



# UNITED INDIA INSURANCE COMPANY LIMITED

17, STAR TRADE CENTRE MANDPESHWAR ROAD,, SODAWALA LANE, BORIVALI (WEST),  
MUMBAI, MAHARASHTRA  
MUMBAI - 400092 MAHARASHTRA  
PHONE: (022) 28902426 FAX: EMAIL:

## EMPLOYEES COMPENSATION LIABILITY POLICY POLICY NO.:1209002723P111805682

**PERIOD OF INSURANCE**  
From 23:00 Hrs of 16/12/2023  
To Midnight of 15/12/2024

*Insured*

### M/s ALUMINE FABRICATORS INDIA PRIVATE LIMITED

B/106, FIRST FLOOR, BARKYA BHOIR COTTAGE, PANDURANG BHOIR ROAD, DAHISAR,  
MUMBAI  
MUMBAI  
400068  
MAHARASHTRA

Agent Name : MASURKAR MAHESH C  
Agent Code : AGD0041269  
Mobile/Landline Number/Email : 9820492417

The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uiic.co.in](http://www.uiic.co.in).

For any Information, Service Requests, Claim intimation and Grievances please write to [120900@uiic.co.in](mailto:120900@uiic.co.in)

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Download Customer App([www.uiic.co.in](http://www.uiic.co.in)). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.

Website: <http://www.uiic.co.in>

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## EMPLOYEES COMPENSATION INSURANCE POLICY SCHEDULE

Policy No.	1209002723P111805682		Prev. Pol. No.	1209002722P109953724	
Name Of Insured/ID	M/s ALUMINE FABRICATORS INDIA PRIVATE LIMITED / 23141585530				
Tel.(O)		Fax		Tel.(R)	Mobile 9699977743
Business/Occupation	None		Email	alumineindia@gmail.com	
Period of Insurance	From	23:00 Hrs of 16/12/2023		To	Midnight of 15/12/2024

<b>CO-INSURANCE DETAILS:</b>	UIIC 120900 : 100%
<b>PREMIUM:</b>	FIFTY THOUSAND FOUR RUPEES ONLY

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:

	<u>LAW</u>	<u>LIMIT OF INDEMNITY</u>
	Employee's Compensation Act,1923 and subsequent amendments thereof prior to the date of issue of Policy	Subject otherwise ,to the term, condition & Exclusion of the Policy ,the amount of liability incurred by the <b>Insured</b>

	Common Law	Subject otherwise, to the terms,conditions & Exclusions of the Policy,the amount of liability incurred by the <b>Insured</b> , but not exceeding:-
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a) Limit Per Employee for any number of accidents during Period of Insurance ₹ 0
b) Limit Per Accident for any number of Employees ₹ 0
c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance ₹ 0

Net Premium	:	₹ 50,004.00
CGST(9%)	:	₹ 4,500.00
SGST(9%)	:	₹ 4,500.00
Stamp Duty	:	₹ 1.00
<b>Total</b>	:	<b>₹ 59,004.00</b>
Receipt No.	:	10112090023113362316
Receipt Date	:	16/12/2023

Agency/Broker Code:	AGD0041269
BDIS Code:	BD30326

**Details of Employees Covered:**

Description of Employees	Worker Type	Declared Number of Employees	Declared Monthly Wage/Employee(₹)	Declared Wages during the Period of Insurance(₹)	Place/Places of Employment	Trade Category	Sub Trade Category
SKILLED	Skilled	3	21,500.00	774,000.00	ALL OVER INDIA	BUILDERS	EXCL BLASTING AND TUNNELING
SEMISKILLED	SemiSkilled	5	21,500.00	1,290,000.00	ALL OVER INDIA	BUILDERS	EXCL BLASTING AND TUNNELING
UNSKILLED	Unskilled	7	21,500.00	1,806,000.00	ALL OVER INDIA	BUILDERS	EXCL BLASTING AND TUNNELING

**Subject of following clauses:**

Special Condition :

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

**Territory:-****Jurisdiction:-****Subsidiaries:-****Particular Of Work:-**CIVIL GLASS CONTRACT**Location Of Risk:-**ALL OVER INDIA**Add-ons/Extension/Cover Details:-**

Cover	Total SI(₹)	Premium(₹)
Basic Cover	3870000	83340

<b>Customer GST/UIN No.:</b>	27AASCA0162E1ZT	<b>Office GST No.:</b>	27AAACU5552C1ZJ
<b>SAC Code:</b>	997139	<b>Invoice No. &amp; Date:</b>	2723I111805682 & 16/12/2023
<b>Amount Subject to Reverse Charges-NIL</b>			

**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 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.cvc.nic.in>.**

Date of Proposal and Declaration: 16/12/2023

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO BORIVALI 120900 on this 15th day of December ,2023

**For United India Insurance Co. Ltd.**

**Authorised Signatory.****Underwritten By - CHA34176 ( DO UW CUM CASHIER )**

Affix Policy Stamp here.

**'Policy form - Claims made with right to defend.'**

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