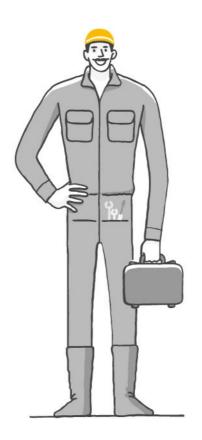


# **Policy Schedule**



# **Digit Employees Compensation Insurance Policy**

UIN: IRDAN158RP0020V01201920

# Go Digit General Insurance Ltd

Validate your Policy Copy



# Insured & Policy Details

Insured Details		Policy Details					
Name	M S GAYATRI AUTOMATION SYSTEMS PVT LTD	Policy Number	D092505832				
Address	PLOT NO. 230, UDYOG VIHAR PHASE VI,SECTOR 37GURUGRAM,HARYANA 122001	Receipt Number	RA123448858 Policy Issue Date 20-Se		20-Sep-2023		
GST State Code	6	Deliau Deried	From	20-May-2023	00:00:01		
City / Location	Gurgaon	Policy Period	То	19-May-2024	23:59:59		
Contact No	+918217314699	Partner Code and Name	1001372 Mazel Insurance Brokers Private Limited				
Email ID	propertyinsurance@boib.in	Partner Contact and Email ID	9845206500 principalofficer@boib.in				
GSTIN Number	06AACCG0029J1ZY	Address of Insured Premises / Location covered	Anywhere in india				
Policy Form	Table A	1					

### **Coverage Details**

Work Description	No. of Employees	Maximum Estimated Monthly wages	Declared wages	Classification No.	Endorsement No.	work category
skilled	1	35,500.00	4,26,000.00	157	237	Engineers not otherwise classified
skilled	1	39,000.00	4,68,000.00	157	237	Engineers not otherwise classified
skilled	1	48,000.00 5,76,000.00 157		237	Engineers not otherwise classified	
skilled	skilled 1 41,500.00 4,98,000.00 157		237	Engineers not otherwise classified		
skilled	1 22,324.00 2,67,888.00 157		157	237	Engineers not otherwise classified	
skilled	1	23,440.00	2,81,280.00	157	237	Engineers not otherwise classified
Skilled	1	24,000.00	2,88,000.00	157	237	Engineers not otherwise classified
Skilled	Skilled 1 24,000.00 2,88,000.00 157				237	Engineers not otherwise classified
skilled	1	237	Engineers not otherwise classified			
Total Monthly Wages	9					
Scope of Cover:						
date of issue of this Pa		Act, 1923 and subseque	ent amendments there	of prior to the		

## Endorsement

	Opted/ Not-Opted	Limit	Aggregate Limit	
Medical Expenses Cover	Opted	Each employee INR 100000 For all accidents INR 600000		
Occupational Disease Cover	Not-Opted	NA	NA	
Coverage for Contractors and/or SubContractors Workers/ Employees	Opted	The amount of liability incurred by the Insured as per Employee's Compensation Act, and subsequent amendments.		

# **Special Terms and Conditions**

- 1. Any change in "location" or "nature of employment", if any during the policy period should be informed to the insurer mandatorily and the same shall be covered at the discretion of the Insurer. Where additional premium is required the same shall be charged.
- 2. Occupational diseases shall only mean diseases listed in Part "C" of Schedule III to W.C. Amendment Bill 1989.

- 3. Warranted that attendance and wage register is maintained at the place of employment by the Insured as per statutory requirements/compliance and to be submitted when required by insurer.
- 4. Warranted that at any point in time the total No. of workers on the site Should not exceed No. of employees mentioned in the policy.
- 5. Warranted that employees working at a height, especially exceeding 9 meters should be harnessed using adequate and well maintained fall arrest equipment with personal protective equipment, including harness, ropes, safety helmets, gloves, etc.
- 6. Exclusion : Any work involving blasting, tunnelling, Live transmission lines including the impact of residual current, offshore work, underground/ under waterwork, subaqueous work or any related services in connection therewith.
- Exclusion: Workers predominantly engaged in wrecking or demolition and/or Standalone demolition only Projects and/or collection or removal of scrap metal and any related activities including Loading and unloading. However, demolition in conjunction with re-construction/construction/alteration will be covered.
- 8. Exclusion: Workers involved in maintenance of towers, steeples, bridges, Dams, chimney shafts and excavation > 3mts unless specifically agreed and mentioned on this schedule.
- 9. Exclusion: Any interest and/or penalty imposed on the insured on account of his /their failures to comply with the requirements laid down under the Employee's Compensation ACT, 1923.
- 10. Exclusion : Any employee involved in cleaning of Sewers and/or any underground/overground pipelines and/or any underground Services.
- 11. Exclusion : Ship crews on inland vessels or boats or Yatch or vessels of any kind operating within and/or outside territorial waters.
- 12. Exclusion : Fire brigades other than those formed privately for loss prevention purposes.
- 13. Exclusion : Employees employed on a permanent basis in USA and/or Canada.
- 14. Exclusion : Pandemics/epidemics as declared by WHO and /or Government of India.
- 15. Losses suffered while manufacturing and /or supplying and/or producing storing, filling, breaking down, transporting of :
  - (a) Fireworks, ammunition, fuses, cartridges, powder, nitro-glycerine, or any explosives.
    - (b) Gases and/or air under pressure in containers.
    - (c) Butane, methane, propane, and other liquefied gases.
    - (d) Celluloid and pyroxylin
    - (e) Petrochemicals and also chemicals of a toxic (as defined under India's Public Liability Act 1991), noxious, explosive and/or highly flammable nature.
  - (f) Asbestos and/or asbestos products.

(It is understood and agreed, however, that the storage, transport and/or handling if any of the substances above mentioned other than f) which is merely incidental to the operation and/or trade of the Insured's not otherwise excluded, is covered)

16. Work Description-

#### 17. **"Work Description warranty:**

Nature of work in which employees are involved during policy period shall be clearly mentioned on work description.
Nature of work shall have correlation with work description for which policy has been issued and rates shall be charged in accordance with the same.

• Work description shall not fall under any of the policy exclusions mentioned on policy schedule as well as wording. Notwithstanding any provision to the contrary within this insurance, the above-mentioned Work description (if any) will be read together with the terms & conditions of this policy and in no instance shall supersede the policy provisions and exclusions stated, unless specifically agreed and endorsed on the policy by the underwriter.

- "Work Description" field is meant to describe the nature of work that the covered employees are involved in. Any other information mentioned here will be null and void."
- 13. abcd
- 14. Endorsement No 237 :-

It is hereby understood and aareed that any work in connection with the erection fitting up or repair of plant or installations in generating stations, cinemas coilieries, factories, mines guarries, ships theaters music halls, public halls and on the roofs, of railway stations over 9 Metres in height is expressly excluded from the indemnity granted under this Policy.

#### **Premium and Payment Details**

Total Net Premium	14180.21	
CGST rate and amount		0.00
SGST/UTGST rate and Amount		
IGST rate and Amount	18%	2552.44
Final Premium	16732.65	

### **Endorsement Details**

Invoice Number	Invoice Date	Net Premium	lgst	Cgst	Sgst	Utgst	Cess	Gross Premium	)
----------------	--------------	-------------	------	------	------	-------	------	---------------	---

IA086473184	2023-05-17	9556.27	1720.13	0.00	0.00	0.00	0.00	11276.40
IA099603998	2023-06-23	2813.92	506.51	0.00	0.00	0.00	0.00	3320.43
IA108425177	2023-09-20	1086.32	195.54	0.00	0.00	0.00	0.00	1281.86

#### Important Notice

1. \*Cheque dishonor / Non-receipt of payment: If premium paid through Cheque, the policy is void ab-initio in case of dishonor of Cheque or non-receipt of payment.

2. This policy is subject to the standard policy wordings, warranties, exclusions and conditions as per Digit Employees compensation insurance Policy Wordings

3. The Coverage has been provided basis information provided by you/proposer to us and the policy is not valid, if any of the information provided is incorrect.

4. The Policy Wording attached herewith includes all the Standard Coverage offered by Go Digit General Insurance Ltd. to its Customers. For any clarification please call our Call Center Number <u>1800 258 5956</u>.

For & On Behalf of Go Digit General Insurance

Inneen

Consolidated Stamp Duty has been paid as per Letter of Authorization No.67-B/04/2017-18 Date: 30th May 2017 issued by Department of Stamps and Registration, Bengaluru- 560009 -KARNATAKA.

Praveen Bhat Senior Vice President - Customer Experience Authorized Signatory praveen.bhat@godigit.com DDMMYYY Printed, Signed, and Executed at Bengaluru Hey, our document is now digitally signed. Click here to view the certificate Validate your Policy Copy



Wish to go through your detailed policy, click here. In case of any claim, please contact 24-Hour Call Centre at 1800 103 4448 or email us at hello@godigit.com

Go Digit General Insurance Ltd. Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5 Block, Bengaluru, Karnataka 560095, IRDAI Reg No. 158 CIN U66010PN2016PLC167410, GST Reg. No: 29AACCO4128Q1ZW, GSTIN Address: Go Digit General Insurance Ltd, Bangalore Broker Business Centre, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka, PIN-560095. Website:www.godigit.com