

The Oriental Insurance Company Limited

EMPLOYEES COMPENSATION POLICY SCHEDULE

Policy No. : 182000/48/2025/6902 Prev. Policy No. : 182100/48/2024/2407

Cover Note No. : - Cover Note Date :

Insured's Code : 131082752 Issue Office code : 182000

Insured's Name : INNOVATIVE INTERIOR (GSTIN: 0) Issue Office Name : BO OSMANPURA CIRCLE AURANGABAD

(GSTIN: 27AAACT0627R4ZW)

Address : PLOT NO 8/B, LAGHUVETAN Address : OFFICE NO. 3 & 4, 1st FLOOR, SAI

COLONY, N-2, CIDCO, SQUARE, OSMANPURA CIRCLE,

MUKUNDWADI, AURANGABAD 431001 AURANGABAD

AURANGABAD MAHARASHTRA 431601

AURANGABAD MAHARASHTRA

431001

Tel./Fax/Email: //7796739999/rushikeshj774@gmail.com Tel./Fax/Email:0240-2332019, 2323364//

182000@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NZ0000000777 AGENCY MANAGER

Agent/Broker : BA0000018834 DEEPAK GOVINDPRASAD SONI

Address :FLAT NO 3, CTS NO.8597, VASANT VIHAR APTT.,KUWAR

FALLY,,AURANGABAD,AURANGABAD,MAHARASHTRA,431001

Tel/Fax/Email : 9423177040/9423177040//daaa1977@gmail.con

Period of Insurance : FROM 14:21 ON 10/01/2025 TO MIDNIGHT OF 09/07/2025

Collection No. & Dt. ; DC_I_IND 8714007251 - 10/01/2025 GST INVOICE NO :2723300153 UIN :0

Gross Premium : 9,870 GST 1776 Stamp Duty : 10 Total : 11,646

Co-insurance Details: NIL

Laws

Laws: Indemnity against legal liability to all employees(Whether or not coming within the definition of the term Workmen)under

the E.C.Act prior to the date of issue of the policy,the Fatal Accidents Act,1855 and at Common Law.

Risk Information

Place: AURANGABAD
Date: 10/01/2025





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The Oriental Insurance Company Limited

Attached to and forming part of policy number 182000/48/2025/6902

Details of Employees with Monthly Wages Below Rs.15000/-

_	Est. No. of Emps		Occupation	totalsalary /wages/other earnings per		Estimated Total earnings per workman	Table	Place of Employment	
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1 8 Builders - All 108,000 108,000 A ALL OVER INDIA

employees engaged in shop or yard or in construction/demolition of buildings and other civil construction like dams, bridges etc. incl. Excavation Excl. blasting and tunneling

Contract Details

Principal Name :
Site of work :
Trade description :
Address :
State :
City :

Pincode : 431001

The Insurance under this policy is extended to cover risks of (as per forms attached).

Total Annual Wages of all Employees *120 times, WC-Percapita Cover.

Total Premium in words : Indian Rupees Eleven Thousand Six Hundred Forty-Six Only

The insurance under this policy is subject to conditions, clauses, warrenties, exclusions which are available on Company's website: www.orientalinsurance.org.in or on demand from policy issuing office.

"It is hereby agreed that this policy doesnot cover medical expenses" as required under the provision 2A of the Employee's Compensation Act, 1923(as amended) and described above.

Subject to adjustment in the terms of Condition 6. The estimated amount of wages/salaries & other earnings on which premium is based.

Place: AURANGABAD

Date: 10/01/2025





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The Oriental Insurance Company Limited

Attached to and forming part of policy number 182000/48/2025/6902

It is hereby understood and agreed that the indemnity herein is extended to cover the legal liability of the insured to workmen in the employment of contractors performing work for the Insured while engaged in the business and occupations in respect of which the within Policy is granted, but only so far as regard claims under the workmen's compensation act , 1923 and subsequent amendments of said Act prior to the date of the issue of this Policy , the premium in respect of such extended insurance to be calculated.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operaing offices as well as Company's website.

Not applicable

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at BO OSMANPURA CIRCLE AURANGABAD (GSTIN: 27AAACT0627R4ZW) on 10TH DAY OF JANUARY 2025.

Entered By : MR RAJENDRA GAIKWAD

Examined By : DHAMMANAND SONONE

Digitally Signed

By

Policy Printed By: 707341 IP:

Authorised Signatory

Policy Printed On: 10-JAN-25 16:47:44 MAC:

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in and through other digital platforms including Whatsapp (Send "Hi" to 9560711200)

Place: AURANGABAD

Date: 10/01/2025





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