

# EMPLOYEES COMPENSATION INSURANCE

UIN: IRDAN108CP0011V02202122



WITH YOU ALWAYS

## POLICY SCHEDULE (Forming part of Policy no.5190029543 whose terms are attached herewith)

1.	<b>Intermediary/Agent name:</b>	RAJKUMAR BABAR
2.	<b>Intermediary/Agent License Number:</b>	1983387
3.	<b>Intermediary/Agent Code:</b>	0003107000
4.	<b>Intermediary/Agent Contact No:</b>	9822315158
5.	<b>Policy Issuing Office:</b>	PUNE
6.	<b>Insured Name</b>	PHOENIX FACILITY SERVICES
7.	<b>Insured Address:</b>	AGRAWAL COMPOUND, H NO 768 B-206, NR SHANKAR MANDIR, PURNA, BHIWANDI, Thane, Maharashtra, 421302, BHIWANDI, MAHARASHTRA
8.	<b>Trade Category</b>	* 1232-Engineers not otherwise classified -Incl. work away from shop or yard upto 9 mtrs height

<b>9.</b>	<b>Nature of Business:</b>	HELPER	
<b>10.</b>	<b>GSTIN of the Insured:</b>	27CXVPS4639D1ZS	
<b>11.</b>	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:		
	<b>LAW</b>	<b>LIMIT OF INDEMNITY</b>	<b>COVERAGE</b>
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 10/01/2024 to midnight of 09/01/2025 (both days inclusive)

### 13.Premium Details:

Net Premium:	Rs. 48,343
CGST	Rs. 4,351
SGST	Rs. 4,351
Stamp Duty:	Rs. 24
Gross Premium:	Rs. 57,069

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
SKILLED AND UNSKILLED WORKERS	60	10800000	Coverage provided is for "All over India".The specific risk locations (if any) will be as per the mentioned below. "ALL, OVER, INDIA, 421302, BHIWANDI, 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 50000 per person
- \* Loss History for last 3 years: - no

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

Date: 11-01-2024 12:40

For Tata AIG General Insurance Company Ltd.

PLACE OF SUPPLY: MAHARASHTRA

STATE CODE: 20

AUTHORISED SIGNATORY