



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	MAXION AUTOMATION			
	Insured's Details	Issuing Office Details			
Customer ID	:	POA4496269	Office Code	:	AURANGABAD DO-160400 (160400)
Address	:	AJAY ENG COMPANY GHAR NO 1804 DATTA COLONY WALUJ MIDC AURANGABAD AURANGABAD(MA) ,MAHARASHTRA, 431003	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:	XXXXXX7854	Phone No	:	02402333572 / 02402333361
E-mail/Fax		purchase@maxionautomation.com, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226
PAN No	- I:	CCQPS8468C	S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	NA / NA	GSTIN	:	27AAACN4165C3ZP
			SAC	:	997139 (Other non-life insurance services excl RI)

		Poli	cy Details		
Policy Number	:	16040036230100000190	Business Source Code		
Period of Insurance	:	From: 27/11/2023 11:09:47 AM To: 26/02/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	:	DIRECT BUSINESS - (2D10753297)
Date of Proposal	:	27-Nov-23	Agent/Bancassurance/S pecified Person	:	Mr. WALMIK SAHEBRAO PAWAR (NIA2D10749379) AGENT_SITE_42791 (2D10768575)
Prev. Policy no.	:		Phone No	:	02435247668, 9860382402 / NA
Client Type	:	Non-Corporate	E-mail/Fax	:	//

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
4,121	742	4,863	RUPEES FOUR THOUSAND EIGHT HUNDRED SIXTY-THREE ONLY	1000008923110074120 7 - 27/11/23

Details of Employees with monthly wages upto ₹ 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 HARIKESH RANSARIKH MOURYA AND SAGAR TULSHIRAM BHALE	3	135000

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories		No of Employe	Cash Total e Wages
Trade Description	Particular of Works	Location D	etails	Included All Sub - Contractors
ROBOT INTERATE AND COMPLETE AUTOMATION SOLUTIONS	ROBOTICS & AUTOMATION	AURANGA ELECTRICA AURANGA	L LTD	

Contractor/Sub-Contractor Details:

Serial No	Name of	Description	Categorie	No. of Workers	Amount Wages
	Contractor				

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



			Skilled	Unskilled Others
Extensions under the Policy Cover				
Name of the Extension		Sub Limit of the Extension		eductibles of the Extension
Medical Extension		₹100000		NA
Special Conditions				
	NA			
Special Exclusions	NA			
Special Excess/Deductible	NA			
The Policy shall be subject to EMPI	LOYEES C	COMPENSATION INSURANCE Police	cy clauses a	ttached herewith.
Clauses		Desci	ription	
Premium and GST Details				
		Rate of Tax		unt in INR
Premium			₹	4,121
SGST		9	371	
		9	371	
CGST			0	
In witness whereof the undersigne	d being o	0 duly authorised by the Insurers a ovember 2023	-	f of the Insurers has (have) hereunder
IGST	d being o day of N	duly authorised by the Insurers a	-	f of the Insurers has (have) hereunder For and on behalf of
In witness whereof the undersigne	d being d day of N	duly authorised by the Insurers a	nd on behal	
In witness whereof the undersigne	d being o	duly authorised by the Insurers a	nd on behal	For and on behalf of
IGST In witness whereof the undersigne set his (their) hand(s) on this 27th	d being (day of N	duly authorised by the Insurers a	nd on behal	For and on behalf of
IGST In witness whereof the undersigne set his (their) hand(s) on this 27th	day of N	duly authorised by the Insurers a ovember,2023.	The Ne	For and on behalf of w India Assurance Company Limited Duly Constituted Attorney(s)
IGST In witness whereof the undersigne set his (their) hand(s) on this 27th Date of Issue: 27/11/2023 Stamp Duty under the Policy is ₹ MudrankDt	_consolic	duly authorised by the Insurers a ovember,2023.	The Ne	For and on behalf of w India Assurance Company Limited Duly Constituted Attorney(s)