



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	VIBRANT NDT SERVICES.			
		Insured's Details		lss	uing Office Details
Customer ID	:	PO59288492	Office Code	:	AVADI MICRO OFFICE (713207)
Address	:	MODULE NO -107, SIDCO AIEMA TOWER, 1ST MAIN ROAD, AMBATTUR INDUSTRIAL ESTATE, CHENNAI -58.	Address	:	OLD NO.80, NEW NO. 153/4, FIRST FLOOR, (NEAR VASANTHA & CO.,) N .M.ROAD, AVADI 600054
		CHENNAI ,TAMIL NADU, 600058			,600054
Phone No	:	XXXXXX3011	Phone No	:	04426550069
E-mail/Fax	:	accounts@vnsndt.com, /	E-mail/Fax		nia.713207@newindia.co.in /
PAN No	:	AGWPJ4146Q	S.Tax Regn. No		AAACN4165CST178
GSTIN/UIN	:	33AGWPJ4146Q1ZN / NA	GSTIN	:	33AAACN4165C4ZV
	:		SAC	:	997139 (Other non-life insurance services

Policy Details					
Policy Number	:	71320736240100000014	Business Source Code		
Period of Insurance	:	From: 27/04/2024 12:00:01 AM To: 26/05/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	:	Mr. AVADI MICRO OFFICE - (DI00000938)
Date of Proposal	:	27-Apr-24	Agent/Bancassurance/S pecified Person	:	Mr. KEERTHIVASAN.N . (NIAAG00161207) KEERTHIVASAN.N . (SI00252704)
Prev. Policy no.	:		Phone No	T:	9941048014 / 04426550069, 9884715076
Client Type	:	Corporate	E-mail/Fax	:	keerthivasantn20@gmail.com, nia.713207@newindia.co.in, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
4,950	892	5,842	RUPEES FIVE THOUSAND EIGHT HUNDRED FORTY-TWO ONLY	1000008924040071457 2 - 25/04/24

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
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Details of Employees with monthly wages above ₹ 15000:

	Categories	Sub Categories		No of Employe	e	Cash Total Wages
Engineers not otherwise classified		15 Employees - Skilled Person - 15,000 Salary Each		15		225000
	Trade Description	Particular of Works	Location D	etails		cluded All Sub - Contractors
	NDT SERVICES - TECHNICIAL WORK	NDT SERVICES - TECHINICAL WORK	LOCATIONS ANNEXU ATTACHED LOCATIO	IRE D.(56		

Contractor/Sub-Contractor Details:

Serial No	Name of	Description	Categorie	No. of Workers	Amount Wages	
	Contractor					ı

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			1	T.,
			Skilled	Unskilled Others
Extensions under the Policy Cove	r			
Name of the Extension		Sub Limit of the Extension	De	ductibles of the Extension
Medical Extension		₹25000		NA
Special Conditions	AS P	ER WC POLICY CONDITION		
	NA			
Special Exclusions	NA			
Special Excess/Deductible	NA			
The Policy shall be subject to EMI	PLOYEES C			ttached herewith.
Clauses		Des	scription	
Premium and GST Details		Rate of Tax	r Amou	unt in INR
Premium		nace of 107	₹	4,950
SGST		9	446	
CGST		9	446	
GST		0	0	
			The Nev	w India Assurance Company Limite
Date of Issue: 25/04/2024				Moment
				(Mrs. CHANDRAGOWRI J) [Sr. Div. Manager] Duly Constituted Attorney(s)
Stamp Duty under the Policy is ₹				
MudrankDt	consoli	dated Stamp Fees Paid by Pay	Order Number	vide receipt
numberdt				

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.

Tax Invoice No: 71320724P0000314

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

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