

EMPLOYEES COMPENSATION INSURANCE

UIN: IRDAN108CP0011V02202122



WITH YOU ALWAYS

POLICY SCHEDULE (Forming part of Policy no.5190035630 whose terms are attached herewith)

1.	Intermediary/Agent name:	SUVARNA VIVEK BHAGWAT
2.	Intermediary/Agent License Number:	AIG3211P
3.	Intermediary/Agent Code:	1635830000
4.	Intermediary/Agent Contact No:	9850010058
5.	Policy Issuing Office:	SILLOD
6.	Insured Name	VAYAM SOLUTIONS
7.	Insured Address:	FLAT NO 903 , SAHIL OM PARK MOSHI BLOCK GUT NO 272/1,2, MOSHI TOLL NAKA PUNE, 411001, PUNE, MAHARASHTRA
8.	Trade Category	* 1143-Commercial Travellers -Employees using Motor Cycles/Scooters

9.	Nature of Business:	PRODUCT SUPPLIERS	
10.	GSTIN of the Insured:	27DCHPA5038Q1Z8	
11.	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:		
	LAW	LIMIT OF INDEMNITY	COVERAGE
11(a)	The Employee's 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
11(b)	The Fatal Accidents Act, 1855 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

EMPLOYEES COMPENSATION INSURANCE

UIN: IRDAN108CP0011V02202122



WITH YOU ALWAYS

POLICY SCHEDULE

	LAW	LIMIT OF INDEMNITY	COVERAGE
11(c)	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 Rs. _____ b) Limit Per Accident for any number of Employees Rs. _____ c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance Rs. 750000000	YES

12.Period of Insurance: From 00:00 Hrs of 30/04/2024 to midnight of 29/04/2025 (both days inclusive)

13.Premium Details:

Net Premium:	Rs. 1,217
CGST	Rs. 110
SGST	Rs. 110
Stamp Duty:	Rs. 1
Gross Premium:	Rs. 1,437

GST Registration No.: 27AABCT3518Q1ZW , MAHARASHTRA , Service Accounting Code : 997137

14.Details of Employees Covered:

Description of work done by Employees	Declared Number of Employees	Declared Wages during the Period of Insurance	Place/Places of Employment
WORKER	2	600000	Coverage provided is for "All over India".The specific risk locations (if any) will be as per the mentioned below. "FLAT NO 903 , SAHIL OM PARK MOSHI BLOCK GUT NO 272/1,2, MOSHI TOLL NAKA PUNE ANY WHERE IN INDIA, 411001, PUNE, MAHARASHTRA "

15.Subject to following clauses:

Special conditions:

- * Subject additionally to the following conditions, limitations, warranties.
- * Warranted that workers involved in underground work such as mines, tunneling, etc. and/or blasting are not covered.
- * Jurisdiction - India
- * Including cover for Contractor and sub contractor workers
- * Including Medical expenses upto INR 100000 per person
- * Loss History for last 3 years: - no

Subject to terms and Conditions of Employees Compensation insurance Policy wordings attached herewith.

Date: 30-04-2024 16:22

PLACE OF SUPPLY: MAHARASHTRA

For Tata AIG General Insurance Company Ltd.

A handwritten signature in black ink, appearing to be 'H. K. ...', written in a cursive style.

AUTHORISED SIGNATORY