

Date: 12/09/2023

URN NO:

To,
RUDRAKSHA CONSTRUCTION AND ASSOCIATES
05 SHOP N G-5 JAY BHAVANI, CHOWK PUNARMA ARCADE,
Aurangabad,
Maharashtra - 431001,
India.
Contact No. : +91-7304964397

Subject: Policy Number: 000000035011480

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's "Employee Compensation Insurance" Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy:

- Policy Schedule
- Premium Receipt
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

Your Customer ID : 000000066184463

Your Policy Number : 000000035011480

The Postal Address of your SBI General Branch that will service you in future is:

SBI General Insurance Company Limited
1st floor,16-Seven Hills,"RAMDEV TOWERS" , Jalna Road,
Opp. MGM Hospital, Opposite Raj Heights,
Aurangabad - 431003,
India.

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number **1800-102-1111, 1800-22-1111**

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products

SBI General Insurance Company Ltd., Registered Office & Corporate Office: 9th Floor, A&B Wing, Fulcrum Building, Sahar Road, Andheri East, Mumbai – 400099.

Company Identity Number: U66000MH2009PLC190546

UIN No: IRDAN144RP0015V01201112

Employee Compensation Insurance POLICY

POLICY SCHEDULE

Policy Servicing Office : 1st floor,16-Seven Hills,"RAMDEV TOWERS", Jalna Road,Opp. MGM Hospital, Opposite Raj Heights, Aurangabad-431003,India.

| | |
|----------------------------------|---|
| Policy No. 000000035011480 | Policy Issue Date:12/09/2023 |
| Insured Name | . RUDRAKSHA CONSTRUCTION AND ASSOCIATES Contact Details : +91-7304964397 |
| Mailing Address | 05 SHOP N G-5 JAY BHAVANI, CHOWK PUNARMA ARCADE, Aurangabad, Maharashtra - 431001, India |
| Period of Insurance | From 07/09/2023 (00:00 Hrs) to Midnight of 06/09/2024 |
| Loan Account No | - |
| Total Sum Insured | Rs.900,000.00 |
| Mortgaged to / Hypothecated with | - |
| Coinsurance Details : | Own Share : 100% |

| | | |
|---|---------------------------------------|---|
| Intermediary Name : Shivaji Maruti Athargan | Intermediary Code : 0076898 | Intermediary Contact Details : Mobile No : +91-9404680952 Landline No: |
|---|---------------------------------------|---|

Summary Particulars of Property Insured :

| | |
|--------------------------|---|
| Risk Location Address | AS, PER, ANNEXURE, Aurangabad, Maharashtra - 431136. |
| Description of Occupancy | General Civil Engineering relating to vehicular road or motorways |

Employee Compensation Insurance POLICY

Attached to and forming part of the Schedule to the Policy No. 000000035011480

Description of Covered Items :

| Sr.No. | Type of Cover / Benefit | Assets Description | Sum Insured (Rs.) |
|--------------------------------|-------------------------|--------------------|-------------------|
| 1. | EC + Common Law | | 900,000.00 |
| Total Sum Insured (Rs.) | | | 900,000.00 |

Add-On Cover:

| Sr.No. | Add-On Cover Description | Add-On Cover Sum Insured (Rs.) |
|--------|------------------------------|--------------------------------|
| 1. | Coverage of Medical Expenses | 250,000.00 |

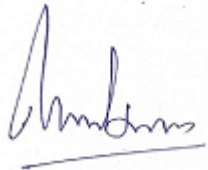
Premium Computation

| Particulars | Amount (Rs.) |
|---|-----------------|
| Gross Premium (Excluding Terrorism Premium) | 6,345.00 |
| Terrorism Premium | 0.00 |
| Total Premium | 6,345.00 |
| Taxes as applicable | 1,142.10 |
| Add Education Cess : 0.00%/ Kerala Flood Cess @1% | 0.00 |
| Add Higher Education Cess : 0.00% | 0.00 |
| Final Premium | 7,487.00 |

Collection Details :- Receipt No: **Receipt Date:** 12/09/2023

P.S. If premium paid through cheque, the policy is void ab initio in case of dishonour of cheque.

Consolidated Stamp Duty paid Rs. 0.50/- towards Insurance Policy Stamps vide Order No. LOA/CSD/676/2023/(Validity Period Dt.11/04/2023 to Dt.10/04/2024)/2017 Date:- 10/04/2023 Dated 2023-04-20 11:19:49.0 of General Stamps Office Mumbai.

| | |
|---|---|
| <p>Signed at : Aurangabad</p> <p>Date : 12/09/2023</p> | <p align="center">For and on behalf of SBI General Insurance Company Limited</p> <div style="text-align: center;">  </div> <p align="center">Authorized Signatory</p> |
|---|---|

Employee Compensation Insurance POLICY

Attached to and forming part of the Schedule to the Policy No. 000000035011480

IMPORTANT NOTE:

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy please contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

Please refer the Claims Settlement & Grievance Redressal procedure document attached herein for ready reference


INTIMATING A CLAIM

For Intimating a Claim with us please contact us through the following channels:
MTNL/BSNL users : 1800-22-1111 And for Other users 1800-102-1111E mail - customer.care@sbigeneral.in
Website: www.sbigeneral.in
Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

CLAIM SETTLEMENT

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the Survey Report or the additional Survey Report, as the case may be, in accordance with the provisions of Protection of Policyholders' Interest Regulations 2017.

GST INVOICE

| | | | | | | | | | | |
|---|---|--------------------------------|-------------|--|------------------|---------------|--------------------|---------------|-------------|---------------|
| GST Invoice No: | 95692087 | | | GST Invoice Date: | 12/09/2023 | | | | | |
| GSTIN/Unique No: (SBI General) | 27AAMCS8857L1ZC | | | SBI General State | Maharashtra | | | | | |
| SBI General Branch Address: | SBI General Insurance Company Limited "RAMDEV TOWERS",1st floor,16-Seven Hills, Jalna Road, Opp. MGM Hospital, Opposite Raj Heights,Aurangabad,Aurangabad, Maharashtra-431003, India | | | | | | | | | |
| Details of Policy Holder: | | | | | | | | | | |
| Name: | RUDRAKSHA CONSTRUCTION AND ASSOCIATES | | | | | | | | | |
| Address: | 05 SHOP N G-5 JAY BHAVANI, CHOWK PUNARMA ARCADE, Aurangabad Head Post Office, Aurangabad, Aurangabad, Maharashtra - 431001, India. | | | | | | | | | |
| Policy Holder State | Maharashtra | | | Place of supply | Maharashtra | | | | | |
| | | | | Whether invoice under Reverse Charge | No | | | | | |
| GSTIN/Unique No: | 27BTPPC8728J1Z4 | | | Policy Number | 0000000035011480 | | | | | |
| Insurance Product Name | HSN Code | Premium (without Taxes) | KFC | | CGST | | SGST/ UTGST | | IGST | |
| | | | Rate | Amount | Rate | Amount | Rate | Amount | Rate | Amount |
| Generic Product | 997137 | 6,345.00 | 1% | 0 | 9% | 571.05 | 9% | 571.05 | % | 0 |
| Total Invoice Value (In Figures) | 7,487.00 | | |  Authorized Signatory | | | | | | |
| Taxes Applicable | 1,142.10 | | | | | | | | | |

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare e-invoice in view of exemption provided to insurance companies under Notification no. 13/2020 –Central Tax dated March 21, 2020"

Employee Compensation Insurance POLICY

Attached to and forming part of the Schedule to the Policy No. 000000035011480

GRIEVANCE REDRESSAL PROCEDURE

Dear Customer

We value your relationship and are committed to offer you best in class customer service.

However if you are dissatisfied with the services rendered by us during any of your interactions with us or on resolution provided by us on your service request or complaint, we request you to register your concern with our Customer Care Team by following the steps mentioned below.

We will acknowledge receipt of your concerns within next 72 working hours & will respond to you as soon as possible upon completion of the investigation.

Step 1:

Call us at Toll free nos: 1800 - 102- 1111 & 1800-22-1111 from Monday to Saturday (08.00 am - 8.00 pm) or write to us at customer.care@sbgeneral.in. If you don't hear from us within 48 hrs please follow step 2

Step 2:

If you are dissatisfied with the resolution provided, please Email to

Head – customer care at head.customercare@sbgeneral.inlf after having followed Steps 1 & Step 2 your issue remains unresolved for more than 30 days from the date of filing your first complaint, you may approach the Insurance Ombudsman for Redressal of your Grievance.

The list of Insurance Ombudsman offices along with their area of jurisdiction is attached herewith.

| Ombudsman Offices | |
|---|--|
| Areas of Jurisdiction | Addresses of the Ombudsman Offices |
| State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu. | AHMEDABAD 2 nd Floor, Shree Jayshree Ambica Chambers, Nr. C U Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380014 Tel: 27546150, Fax: 079-27546142 Email: insombalhd@rediffmail.com |
| States of Madhya Pradesh and Chattisgarh. | BHOPAL Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Bhopal – 462 011. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- bimalokpalbhopal@airtelmail.in |
| State of Orissa. | BHUBANESWAR 62, Forest Park, BHUBANESWAR-751 009. Tel: 2535220, Fax: 0674-2531607 Email:susantamishra@yahoo.com, ioobbsr@vsnl.net |
| States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh. | CHANDIGARH S.C.O No.101,102 & 103, 2 nd Floor, Batra Building, Sector 17 D, CHANDIGARH-160 017 Tel: 2706196 EPBX:0172-2706468 Fax: 0172-2708274 Email: ombchd@yahoo.co.in |
| State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry). | CHENNAI Fatima Akhtar Court , 4 th Floor, 453 (Old 312) Anna Salai, Teynampet, CHENNAI-600 018 Tel: 24333678, 24333668, 24335284 Fax: 044-24333664 Email:insombud@md4.vsnl.net.in |
| States of Delhi and Rajasthan. | DELHI 2/2 A, Universal Insurance Bldg, Asaf Ali Road, NEW DELHI-110 002 Tel: 23239611, Fax: 011-23230858 Email: nsombudsmandel@netcracker.com |
| States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry. | HYDERABAD 6-2-46, Yeturu Towers,Lane Opp. Saleem Function Palace, A C Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 Tel: 55574325, Fax:040-23376599 Email:insombud@hd2.vsnl.net.in |

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|---|--|
| State of Kerela and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry. | KOCHI 2 nd Floor, CC 27/2603 Pulinat Bldg, Opp. Cochin Shipyard, M G Road, ERNAKULAM-682 015 Tel: 2373334, 2350959, Fax:0484-2373336 Email:insuranceombudsmankochi@hclinfinet.com |
| States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands. | KOLKATA Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072. TEL : 033-22124346/22124339 Fax : 033-22124341 Email:- insombudsmankolkata@gmail.com |
| States of Uttar Pradesh and Uttaranchal. | LUCKNOW Jeevan Bhavan, Phase 2, 6 th floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226001 Tel: 0522-2201188, 2231330, 2231331 Fax:0522-2231310 E-mail: joblko@sancharnet.in |
| States of Maharashtra and Goa. | MUMBAI 3 rd Floor, Jeevan Seva Annexe (above MTNL), S V Road, Santacruz (W), Mumbai-400 054 Tel: 26106889, EPBX:022-26106889 Fax:022-26106052, 26106980 Email:ombudsman.i@hclinfinet.com |
| States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. | GUWAHATI 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361-2132204/2131307/2132205 Fax:- 0361-2732937 Email:- ombudsmanghy@rediffmail.com |

Address and contact number of Governing Body of Insurance Council

Secretary General
 Governing Body of Insurance Council
 Jeevan Seva Annexe, 3rd Floor (Above MTNL)
 S. V. Road, Santacruz (W), Mumbai – 400 054
 Tel: 022-6106889
 Fax: 022-6106980, 6106052
 Email: inscoun@vsnl.net

Integrated Grievance Management System

IRDA has launched the Integrated Grievance Management System (IGMS). IGMS is a grievance redress monitoring tool for IRDA. Policyholders who have grievances should register their complaints with the Grievance Redress Channel of the Insurance Company first. If policyholders are not able to access the insurance company directly for any reason, IGMS provides a gateway to register complaints with insurance companies.

Complaints shall be registered with insurance companies first and only if need be, be escalated them to IRDA (Consumer Affairs Department).

Website: http://www.policyholder.gov.in/Integrated_Grievance_Management.aspx

Toll Free Number of IRDA Grievance Call Centre: 155255

Timings: 8 AM to 8 PM -- (Monday to Saturday)