



BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

Welcome to Bajaj Allianz Family

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.		4th Floor, Atlantis Heritage, B/h Atlantis Heights, Opp. Swagat Petrol Pump, Sarabhai Main Road, Vadodara - 390007	
Insured Name	KATARIA IMPEX	Policy Number	OG-24-2201-2802-00003303

KATARIA IMPEX

5 DIVYALOK SOCIETY VADODARA, HARNI
VADODARA-390022
GUJARAT

Mobile No : 9924369901



Customer ID : 347304638

Dear Customer,

Thank you for choosing Bajaj Allianz General Insurer as your preferred insurer. Bajaj Allianz General Insurance Company Limited, a consistently profitable insurer enjoys a reputation of expertise, stability and strength. We are a customer focused market leader present in over 200 locations across India. As an organization we strive to understand the risk management needs of our consumers and translate it into affordable products and services of global quality that deliver value for money. Bajaj Allianz has an ISO Certified claims, Operations and Services process and has received iAAA rating for the last three consecutive years from ICRA Limited, an associate of Moody's Investors Service, for claims paying ability. The rating indicates highest claims paying ability and a fundamentally strong position in the industry.

We request you to kindly go through the contents of the policy schedule and the terms and conditions. In case of any clarification or disagreement, please write to us at

Bagic.help@bajajallianz.co.in within fifteen days of receipt of this policy.

We assure you the best of our services and look forward to a continual patronage and association with you.

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory



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EMPLOYEE'S COMPENSATION INSURANCE TRANSCRIPT OF PROPOSAL UIN. IRDAN113CP0053V02201920

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.		4th Floor, Atlantis Heritage, B/h Atlantis Heights, Opp. Swagat Petrol Pump, Sarabhai Main Road, Vadodara - 390007	
Insured Name	KATARIA IMPEX	Policy Number	OG-24-2201-2802-00003303

Bajaj Allianz General Insurance Company Ltd
 [Corporate Identity Number (CIN) : U66010PN2000PLC015329]
 Unique Identification Number (UIN) : IRDAN113CP0053V02201920
 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006
 Transcript of Proposal for Employee Compensation Insurance

Dear KATARIA IMPEX

We, Bajaj Allianz General Insurance Company Ltd 'Company' or 'Insurer', wish to inform you that your contract of insurance (Policy) will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB or other means which would be considered as the final proposal, the transcript of which is as follows:

You are requested to yourself reconfirm the same at your end. In case of any disagreement or objection or any changes with respect to information mentioned below, We request you to please revert back within a period of 15 days from the date of your receipt of this document [but in case of short term Policy, your revert shall reach us before the inception date of Policy/ activities/risks covered by Policy/ies are started]. In case of our non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed that you have positively confirmed to us the correctness of the below mentioned information and declaration. In case you disagree to any of the information/contents of this transcript, standard Terms and conditions, you have the option to return the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, you shall be entitled to a refund of the premium paid, subject only to there being no claim made under the Policy and also subject to a deduction of the expenses incurred by us and the stamp duty charges. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we have issued the Policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab-initio if material facts/declarations are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Insured Name		KATARIA IMPEX	
Email Address	sagar.kotak99@gmail.com	Mobile Number	9924369901
Date of Birth		Nationality	
Pan No	BJBPS4355M	Unique Identity (Aadhaar No.)	NA
Permanent Address		Mailing Address	
House No/ Building No/ Flat No		House No/ Building No/ Flat No	5 DIVYALOK SOCIETY VADODARA
Street/ Locality/ Landmark		Street/ Locality/ Landmark	
State		State	GUJARAT
City		City	VADODARA
Area		Area	HARNI
Pincode		Pincode	390022

Proposers trade or occupation Industrial Piping work / Cabling work and related work

Particulars of work to be covered in Detail: Industrial Piping work / Cabling work and related work

Risk Location address(s) For all Contract Sites anywhere in India

Number of work shifts and duration of each shift

Policy Period: From: 15-MAR-2024 12:01 AM To : 14-MAR-2025 Midnight

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: Bagichelp@bajajallianz.co.in, Website www.bajajallianz.com
Corporate Identification Number: U66010PN2000PLC015329

Fax no: 020-30512246

Give a Missed Call on 8080945060, SMS WORRY to 575758
Say Hi on WhatsApp us on 7507245858



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Insured Name	KATARIA IMPEX	Policy Number	OG-24-2201-2802-00003303

COVERAGES REQUIRED

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coverage Options [Yes/No]
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act 1923	Yes
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. 0 b) Limit Per Accident for any number of Employees Rs. 0c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs. 0	Yes
Occupational Diseases		a) Limit Per Employee Rs. 0 b) No of Employees 7 Aggregate liability of the company for all employees during the Period of Insurance shall be limited to 50% of the amount arrived at by multiplying per Employee limit with the number of Employees.	No
Contractors Employees		Limit: As per Employees Compensation Act 1923	Yes
Road Ambulance		Rs.5000 Per Employee in the aggregate during the policy period	No
Transportation of Mortal Remains		Rs.2000 Per Employee in the aggregate during the policy period	No
Medical Expenses		(If Yes) Please select limit per Employee in the aggregate during the policy period from below options	Yes

ALL PERSONS EMPLOYED MUST BE INCLUDED

* Wages means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of an employee towards any pension or provident fund or a sum paid to an employee to cover any special expenses entailed on him by the nature of his employment; Also the definition of Wages and Employee as given under Employees State Insurance Act, 1948 shall apply for the purpose of verifying as to whether employee is or is not covered under Employees State Insurance Act, 1948.

OWN EMPLOYEE DETAILS**

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Insured Name	KATARIA IMPEX	Policy Number	OG-24-2201-2802-00003303

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance	Place/Places of Employment
Employees	7	Rs.1008000	

CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for] **

Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

Kindly answer the below questions:

1. Does the above, schedule include
 - a. All persons in your service?
 - b. All your contractors/ subcontractors?
2. Do you comply with all statutory obligations, manufacturers recommendations and other safety regulations in conduct of the Business
3. Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements
4. Employee Safety Practices
 - a. Do you have documented SOP for employee safety in place?
 - i. Is there a compliance procedure in place?
 - ii. Is there a procedure in place for identification and immediate correction of breach in SOP for Employee safety?
 - iii. Do you carry out periodic management review of SOP?
 - b. Fire prevention and safety measures available in your factory/establishment.
 - c. Do you carry out frequent training sessions on Safety for your Employees?
5. Medical Facility
 - i. Do you have a medical facility with round the clock doctors, para medical staff and ambulance services?
 - ii. Do you have a medical facility with round the clock para medical staff and ambulance services, but doctors on call only?
 - iii. No medical facility available except first aid
 - iv. Hospital (public/private) within 5 k.m. from your factory/establishment with round the clock availability of doctors, para medical staff, ambulance services?
6. Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.
7. Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?
8. Please provide Past Claims Experience, if any

State the total Premium paid and particulars of accidents to your employees during the past three years. **

Year (Past 3 years from this date)	Premium Paid	Wages Paid	Amount of Loss
0	0	0	0

State the total Premium paid and particulars of accidents to your Contractors employees during the past three years. **

Year (Past 3 years from this date)	Premium Paid	Wages Paid	Amount of Loss

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- The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to you and you have fully understood the significance of the proposed contract of insurance basis which you have confirmed for Policy issuance. .
- You have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements, particulars, answers and/or particulars, information, declarations, warranties, documents given in/as per this proposal shall be held to be promissory and shall be the basis of the Policy/insurance contract between you and the Company and your proposal is subject to the Board approved underwriting policy of the Company and that the Policy will come into force only after your full payment of the prescribed premium chargeable and our receipt and realisation of full prescribed premium.
- You declare that the statements and particulars given in this transcript are complete, true and accurate in all respects, to the best of your personal knowledge and belief and that there is no other information, which is relevant to your proposal for insurance that has not been disclosed to us. You undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured. You shall immediately inform the Company if there are any subsequent changes to the information, declarations, warranties mentioned in this transcript of the proposal or if additions or alterations are carried out in the risk proposed after the submission of this proposal. You agree to the Standard Terms and Conditions of the Company. In case of Disagreement or objection or any changes with respect to information, declarations, Standard Terms and Conditions, exclusions and contents mentioned hereinabove, please contact Companys toll free number & register your objections / changes / disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy.
- You shall dully provide and declare to the Company the details of employees accurately, from time to time.
- The Company shall have no liability under the Policy insurance contract if it is found that any of your statements, particulars, answers and or particulars, information, declarations, warranties, in your this proposal or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter [whether material or not material] to the grant of a cover by the Company.
- You authorize the Company to share information pertaining to your proposal for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority, reinsurers, group companies, auditors/legal counsel, service providers etc.,
- You have read and understood the privacy policy of the Company and hereby unconditionally agree and bind yourself to all terms and conditions of the Companys privacy policy, as amended, from time to time.
- You agree that the Standard Terms and Conditions sent to you for the Policy taken by you for the first time shall be applicable to the renewal Policy and the Company need not send the Standard Terms and Conditions at the time of renewal and if you require the same you will seek the same from the Company.

I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information:Yes

Toll free Number: 1800-103-2529, 1800-22-5858, 1800-102-5858 and 1800-209-5858

Email address: bagic.help@bajajallianz.co.in

Website: www.bajajallianz.com

Contact our Policy servicing branch at: 4th Floor, Atlantis Heritage, B/h Atlantis Heights, Opp. Swagat Petrol Pump, Sarabhai Main Road, Vadodara - 390007

** This is print of electronic records maintained by us in accordance with law and hence does not require signature.

Scrutiny No: 395128396

PROHIBITION OF REBATES

Section 41, of Insurance Act, 1938: No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate, of the premium shown on the Policy nor shall any person taking out or renewing or continuing a Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with a penalty which may extend to ten lakh rupees.



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EMPLOYEE'S COMPENSATION INSURANCE POLICY SCHEDULE UIN: IRDAN113CP0053V02201920

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Insured Name	KATARIA IMPEX	Policy Number	OG-24-2201-2802-00003303

INSURED DETAILS		POLICY DETAILS	
Proposer Address	5 DIVYALOK SOCIETY VADODARA, HARNI VADODARA-390022 GUJARAT	Policy Issued on	14-MAR-2024
Customer ID	347304638	Period of Insurance	From: 15-MAR-2024 12:01 AM To : 14-MAR-2025 Midnight
GSTIN / UIN	24BJBPS4355M1ZV	Endorsement	NA
STATE CODE/NAME	24 - Gujarat	Policy Status	Issued

SL NO.		
1	Risk Location address	For all Contract Sites anywhere in India
2	Proposers business [Correspondence] address	5 DIVYALOK SOCIETY VADODARA
3	Proposers trade or occupation	Industrial Piping work / Cabling work and related work
4	Particulars of work to be covered in Detail	Industrial Piping work / Cabling work and related work
5	Retroactive Date: The company shall not be liable for any claim prior to this date even if the claim is first made during the policy period (Applicable only to Occupational Disease Endorsement)	
6	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	

SL NO.	LAW	LIMIT OF INDEMNITY	COVERAGE
6(a)	Employees 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 [Employees covered under Employees State Insurance Act 1923 are not covered under this indemnity]	Yes
6(b)	Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured	Yes

7. Additional Covers

Cover	Limit Per Employee	Aggregate limit SI
Coverage For Medical Expenses	50000	0

8. Details of Employee Covered

Nature Of Work	Classification No	Description Of Employees	Salary Per Month	No of employees	No Of Months	Total Wages	Total Wages upto 15000	Total Wages above 15000
Electric Cables, Makers and suppliers of incl. Cabelaying, installation and Erection work - All work away from shop or yard	135	Employees	Rs.12000	7	12	Rs.1008000	Rs.1008000	Rs.0

9. Period of Insurance

From 15-MAR-2024 to 14-MAR-2025 (both days inclusive)

10. Co-Share Details

Own Share: 100%

11. Premium Details

Description	Description	Amount (INR)
Final Premium Rupees Seven Thousand Six Hundred Fifty Four Only .	Net Premium	Rs.6,486
	State GST (9%)	Rs.584
	Central GST (9%)	Rs.584
	Final premium	Rs.7,654

Special Conditions	<ol style="list-style-type: none"> Subject to submission of duly filled in proposal & payment of premium All the workers in site have to be covered and the books of accounts and attendance register shall be mandatorily maintained by the insured Gross wages including value of perquisites need to be given. In the event of a claim and if employee is covered under the ESIC Act, then appropriate affidavit regarding non-submission of claim for same incidence at ESIC will be required for processing the claim on merit under this policy. This document will be mandatory in nature and without this document claim process will be prejudiced. Coverage applicable under Fatal Accident Act 1855.
Clauses	<ol style="list-style-type: none"> On expiry of policy actual statement of wages need to be provided for adjustment of premium Only specified work nature is covered and any change in work nature needs to be informed and terms change accordingly. To include employees of sub/contractors, full details of contract are to be furnished specifically. All other details and terms to be same as existing employee compensation insurance policy



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Insured Name	KATARIA IMPEX
Policy Number	OG-24-2201-2802-00003303

Warranties	1. Blasting works or works involved with explosives not covered unless specified and agreed by Insurance Company. 2. All Employees shall be covered without any selection under given Job Description. 3. Interest and penalty are not covered. 4. The policy does not cover for accidents occurring under the influence of intoxicating liquor or drugs or where employee has disobeyed safety instructions or regulations, or disregarded the use of safety devices		
Exclusions	1. Any liability caused by any infectious and or contagious disease is not covered under the policy. 2. Oil & Energy, Offshore, Blasting/Tunnelling, Mining, Asbestos, Security Agencies not covered unless specified and agreed by Insurer 3. Any change with respect to Any changes/ revised rates/ revised instructions from regulatory/supervisory bodies like IRDA/IIB/GIC Re/GI Council. 4. Cyber Risk exclusion NMA 2915 5. Sanction & Limitations clause		
Additional covers	NA		
Proposal date	NA		
Financial Institution Ref. No.			
Agency Code & Name	10044335, Shivani R Rochwani		
Contact No.	9664664283, 9879109479	E-Mail	ritesh.rochwani@insuresecure.in

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

QR Code



Authorized Signatory

This document is digitally signed, hence counter signature / stamp is not required

Consolidated Stamp Duty of Rs. 3.24/- paid for insurance policy stamps vide Order No. CSD/17/2023/4571 dated 10-NOV-23 of General Stamp Office, Mumbai, India.

BAGIC GST No : 24AABC5730G123 | Principal Location : 4th Floor, Turquoise, Nr. Panchvati Circle, C.G Road, Ellisbridge, Ahmedabad - 380006 PH:079-26432000 | Services Accounting Code : 997139 - Other non-life insurance services (excluding reinsurance services). No reverse charge is payable on these services. | Invoice No. : 416395880/1

Schedule (1) | Printed on : 15-Mar-2024 10:12:14 | shivani.rochwani@general.bajajallianz.co.in | WEB | NA

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EMPLOYEE'S COMPENSATION INSURANCE RECEIPT UIN. IRDAN113CP0053V02201920

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Insured Name	KATARIA IMPEX	Policy Number	OG-24-2201-2802-00003303

RECEIPT

Receipt Number: 2201-01699612
 Receipt Date: 14/03/2024
 Business Channel: ML

Received with thanks from **KATARIA IMPEX**
 (Customer ID : 347304638) a total sum of Rupees Seven Thousand Six Hundred Fifty Four Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount
Credit Card	103612674	14/03/2024	NA	NA	7,654

Total Amount 7,654.00

Note :
 Issuance of this receipt does not amount of acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

* Cheque/DD/PO receipt is valid subject to realisation of the instrument

For & on the behalf
Bajaj Allianz General Insurance Company Ltd.


 Authorized Signatory



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