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Akhila
Amrit Mahotsav

UNITED INDIA INSURANCE COMPANY LIMITED

1ST FLOOR, MAA MOTORS, OPP. BSNL OFFICE, GODHRA ROAD, HALOL, DIST. PANCHMAHAL
PANCH MAHALS - 389350 GUJARAT
PHONE: (2676) 220991 FAX: EMAIL:

EMPLOYEES COMPENSATION LIABILITY POLICY POLICY NO.:1812012723P117394126

PERIOD OF INSURANCE
From 11:40 Hrs of 26/03/2024
To Midnight of 25/04/2024

Insured

M/s NEHA FABRICATORS
10, SAI PARK, OPP. AYYAPPA TEMPLE, GODHRA ROAD, HALOL
PANCH MAHALS
389350
GUJARAT

Agent Name : KAMAL J PATEL
Agent Code : ACD0036959
Mobile/Landline Number/Email : 8141610278
: kpatel291166@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uic.co.in.
For any Information, Service Requests, Claim intimation and Grievances please write to 181201@uic.co.in

Download Customer App(www.uic.co.in) REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014
Website: <http://www.uic.co.in>
Printed By : PAN30083 @ 26/03/2024 11:43:56 AM

This document is digitally signed

Signer: KALAVENI SUBBIAH
Date: Tue, Mar 26, 2024 11:43:56 AM
Location: United India Insurance Company Ltd
Reason: Signing Policy for UIC



**EMPLOYEES COMPENSATION INSURANCE
POLICY SCHEDULE**



Policy No.	1812012723P117394126	Pris. Pol. No.	1812012723P10015888
Name of Insured/IC	M/A NETA PUBLICATIONS / 2301/1/18184	IC No.	MDH E/2019/27071
Business/Occupation	Print	IC Int.	
Period of Insurance From	11:00 Hrs of 26/03/2024	To	Midnight of 25/04/2024

CO-INSURANCE DETAILS: UIC 181201 - 100%
PREMIUM: ONE HUNDRED RUPEES ONLY

Laws: The Policy covers liability of the Insured under the following Law(s) shown as covering, 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.

LAW	LIMIT OF INDEMNITY
Employees Compensation Act, 1947 and subsequent amendments thereof	Subject otherwise, to the terms, conditions & Exclusion of the Policy, the amount of liability incurred by the Insured.

Common Law
 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 for any number of accidents during Period of Insurance ₹
- b) Limit Per Accident for any number of employees ₹
- c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance ₹

Net Premium	₹	100.00
IGST (5%)	₹	5.00
CGST (5%)	₹	5.00
Stamp Duty	₹	1.00
Total	₹	111.00
Receipt No.	101817012119635789	
Receipt Date	26/03/2024	

Agency/Broker Code: AG00030054
 Rev. Officer Code:

Policy No: 1812012723P117394126

Line/Block of Employees	Occupied Months	Number of Employees	Declared Wages/Employee during the period of Insurance (₹)	Declared Wages/Employee during the period of Insurance (₹)	Place/Places of Employment	Trade Category	Sub Trade Category
EMPLOYEE	Skilled	1	15,000.00	30,000.00	INDUSTRANCE TECHNOLOGIES LTD., PLOT NO. 102/A, MADWAD INDUSTRIAL ESTATE, TAL. HALOL	ENGINEERS NOT OTHERWISE CLASSIFIED	INCL. WORK AWAY FROM SHIP OR YARD UP TO 9 METRS HEIGHT

Subject of following classes:
 Service Condition:
 Subject to terms and conditions of Employee Compensation Insurance Policy attached herewith.

Territory:-

Jurisdiction:-

Subsidiaries:-

Particular of Work:- FABRICATION WORK. EMPLOYEES COVERED ARE SKILLED WELDERS

Location of Risk:- FABRICATION TECHNOLOGIES LTD., PLOT NO. 102/A, MADWAD INDUSTRIAL ESTATE, TAL. HALOL.

Add-ons/Extension/Cover Details:-

Cover	Total Sum (₹)	Premium (₹)
Basic Cover	30000	59.41

Underwriting Remarks: 0. No cover for occupational diseases. 1. No cover for medical expenses, unless specifically stated. 2. No cover for workmen having been under the influence of liquor or drugs or any other intoxicant. 3. No cover for workmen having been under the influence of liquor or drugs or any other intoxicant. 4. All employees to be mandatorily covered. 5. Attendance Register is compulsory. 6. All employees to follow the safety guidelines of the organization. 7. COVID 19 - Communicable Diseases and Pandemics are excluded. Minimum wages must be taken per worker Rs. 15000/- per month. 8. No cover for occupational diseases.

Customer GST/UIN No.:	240491T-29254223	Office GST No.:	240491T-29254223
RFC Code:	097130	Invoice No. & Date:	2723117394126 & 26/03/2024

Amount Subject to Reverse Charges-NIL

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the appropriate 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.

Anti Money Laundering Clause: In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.gov.in/>.

Date of proposal and Declaration: 26/03/2024
 (IN WITNESS WHEREOF) the undersigned being duly authorized has hereunto set his/her hand at HALOL, 181201 on this 26th day of March 2024.

For United India Insurance Co.



STAMP DUTY PAID ON CONSOLIDATED AMOUNT
 TREASURY DEPARTMENT ORDER NO. :
 G/M-2012-48 M.S. No. 112-1122-H-1 DATED
 21.06.2012

Authorized Signatory,
 Underwritten By - PAN30083 | 80 100 24M (S) 2019