

EMPLOYEES COMPENSATION INSURANCE

UIN: IRDAN108CP0011V02202122



WITH YOU ALWAYS

POLICY SCHEDULE (Forming part of Policy no.5190027296 whose terms are attached herewith)

| | | |
|----|---|--|
| 1. | Intermediary/Agent name: | RASHMI M |
| 2. | Intermediary/Agent License Number: | 10021801 |
| 3. | Intermediary/Agent Code: | 0034487000 |
| 4. | Intermediary/Agent Contact No: | 8892084258 |
| 5. | Policy Issuing Office: | BANGALORE |
| 6. | Insured Name | GO LEAD AUTOMATE PVT LTD |
| 7. | Insured Address: | PLOT NO 7,8 AND 9NSIMHAPURI TOWNSHIP, JIGANI HOBLI ANEKA TALUK, BANGALORE, 560105, ANEKAL, KARNATAKA |
| 8. | Trade Category | * 1231-Engineers not otherwise classified -Incl. work away from shop or yard exceeding 9 mts high |

| | | | |
|------------|---|--|-----------------|
| 9. | Nature of Business: | MECHNACAL ENGINEER | |
| 10. | GSTIN of the Insured: | 29AAKCG7600D1ZO | |
| 11. | 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: | | |
| | LAW | LIMIT OF INDEMNITY | COVERAGE |
| 11(a) | The Employee's 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. | YES |
| 11(b) | The Fatal Accidents Act, 1855 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. | YES |

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|-------|------------|---|----------|
| 11(c) | 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. _____ b) Limit Per Accident for any number of Employees Rs. _____ c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance Rs. 750000000 | YES |

12.Period of Insurance: From 00:00 Hrs of 30/11/2023 to midnight of 29/11/2024 (both days inclusive)

13.Premium Details:

| | |
|----------------|-----------|
| Net Premium: | Rs. 1,970 |
| CGST | Rs. 177 |
| SGST | Rs. 177 |
| Stamp Duty: | Rs. 1 |
| Gross Premium: | Rs. 2,326 |

GST Registration No.: 29AABCT3518Q1ZS , KARNATAKA , Service Accounting Code : 997137

14.Details of Employees Covered:

| Description of work done by Employees | Declared Number of Employees | Declared Wages during the Period of Insurance | Place/Places of Employment |
|---------------------------------------|------------------------------|---|---|
| SKILLED | 3 | 1800000 | Coverage provided is for "All over India".The specific risk locations (if any) will be as per the mentioned below. "ANYWHERE IN INDIA, 560105, ANEKAL, KARNATAKA " |

15.Subject to following clauses:

Special conditions:

- * Subject additionally to the following conditions, limitations, warranties.
- * Warranted that workers involved in underground work such as mines, tunneling, etc. and/or blasting are not covered.
- * Jurisdiction - India
- * Including cover for Contractor and sub contractor workers
- * Including Medical expenses upto INR 50000 per person
- * Loss History for last 3 years: - no

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

Date: 30-11-2023 18:17

For Tata AIG General Insurance Company Ltd.

PLACE OF SUPPLY: KARNATAKA

STATE CODE: 17

AUTHORISED SIGNATORY