

Ref No.: GEN/WEL/SG/0008.3/4256809300

Date: 23/02/2024

To,  
M/S. Kraft Powercon India Limited  
BLOCK NO. 7, ELECTRONIC ESTATE, PUNE SATARA ROAD, NEAR PARVATI POST OFFICE  
Paravati - 411009  
District: PUNE  
MAHARASHTRA, India  
Contact Details 9924076132



Policy number: 4256809300

Subject: Risk assumption for KOTAK EMPLOYEES COMPENSATION INSURANCE

Dear M/S. Kraft Powercon India Limited,

We welcome you to Kotak Mahindra General Insurance Company Limited and thank you for choosing us as your preferred service provider.

This is with reference to your above mentioned Policy issued under KOTAK EMPLOYEES COMPENSATION INSURANCE .

Enclosed please find the Policy Schedule outlining the details of your policy. Kindly note that the proposal is underwritten and policy is issued based on the information submitted to us by you, as well as acceptance of the terms and conditions. Policy schedule must be read in conjunction with the product brochure and policy wordings. Please visit <https://www.kotakgeneral.com/customer-support/downloads> or scan above QR code for detailed policy wording.

We request you to carefully go through the same once again and in case of any disagreement, discrepancy or clarifications, please call us on our toll free number 1800 266 4545 or write to us at [care@kotak.com](mailto:care@kotak.com) within 15 days from the date of this letter. Alternatively, you can also write to us at 8th Floor, Kotak Infinity, Building No. 21 Infinity Park, Off Western Express Highway General AK Vaidya Marg, Malad (E) Mumbai - 400 097, India.

Please note that the information provided by you will be verified at the time of claim and the captioned Policy shall be treated as void in case of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any form whatsoever made by you or by your agent, on your behalf, at any stage.

In case where premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

As a valued customer, we would like to provide regular updates on your policy through email and SMS. We therefore request you to keep us updated of any change in your contact details.

Assuring you of our best services at all times.

Thanking you,

Yours sincerely,

For Kotak Mahindra General Insurance Company Limited



Authorised Signatory

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**KOTAK EMPLOYEES COMPENSATION INSURANCE**

For any assistance please call 1800 266 4545, please save the number for your reference  
FOR RENEWALS: Visit www.kotakgeneral.com Call 1800 266 4545



**POLICY SCHEDULE**

(Forming part of Policy No 4256809300 whose terms are attached herewith)

**DETAILS OF POLICY HOLDER**

Policy No.	4256809300	Issued At.	502-503, 5Th Floor, Rembrandt Blding Opp Associated Petrol Pump,C.G.Road Ellis Bridge,Ahmedabad Ahmedabad Gujarat 380006.	
Previous Policy No:	NA			
1. <b>Insured:</b>	M/S. Kraft Powercon India Limited			
2. <b>Address:</b>	BLOCK NO. 7, ELECTRONIC ESTATE, PUNE SATARA ROAD, NEAR PARVATI POST OFFICE Paravati - 411009 District: PUNE MAHARASHTRA(27), India			
3. <b>Business:</b>	Business manufacturing & supply			
Place of Supply:	MAHARASHTRA	Supply State Code:	27	
Contact No. of the policy Holder	Mobile No.	9924076132	Email ID	HIRALADHAV@BIMAKAVACH.COM
Policy Category:	New Business	GSTIN:	27AACCA3107F1Z8	
Policy issued on:	23/02/2024			
4. <b>Laws:</b>	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 :			

	LAW	LIMIT OF INDEMNITY	COVERAGE
4 (a)	Employee's Compensation Act, 1923 and subsequent amendments thereof prior to the date of issue of this Policy	Subject to otherwise to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured	Yes
4 (b)	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 ₹ b) Limit Per Accident for any number of Employees ₹ c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance ₹	Yes

5. **Period of Insurance:**  
**From: Time: 00:00 Date: 24/02/2024 To: Midnight of 23/02/2025** (both days inclusive)

6. **Details of Employees Covered:**

Employee Type	Description of work done by Employees	Declared Number of Employees	Declared Wages during the Period of Insurance	Place or Places of Employment
Skilled	Electrical Engineers (not manufacturers) Installation and repair of plant, fittings and Appartus including wireless, telephone and telegraph Work other buildings and roofs of railway station over 9 metres height or where any unit is handled exceeding 12.7 Kilogram in weight	79	6,54,15,876.00	Anywhere in India
Skilled	Electrical Engineers (not manufacturers) Installation and repair of plant, fittings and Appartus including wireless, telephone and telegraph Work other buildings and roofs of railway station over 9 metres height or where any unit is handled exceeding 12.7 Kilogram in weight	46	1,51,77,096.00	
Skilled	Electrical Engineers (not manufacturers) Installation and repair of plant, fittings and Appartus including wireless, telephone and telegraph Work other buildings and roofs of railway station over 9 metres height or where any unit is handled exceeding 12.7 Kilogram in weight	20	36,00,000.00	
Skilled	Caretakers Durwans, Chowkidars and Gatekeepers Caretakers Durwans, Chowkidars and Gatekeepers	15	27,00,000.00	

7. **Subject to following Clauses/Warranties/Exclusions**

**Warranties**

- At any point of time the total number of employees on rolls should not exceed the total number of persons declared under the policy
- Claims settlement shall be on re-imbusement basis only, for medical expenses
- Company's Liability during period of Insurance under Employee Compensation Act and/or any prevailing Law is subject to maximum limit as given below  
Aggregate Limit for period of Insurance - INR 49,00,00,000
- Compensation of claim in case of accident - As per Employees Compensation Act. Coverage and other terms and conditions as per Kotak Mahindra General Insurance Company Ltd's Employees Compensation Insurance policy wordings. Coverage is only for risks in India and Indian employees.
- Employees covered under ESIC act are excluded from scope of this cover
- Employees of Contractors and Sub contractors are covered
- If the amount of Wages declared for this insurance for all the Employees is less than the actual Wages, paid until the date of accident, the Company shall be liable to indemnify on any claim only in proportion that the Wages declared bears to the Wages paid. For the purpose of this clause, the Wages declared shall be

Kotak Mahindra General Insurance Company Limited

CIN: U66000MH2014PLC260291, Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai - 400051. Maharashtra, India.

Office: 8th Floor, Zone IV, Kotak Infinity, Building No.21, Infinity IT Park, Off Western Express Highway, General AK Vaidya Marg, Dindoshi, Malad(E), Mumbai - 400097. India.

Toll Free: 1800 266 4545 Email:care@kotak.com Website: www.kotakgeneral.com IRDAI Reg. No. 152

calculated proportionately for the period from commencement of Policy until date of accident for comparison with the actual Wages paid during such period to determine applicability of this clause.

- Injury or death due to acts of Terrorism are specifically excluded.
- Medical expenses limit per insured person during the period of insurance is limited to INR 50,000 per person and INR 50,00,000 in the aggregate Medical expenses extension is for hospitalisation only in case of admissible accidental claim in Employee compensation Policy Room Rent Capping 1% of SI for Normal Room & 2% capping of SI for ICU
- No material alteration to the proposed interests and No loss occurrences/ deterioration in the Loss Record (as originally advised) prior to attachment of cover
- Occupational diseases are not covered under the Policy
- Proper register recording the attendance and wage disbursement must be maintained and to be produced as and when required.
- Warranted that a separate register be maintained for all Workers displaying the following information, Name of the employee, age, gender, date from which employed, date of leaving in addition to other information
- Warranted that for employees working at height, safety precautions related to the industry are implemented at all times during the policy. Works must be equipped with proper harnessing and helmets at all times
- Warranted that no mining work is carried out at the work site
- Warranted that no underground work and/ or blasting is carried out at the work site.
- Warranted that the insured maintains and ensures at all times that its employees & contractors, sub contractors use all safety gears during their work in premises
- Warranted that work carried out on wet risks is excluded from the scope of cover
- Warranted that workers are equipped with proper harnessing & helmets while working at height.
- Warranted that workers are not engaged in any demolition work

**Exclusions**

- Butane, methane, propane, and other liquefied gases.
- Communicable Disease Exclusion
- Demolition of towers/steeples, bridges, dams and chimney shafts etc
- Drilling for, producing, refining and/or distributing oil and gas.
- Excavation and tunneling work in connection with mining.
- Fireworks, ammunition, fuses, cartridges, powder, nitro-glycerine, celluloid, pyroxylin or any explosions, asbestos
- Gases and/or air under pressure in containers
- Losses suffered in the course of construction, maintenance and demolition of towers, steeples, bridges, dams and chimney shafts
- Mines/under water/ wet works/bridges/damns construction
- Occupational Diseases excluded
- Operation of Railways
- Overseas Locations
- Petrochemicals and also chemicals of a "toxic", noxious, explosive and/or highly inflammable nature.
- Quarrying involving the use of explosives
- Shipbuilding, ship repairing and ship breaking, Stevedoring / harbour / longshore work.
- Sub-aqueous work/ship & air craft crews, armed forces
- Tunnelling and Blasting and use of explosives

**8. Special Conditions:**

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

**PREMIUM DETAILS**

Taxable Value of Services	IGST @ 18%	<b>Total Amount</b>
1,10,001.03	19,800.19	<b>1,29,801.00</b>

**DETAILS OF INTERMEDIARY**

Intermediary Code	Intermediary Name	Intermediary Contact No	Intermediary Email id
3615470000	BIMAKAVACH INSURANCE BROKING PRIVATE LIMITED	9924076132	HIRALADHAV@BIMAKAVACH.COM

KOTAK EMPLOYEES COMPENSATION INSURANCE UIN: IRDAN152CP0008V01201920

**DISCLAIMER**

This Policy Schedule shall be read together with the Policy Wordings (which are also available on the Company website i.e. www.kotakgeneral.com). Any word or expression to which a specific meaning has been assigned in any part of the policy or this schedule shall bear the same meaning wherever it may appear.

**CLAIM DETAILS****In the event of claims, please send the relevant documents to:**

Kotak Mahindra General Insurance Company Limited  
8th Floor, Kotak Infinity, Building No. 21  
Infinity Park, Off Western Express Highway General AK Vaidya Marg, Malad (E)  
Mumbai - 400 097, India.

**TOLL FREE NUMBER: 1800 266 4545 (8 AM to 8 PM)**

**Email ID : care@kotak.com**

**TAX DETAILS**

Service Tax/GST Registration No.	2 4 A A F C K 7 0 1 6 C 1 Z Z	Category	: General Insurance Services
SAC Code	997139	Description	Other non-life insurance services (excluding reinsurance services)
Invoice Number	4256809300		

**DECLARATION**

Stamp Duty of ₹ 0.50 is paid as provided under Article 47(B) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. (LOA/ENF-2/CSD/17/2023/Validity Period Dt. 12/12/2023 To Dt. 31/12/2025 (O/w.No. 5072)/Date: 12/12/2023).

In Witness whereof this Policy has been signed for and behalf of 502-503, 5Th Floor, Rembrandt Bulding Opp Associated Petrol Pump,C.G.Road Ellis Bridge,Ahmedabad Ahmedabad Gujarat 380006. at Mumbai this 23 day of February of 2024 .

For Kotak Mahindra General Insurance Company Limited

**Authorised Signatory**

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



**TO WHOMSEVER IT MAY CONCERN.**

THIS IS TO CERTIFY THAT FOLLOWING PERSON'S ARE COVERED UNDER "EMPLOYEES COMPENSATION LIABILITY POLICY" & THE POLICY NO.:4256809300 WORKMEN COMPENSATION OF KOTAK MAHINDRA GENERAL INSURANCE COMPANY LIMITED.

- |                             |                         |
|-----------------------------|-------------------------|
| 1. Sandesh Padhye           | 2. Vrushali Nalawade    |
| 3. Mohan Patil              | 4. Rahul Shinde         |
| 5. Pravin Rane              | 6. Amol Rane            |
| 7. Chandrashekar Borennavar | 8. Yuvraj Mujumale      |
| 9. Vinod Mahajan            | 10. Onkar Chavan        |
| 11. Kumar Mungale           | 12. Ravindra Samarth    |
| 13. Arup Kar                | 14. Daiwat Yadhav       |
| 15. Pradip Borkar           | 16. Sagar Ghodake       |
| 17. Akshay Chavan           | 18. Shital Ghubde       |
| 19. Vittal Sakpal           | 20. Yogesh Somvanshi    |
| 21. Gaurav Rathi            | 22. Sandeep Singh       |
| 23. Utpal Mondal            | 24. Subir Pakare        |
| 25. Mangesh Sonawane        | 26. Uday Manna          |
| 27. Gajanan Patil           | 28. Subrota Adak        |
| 29. Narhari Chougule        | 30. Sandeep Kulkarni    |
| 31. Sachin Naik             | 32. Gaikwad Ashok P     |
| 33. Siddharth Patil         | 34. Kamlesh Kumar       |
| 35. Sanny Yadav             | 36. Govind Sanas        |
| 37. Ganesh Solanke          | 38. Gadhve Dipak D      |
| 39. Dominic Chacko          | 40. Kishore Shimpi      |
| 41. Akshay Joshi            | 42. Rajendran Sakthivel |
| 43. Vandip Konde            | 44. Deepak Wankar       |
| 45. Vijay Deshmukh          | 46. Sunil Shinde        |

Authorised Signatory.



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