



UNITED INDIA INSURANCE COMPANY LIMITED

UNITED INDIA INSURANCE CO. LTD, CITY BRANCH OFFICE-1 2ND FLOOR, GOPICHAND COMPLEX, NEXT TO BAFNA JEWELLERS, AKASHWANI CHOWK , JALNA ROAD, AURANGABAD - 431001

AURANGABAD - 431001 MAHARASHTRA
PHONE: (0240) 2993005 FAX: EMAIL:

EMPLOYEES COMPENSATION LIABILITY POLICY POLICY NO.:2307012724P102740057

<p>PERIOD OF INSURANCE From 00:00 Hrs of 25/05/2024 To Midnight of 24/11/2024</p>
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Insured

M/s DELTA ENGINEERING PROP: SYED SHOEEB SHAKER

SHOP NO.12, FIRST FLOOR, UNITED PRICE COMPLEX, BEED BYPASS ROAD, AURANGABAD
AURANGABAD
431003
MAHARASHTRA

Agent Name	: BAIG MIRZA RIYAZ MIRZA RAHEMAN
Agent Code	: AGI0064527
Mobile/Landline Number/Email	: <u>7588930407</u>

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 230701@uiic.co.in

Download Customer App(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.	2307012724P102740057		Prev. Pol. No.	2307012721P112649583	
Name Of Insured/ID	M/s DELTA ENGINEERING PROP: SYED SHOEEB SHAKER / 23138879865				
Tel.(O)		Fax		Tel.(R)	
Business/Occupation	None			Email	syed@deltaeng.in
Period of Insurance	From	00:00 Hrs of 25/05/2024		To	Midnight of 24/11/2024

CO-INSURANCE DETAILS:	UIIC 230701 : 100%
PREMIUM:	FIVE THOUSAND ONE HUNDRED SEVENTY-ONE 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 Insured

	Common Law	Subject otherwise, to the terms,conditions & Exclusions of the Policy,the amount of liability incurred by the Insured , 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	:	₹ 5,171.00
CGST(9%)	:	₹ 465.00
SGST(9%)	:	₹ 465.00
Stamp Duty	:	₹ 1.00
Total	:	₹ 6,102.00
Receipt No.	:	10123070124102920339
Receipt Date	:	24/05/2024

Agency/Broker Code:	AGI0064527
Business Associate Code:	BAS47277

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
WORKER	SemiSkilled	4	15,000.00	360,000.00	ANYWHERE IN MAHARASHTRA AS PER WORK ORDER.	ELECTRIC REFRIGERATORS AND AIR CONDITIONERS ASSEMBLING INSTALLATION MAINTENANCE AND REPAIRS	COMMERCIAL PURPOSES

Subject of following clauses:

Special Condition :

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

Territory:-**Jurisdiction:-****Subsidiaries:-****Particular Of Work:-****Location Of Risk:-**ANYWHERE IN MAHARASHTRA AS PER WORK ORDER.**Add-ons/Extension/Cover Details:-****Medical Expenses Extension SI/Employee-Rs.50000**

Cover	Total SI (₹)	Premium (₹)
Basic Cover	360000	7956
Medical Expenses Cover	200000	1193.40

Customer GST/UIN No.:	27HIFPS1064C1ZA	Office GST No.:	27AAACU5552C1ZJ
SAC Code:	997139	Invoice No. & Date:	2724I102740057 & 24/05/2024
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 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: 25/05/2024

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at BO 1 AURANGABAD 230701 on this 24th day of May ,2024

For United India Insurance Co. Ltd.


Affix Policy Stamp here.

Authorised Signatory.**Underwritten By - PAL47494 (BO UW CUM CASHIER)****'Policy form - Claims made with right to defend.'**

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