

पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance

Policy Number:
24070041231000055

व्यवसाय स्रोत /Business Source: 836011

विक्रय चैनल /Sales Channel Code:
9101630000001

नाम /Name: HOWDEN INSURANCE
BROKERS INDIA PVT LTD - HO Contact
Number: 9920970055

सह दलाल कोड / Co Broker Code:

जारीकर्ता कार्यालय/Issuing Office
कार्यालय कोड /Office Code: 240700
कार्यालय पता /Office Address: BELAPUR
BRANCH Fifth Floor, Vindhya Commercial
Complex, Plot 1, Sector, 11, C B D Belapur,
Navi Mumbai, Mumbai, Dist: Thane,
Maharashtra - 400614.
State Code: 27, Maharashtra
GSTIN: 27AAACN9967E123
Contact Number:
Mobile Number: 0

कस्टमर केयर टॉल फ्री नंबर/Customer
Care Toll Free Number:
1800 345 0330

ईमेल/

email:customer.support@nic.co.in

नेशनल इन्श्योरेंस
National Insurance
Trusted Since 1906
27/5/5426 / 27579963 / 27560813 Fax: 27574342

ग्राहक का नाम /Customer Name: PCI PEST CONTROL PRIVATE LIMITED	ग्राहक आईडी /Customer ID: 9702345919	पैन /PAN: AABCJ9086F
पता/ Address: 2ND, 3RD, 4 TH FLOOR, NARAYANI BUILDING, AMBABAI MANDIR COMPOUND, AAREY ROAD, GOREGAON (W), MUMBAI, City: MUMBAI, District: GREATER MUMBAI, State: MAHARASHTRA, PIN: 400104. Cell: 8888888888	फोन /Phone:	ई-मेल /E-Mail: pcipltd@gmail.com

पॉलिसी: 01/03/2024 के 00:00 से 28/02/2025 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 01/03/2024 to midnight of 28/02/2025

प्रीमियम/ Premium	₹ 2,74,977.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 24,748.00	प्रस्ताव संख्या और तिथि/Proposal Number and Date	8800240229869388 Dt. 29/02/2024
SGST/UTGST	₹ 24,748.00		
IGST	₹ 0.00		
कम: जीएसटी, टीडीएस / Less: GST, TDS	₹ 0.00	रसीद संख्या और तिथि/Receipt Number and Date	240700812310002337 Dt. 28/02/2024
पुनर्प्राप्त योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00		
कुल /Total Amount	₹ 3,24,500.00	पछिली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	लागू नहीं/NA

(Rupees Three Lakh Twenty Four Thousand Five Hundred Only.)

Joint Policyholder Name: NA

Joint Policyholder Address: NA

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.

SL.No	Law	Limit of Indemnity	Coverage
1	Employee 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
3	Medical Expenses	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: ₹25,000.00 b) Aggregate Limit(AOP): ₹25,000.00	Yes

SL.No	Industry Type	Description of Work Done by Employees	Number of Employees	Declared Wages/ Contract Value	Place of Employment	Contractors Name, Contractors Address
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Printed on 29/02/2024 by ID: 73093

नेशनल इन्श्योरेंस कम्पनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906G01001713
IRDA Registration No. 58

Page no: 1

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P No : 033-22831705-06 Fax : 033-22831712
email : website.administrator@nic.co.in

For any information please contact the Policy Issuing Office or visit our website at www.nationalinsuranceindia.com

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

NIRMAL ENT. (200) PKT. APRIL 2017

पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance

Policy Number:
24070041231000055

व्यवसाय सत्रोत् /Business Source: 836011

विक्रय चैनल वविरण/Sales Channel Code:
91016300000001

नाम /Name: HOWDEN INSURANCE
BROKERS INDIA PVT LTD - HO Contact
Number: 9920970055

सह दलाल कोड / Co Broker Code:

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Care Toll Free Number:
1800 345 0330

ईमेल/

email:customer.support@nic.co.in



इन्शुरेन्स इंडियल मिटिड

सदाप इयूटी
Stamp
Duty:
(₹ 137.50
)

कृते नेशनल इन्शुरेन्स कंपनी
मिडिड/ For and on behalf of National Insurance
Company Limited
अधिकृत-हस्तातकनकर्ता/ Authorized
Signatory



Stamp Duty of Rs. 137.50 is paid as provided under
Article 47() of Indian Stamp Act, 1899 and
included in Consolidated Stamp Duty Paid to the
Government of Maharashtra Treasury vide Order
of Adjt. Controller of Stamps, Mumbai at General
Stamp Office, Fort, Mumbai - 400001, vide his
Order No. (LOA/CSDI/567/2023/ Validity Period
DL: 10-01-2023 to DL 31-12-2024. Chapter 180,
Part II, Section 47)

Printed on 29/02/2024 by ID: 73093
नेशनल इन्शुरेन्स कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906G01001713
IRDA Registration No. 58

Page no: 3

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NIRMAL ENT. (200) PKT. APRIL 2017

पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance

Policy Number:
240700412310000055

व्यवसाय स्रोत /Business Source: 836011

जारीकर्ता कार्यालय/Issuing Office
कार्यालय कोड /Office Code: 240700
कार्यालय पता /Office Address: BELAPUR
BRANCH Fifth Floor, Vindhya Commercial
Complex, Plot 1, Sector, 11, C B D Belapur,
Navi Mumbai, Mumbai, Dist: Thane,
Maharashtra - 400614.
State Code: 27, Maharashtra
GSTIN: 27AAACN9967E1Z3
Contact Number:
Mobile Number: 0

विक्रय चैनल वितरण/Sales Channel Code:
91016300000001
नाम /Name: HOWDEN INSURANCE
BROKERS INDIA PVT LTD - HO Contact
Number: 9920970055
सह दलाल कोड / Co Broker Code:

कस्टमर केयर टॉल फ्री नंबर/Customer
Care Toll Free Number:
1800 345 0330
ईमेल/
email:customer.support@nic.co.in



1	Industry Type: Pest Control and Fumigation Sub Industry Type: pest control and fumigation	Insecticides/Pesticide spraying	2703	Declared Wages: 923809716 Contract Value: 0	PAN India	Contractors Name: NA Contractors Address: NA
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Clauses, Endorsements and Warranties Applicable:

Clauses - Annexure I :-

- Un-Named Basis.
- Including cover for Contractors'/ Sub contractors' workers.
- Medical Expenses -INR 25000/- per employee without aggregate liability of all accidents during the period of insurance..
- As per Fatal Accident Act.
- As per Common law.

Number of employees - 2703.

Wages per Month INR 28,481/-.

Total Wages - INR 92,38,19,256.

Premium - INR 2,75,000 + 18% GST = INR 3,24,500/-.

Business of Insured - Insecticides/Pesticide spraying.
Nature of Work - Technician.

Risk Location - PAN India.

Exclusion/Not Covered - ,
Average Clause

If the monthly wages are lesser than 15000/-, the "Compensation calculation will be based on the actual lesser monthly wages entered and not Rs 15000/-"

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत कयि जा रहा है उसके हाथ नरिधारत कएि जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठोंकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह वशिष्ट अर्थ पॉलिसी या अनुसूची के कसि भी हसिसे में संलग्न कयि गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दयि जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दसतावेज स्वतः प्राथमकता नरिस्त हो जाएगी। //IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 29/February/2024. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'



Printed on 29/02/2024 by ID: 73093
नेशनल इन्श्योरेंस कम्पनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906601001713
IRDA Registration No. 58

Page no: 2

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
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email : website.administrator@nic.co.in

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Applicable to Receipts and Policies : Incase of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

NIRMAL ENT. (200) PKT. APRIL 2017

TAX INVOICE



नेशनल इन्श्योरन्स
National Insurance

Trusted Since 1906

Tel: 273794267, 27379363 / 27360813 Fax: 27574342

Invoice Serial No: 30159W3PE0000055

Details of Supplier:

National Insurance Company Limited.,
BELAPUR BRANCH Fifth Floor, Vindhya Commercial Complex, Plot 1, Sector,11, C B D Belapur, Navi Mumbai, Mumbai,Dist: Thane, Maharashtra - 400614
State : 27, Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : PCI PEST CONTROL PRIVATE LIMITED

Address : 2ND, 3RD, 4 TH FLOOR, NARAYANI BUILDING, AMBABA MANDIR COMPOUND, AAREY ROAD, GOREGAON (W), MUMBAI
City : MUMBAI,
District: GREATER MUMBAI,
State: MAHARASHTRA,
PIN: 400104.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : 27AABCJ9086F1ZA

सैक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discou nt	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ उपकर/Kerala Flood Cess
					दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	राशि/Amount(₹)
997139	Other non- life insurance services (excluding reinsuranc e services)	2,74,977	0%	2,74,977	9%	24,748	9%	24,748	0%	0	0
TOTAL		2,74,977		2,74,977		24,748		24,748		0	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :
₹ 3,24,500

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees
Three Lakh Twenty Four Thousand Five Hundred
केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&.O.E

कुले नेशनल इन्श्योरन्स कंपनी लिमिटेड/ For
and on behalf of National Insurance Company Limited
अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



Printed on 29/02/2024 by ID: 73093
नेशनल इन्श्योरन्स कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
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Page no: 4

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NIRMAL ENT. (200) PKT. APRIL 2017

वसूली रसीद/Collection Receipt

जारीकर्ता कार्यालय कोड/Issuing Office Code : 240700	
जारीकर्ता कार्यालय का नाम व पता/Name and Address of Issuing Office : BELAPUR BRANCH Fifth Floor, Vindhya Commercial Complex, Plot 1, Sector,11, C B D Belapur, Navi Mumbai, Mumbai,Dist: Thane, Maharashtra - 400614	
राज्य कोड/State Code : 27 ,राज्य का नाम/State Name : Maharashtra	
जीएसटीआईएन/GSTIN : 27AAACN9967E1Z3	
संपर्क संख्या/Contact Number :	
रसीद सं./Receipt No : 240700812310002347	स्कॉल सं. (यदि कोई हो)/Scroll No(If any) :
रसीद की तिथि व समय/Receipt Date & Time : 29/02/2024. 12:50:53 hours	स्कॉल तिथि (यदि कोई हो)/Scroll Date(If any) :

श्री PCI PEST CONTROL PRIVATE LIMITED से सीडी- नकद जमा के रूप में रूपये
Rs. 3,24,500.00 निम्नलिखित लेनदेन के अनुसार धन्यवाद सहित प्राप्त हुआ।

Received with thanks from PCI PEST CONTROL PRIVATE LIMITED a sum of Rs. 3,24,500.00 (Rupees Three Lakh Twenty Four Thousand Five Hundred Only) by way of CD-Cash Deposit towards the following transactions.

भुगतान विवरण/Paymode Details :

भुगतान मोड का नाम/Paymode Name : CD-Cash Deposit	जमा खाता धारक का नाम/Deposit Account Holder Name : PCI PEST CONTROL PRIVATE LIMITED
संदर्भ सं./Ref NO : 881103565523	संदर्भ तिथि/Ref Date :
बैंक का नाम (यदि कोई हो)/Bank Name(If any) :	बैंक शाखा (यदि कोई हो)/Bank Branch(If any) :

आपके नकद जमा खाते में समायोजन के बाद उपलब्ध शेष रूपये

The available Balance of your Cash Deposit A/C. after adjustment is - CD a/c. 881103565523 : Balance-Rs.27042
Adjusted from Receipt No. 240700812310002337. Balance Available - Rs. 27042

क्र. सं./ S. No	विभाग/ Dept	पॉलिसी/ पृष्ठांकन Policy/Endorsement		व्यव. स्रोत कोड/ Biz Source Code	व्यव.का वर्ग/ विवरण / Class of Business/Narration	राशि रू. / Amount Rs.
	लेन-देन कोड/ Tr Cd	वर्ष/ Year	संख्या/ Number	विक्रय चैनल/ Sales Channel	लेखा विवरण/ Account Description	
1	41 11	2024	240700412310000055	836011 91016300000001	Employees Compensation Insurance Direct Premium CGST SGST Bank Charges Total	 2,74,977.00 24,748.00 24,748.00 27 3,24,500.00

रोकड़िया/Cashier :

कृते नेशनल इन्श्योरेंस कं. लि./For National Insurance Co. Ltd,



नेशनल इन्श्योरेंस कम्पनी लिमिटेड
National Insurance Company Limited
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प्राधिकृत हस्ताक्षरकर्ता/Authorised Signatory



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