CIN : U10200WB1906GOI001713 • IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : परिसर नं. 18-0374, प्लॉट नं. सीबीडी-81, न्यू टाउन, कोलकाता-700156, पश्चिम बंगाल  
Registered & Head Office : Premises No.18-0374, Plot No. CBD-81, New Town, Kolkata 700156, West Bengal

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

For any information please contact the Policy Issuing Office or Visit our website at <https://nationalinsurance.nic.co.in>



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