



UNITED INDIA INSURANCE COMPANY LIMITED
KUBERA CHAMBERS J.M. ROAD, SHIVAJINAGAR PUNE, PUNE, MAHARASHTRA
PUNE - 411005 MAHARASHTRA
PHONE: (020) 25534699,(020) 25533667 FAX: (20) 25534964 EMAIL:

**EMPLOYEES COMPENSATION LIABILITY POLICY
POLICY NO.:1610002723P108397447**

PERIOD OF INSURANCE
From 00:00 Hrs of 18/10/2023
To Midnight of 17/10/2024

Insured
M/s MATRIX TESTING MACHINE SERVICES
OFFICE NO. 813, RAMA EQUATOR, MORWADI, PIMPRI, PUNE, MAHARASHTRA
PUNE
411018
MAHARASHTRA

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name :
Agent Code :
Mobile/Landline Number/Email :

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 161000@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.	1610002723P108397447		Prev. Pol. No.	
Name Of Insured/ID	M/s MATRIX TESTING MACHINE SERVICES / 23249220426			
Tel.(O)		Fax		Mobile 7276001181
Business/Occupation	None		Email	alpesh@matrixfieindia.com
Period of Insurance	From	00:00 Hrs of 18/10/2023	To	Midnight of 17/10/2024

CO-INSURANCE DETAILS:	UIIC 161000 : 100%
PREMIUM:	EIGHT THOUSAND SIX HUNDRED FIFTY-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 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	:	₹ 8,654.00
CGST(9%)	:	₹ 779.00
SGST(9%)	:	₹ 779.00
Stamp Duty	:	₹ 1.00
Total	:	₹ 10,212.00
Receipt No.	:	10116100023109585537
Receipt Date	:	16/10/2023

Agency/Broker Code:
Dev.Officer Code:

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
housekeeping dept	Unskilled	2	23,000.00	552,000.00		DOMESTIC SERVANTS	DOCTORS DISPENSERS ASSISTANTS AND LOCUM TENENS
despatch department	Skilled	1	10,000.00	120,000.00		Educational Training Institutions Schools and College Staff Excl Veterinary Colleges	CLERICAL STAFF
accounts dept	Skilled	2	18,000.00	432,000.00		Educational Training Institutions Schools and College Staff Excl Veterinary Colleges	CLERICAL STAFF
Sales manager	Skilled	2	37,500.00	900,000.00		COMMERCIAL TRAVELLERS	EMPLOYEES USING MOTOR CYCLES OR SCOOTERS
service dept	Skilled	3	63,000.00	2,268,000.00		ENGINEERS BRIDGE BUILDING	BRICK STONE TIMBER AND CONCRETE UPTO 6 METRES IN HEIGHT FROM ROAD OR WATER LEVEL AT LOW TIDE

Subject of following clauses:

Special Condition :

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

Territory:-INDIA**Jurisdiction:-**INDIA**Subsidiaries:-****Particular Of Work:-****Location Of Risk:-**PUNE**Add-ons/Extension/Cover Details:-**

Cover	Total SI(₹)	Premium(₹)
Basic Cover	900000	7218
Basic Cover	552000	1409.40
Basic Cover	2268000	23652
Basic Cover	552000	2336.40

Customer GST/UIN No.:	27AFOPT6891H1ZJ	Office GST No.:	27AAACU5552C1ZJ
SAC Code:	997139	Invoice No. & Date:	2723I108397447 & 16/10/2023
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: 18/10/2023

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO 3 PUNE 161000 on this 16th day of October, 2023

For United India Insurance Co. Ltd.


Affix Policy Stamp here.

Authorised Signatory.

Underwritten By - RAJ47420 (DO UNDERWRITER) , Approved By - MUK27471(RO UNDERWRITER NEW)

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

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