

Policy Schedule



Digit Employees Compensation Insurance Policy

UIN: IRDAN158RP0020V01201920

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Insured & Policy Details

| Insured Details | | Policy Details | | | | | |
|---|--|--|---|-------------|-------------|--|--|
| Name | VIVAN ENTERPRISES | Policy Number | D146983502 | | | | |
| Address | C-502, CAPITAL TOWERS, DANGE CHOWK, MAHALAXMI FURNISHING, WAKAD, Pune, Pune, Maharashtra, 411057 | Receipt Number | RA162835471 Policy Issue Date | | 10-May-2024 | | |
| GST State Code | 27 | Dalies Davied | From | 10-May-2024 | 16:40:30 | | |
| City / Location | Pune | Policy Period | То | 09-May-2025 | 23:59:59 | | |
| Contact No | +918999054396 | Partner Code and Name | 1000158 POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED | | | | |
| Email ID | vivanent20@gmail.com | Partner Contact and Email ID | crtmotor@policybazaar.com | | | | |
| GSTIN Number | 27BDZPR1637R1ZA | Address of Insured Premises / Location covered | Anywhere in india | | | | |
| Policy Form | Table A | | | | | | |
| Nature of Business / Occupation / Activity | Builders | Description | Unskilled Workers | | | | |

Coverage Details

| Work Description | No. of Employees | Maximum Estimated Monthly wages | Declared wages | Classification No. | Endorsement No. | work category |
|--------------------------|---|------------------------------------|-----------------|-----------------------|-----------------|---------------|
| Unskilled Workers | 14 | 15,000.00 | 25,20,000.00 46 | | | Builders |
| Skilled Workers | 2 | 15,000.00 | 3,60,000.00 | 46 | | Builders |
| Total Monthly Wages | 16 | 2,40,000.00 | 28,80,000.00 | | | |
| Scope of Cover: | | | | | | |
| date of issue of this Pa | ployee's Compensation olicy atal Accidents Act & Co | | | | | |

Endorsement

| | Opted/ Not-Opted | Limit | Aggregate Limit | | |
|---|------------------|---|-------------------|--|--|
| Medical Expenses Cover | Opted | Each employee INR 25000 | For all accidents | | |
| Occupational Disease Cover | Not-Opted | NA | NA | | |
| Coverage for Contractors and/or SubContractors Workers/ Employees | Opted | The amount of liability incurred by the Insured as per Employee's Compensation Act, 1923 and subsequent amendments. | | | |

Special Terms and Conditions

- 1. Any change in "location" or "nature of employment", if any during the policy period should be informed to the insurer mandatorily and the same shall be covered at the discretion of the Insurer. Where additional premium is required the same shall be charged.
- 2. Occupational diseases shall only mean diseases listed in Part "C" of Schedule III to W.C. Amendment Bill 1989.
- 3. Warranted that attendance and wage register is maintained at the place of employment by the Insured as per statutory requirements/compliance and to be submitted when required by insurer.
- 4. Warranted that at any point in time the total No. of workers on the site Should not exceed No. of employees mentioned in the policy.
- 5. Warranted that employees working at a height, especially exceeding 9 meters should be harnessed using adequate and well maintained fall arrest equipment with personal protective equipment, including harness, ropes, safety helmets, gloves, etc.
- 6. Exclusion: Any work involving blasting, tunnelling, Live transmission lines including the impact of residual current, offshore work, underground/ under waterwork, subaqueous work or any related services in connection therewith.

- 7. Exclusion: Workers predominantly engaged in wrecking or demolition and/or Standalone demolition only Projects and/or collection or removal of scrap metal and any related activities including Loading and unloading. However, demolition in conjunction with re-construction/construction/alteration will be covered.
- 8. Exclusion: Workers involved in maintenance of towers, steeples, bridges, Dams, chimney shafts and excavation > 3mts unless specifically agreed and mentioned on this schedule.
- 9. Exclusion: Any interest and/or penalty imposed on the insured on account of his /their failures to comply with the requirements laid down under the Employee's Compensation ACT, 1923.
- 10. Exclusion: Any employee involved in cleaning of Sewers and/or any underground/overground pipelines and/or any underground Services.
- 11. Exclusion: Ship crews on inland vessels or boats or Yatch or vessels of any kind operating within and/or outside territorial waters.
- 12. Exclusion: Fire brigades other than those formed privately for loss prevention purposes.
- 13. Exclusion: Employees employed on a permanent basis in USA and/or Canada.
- 14. Exclusion: Pandemics/epidemics as declared by WHO and /or Government of India.
- 15. Losses suffered while manufacturing and /or supplying and/or producing storing, filling, breaking down, transporting of:
 - (a) Fireworks, ammunition, fuses, cartridges, powder, nitro-glycerine, or any explosives.
 - (b) Gases and/or air under pressure in containers.
 - (c) Butane, methane, propane, and other liquefied gases.
 - (d) Celluloid and pyroxylin
 - (e) Petrochemicals and also chemicals of a toxic (as defined under India's Public Liability Act 1991), noxious, explosive and/or highly flammable nature.
 - (f) Asbestos and/or asbestos products.

(It is understood and agreed, however, that the storage, transport and/or handling if any of the substances above mentioned other than f) which is merely incidental to the operation and/or trade of the Insured's not otherwise excluded, is covered)

16. Work Description-

17. "Work Description warranty:

- Nature of work in which employees are involved during policy period shall be clearly mentioned on work description.
- Nature of work shall have correlation with work description for which policy has been issued and rates shall be charged in accordance with the same.
- Work description shall not fall under any of the policy exclusions mentioned on policy schedule as well as wording. Notwithstanding any provision to the contrary within this insurance, the above-mentioned Work description (if any) will be read together with the terms & conditions of this policy and in no instance shall supersede the policy provisions and exclusions stated, unless specifically agreed and endorsed on the policy by the underwriter.
- "Work Description" field is meant to describe the nature of work that the covered employees are involved in. Any other information mentioned here will be null and void."

Premium and Payment Details

| Total Net Premium | 8100.00 | | | | |
|----------------------------|---------|---------|--|--|--|
| CGST rate and amount | | 0.00 | | | |
| SGST/UTGST rate and Amount | | | | | |
| IGST rate and Amount | 18% | 1458.00 | | | |
| Final Premium | 9558.00 | | | | |

Endorsement Details

| Invoice Number | Invoice Date | Net Premium | lgst | Cgst | Sgst | Utgst | Cess | Gross Premium |
|----------------|--------------|-------------|---------|------|------|-------|------|---------------|
| IA133328655 | 2024-05-10 | 8100.00 | 1458.00 | 0.00 | 0.00 | 0.00 | 0.00 | 9558.00 |

Important Notice

- 1. *Cheque dishonor / Non-receipt of payment: If premium paid through Cheque, the policy is void ab-initio in case of dishonor of Cheque or non-receipt of payment.
- 2. This policy is subject to the standard policy wordings, warranties, exclusions and conditions as per Digit Employees compensation insurance Policy Wordings
- 3. The Coverage has been provided basis information provided by you/proposer to us and the policy is not valid, if any of the information provided is incorrect.
- 4. The Policy Wording attached herewith includes all the Standard Coverage offered by Go Digit General Insurance Ltd. to its Customers. For any clarification please call our Call Center Number 1800 258 5956.

For & On Behalf of Go Digit General Insurance

Invern.

Praveen Bhat Senior Vice President - Customer Experience Authorized Signatory praveen.bhat@godigit.com DDMMYYY Printed, Signed, and Executed at Bengaluru Hey, our document is now digitally signed. Click here to view the certificate Consolidated Stamp Duty has been paid as per Letter of Authorization No.67-B/04/2017-18 Date: 30th May 2017 issued by Department of Stamps and Registration, Bengaluru- 560009 -KARNATAKA.

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Wish to go through your detailed policy, click here. In case of any claim, please contact 24-Hour Call Centre at 1800 103 4448 or email us at hello@godigit.com

Go Digit General Insurance Ltd. Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5 Block, Bengaluru, Karnataka 560095, IRDAI Reg No. 158 CIN U66010PN2016PLC167410, GST Reg. No: 29AACCO4128Q1ZW, GSTIN Address: Go Digit General Insurance Ltd, Bengaluru Online Website Business, Atlantis 95 4th B Cross Road Koramangala Industrial Layout 5th Block, Bengaluru, Karnataka, PIN-560095. Website: www.godigit.com