



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

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|--------------------------|---|-------------------------------|--|
| Insured's Name | : KAMAL INDUSTRIES | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | : POA7215134 | Office Code | : Waluj Aurangabad (160503) |
| Address | : E 55, MIDC WALUJ, AURANGABAD, AURANGABAD(MA) ,MAHARASHTRA, 431003 | Address | : Plot no P-134, Near More Chowk, MIDC Industrial, Area, Waluj ,431136 |
| Phone No | : XXXXXX5478 | Phone No | : 02402553544 / 9960008854 |
| E-mail/Fax | : kamalindustries.2020@gmail.com, / | E-mail/Fax | : kundan.purty@newindia.co.in / |
| PAN No | : BKUPP3671B | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 27BKUPP3671B1ZT / NA | GSTIN | : 27AAACN4165C3ZP |
| | | SAC | : 997139 (Other non-life insurance services excl RI) |

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|----------------------------|--|---|--|
| Policy Details | | | |
| Policy Number | : 16050336230100000025 | Business Source Code | |
| Period of Insurance | : From: 10/08/2023 02:30:00 PM To: 09/08/2024 11:59:59 PM | Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User | : DI_Waluj Aurangabad DI_Waluj Aurangabad - (DI160503) |
| Date of Proposal | : 10-Aug-23 | Agent/Bancassurance/S pecified Person | : Mr. SUKHDEO TRIMBAK FALKE (NIA3D9165241) AGENT_SITE_150078 (3D9213852) |
| Prev. Policy no. | : | Phone No | : 9422721956 / 02402553544, |
| Client Type | : Non-Corporate | E-mail/Fax | : sukhdeofalke@gmail.com, / / |

| | | | | |
|-------------------|---------------|------------------|--|-------------------------------------|
| Premium(₹) | GST(₹) | Total (₹) | Total (₹ in words) | Receipt No. & Date |
| 2,262 | 408 | 2,670 | RUPEES TWO THOUSAND SIX HUNDRED SEVENTY ONLY | 1000008923080045133 3 - 16/08/23 |

Details of Employees with monthly wages upto ₹ 15000:

| Categories | Sub Categories | No of Employee | Cash Total Wages |
|------------|----------------|----------------|------------------|
|------------|----------------|----------------|------------------|

Details of Employees with monthly wages above ₹ 15000:

| Categories | Sub Categories | No of Employee | Cash Total Wages |
|------------------------------------|--|------------------|--------------------------------|
| Engineers not otherwise classified | Incl. work away from shop or yard upto 9 mtrs height | 2 | 360000 |
| Trade Description | Particular of Works | Location Details | Included All Sub - Contractors |



| | | |
|--------------------------------|--------------------------------|--|
| TOOL ROOM AND MECHANICAL WORKS | TOOL ROOM AND MECHANICAL WORKS | 1) PERKINS INDIA PVT.LTD.PLOT NO.G-1, ADDITIONAL SHENDRA MIDC AURANGABAD-431001 2) ENDURANCE TECHNOLOGIES LTD.(SUSPENSION DIVISION) E-92/93, MIDC INDUSTRIAL AREA POST BOX NO.92, MIDC WALUJ-431136 |
|--------------------------------|--------------------------------|--|

Contractor/Sub-Contractor Details:

| Serial No | Name of Contractor | Description | Categorie | No. of Workers | | | Amount Wages |
|-----------|--------------------|-------------|-----------|----------------|-----------|--------|--------------|
| | | | | Skilled | Unskilled | Others | |
| | | | | | | | |

Extensions under the Policy Cover

| Name of the Extension | Sub Limit of the Extension | Deductibles of the Extension |
|-----------------------|----------------------------|------------------------------|
| Medical Extension | ₹50000 | NA |
| Special Conditions | AS PER POLICY NA | |

| | |
|---------------------------|----|
| Special Exclusions | NA |
| Special Excess/Deductible | NA |

The Policy shall be subject to **EMPLOYEES COMPENSATION INSURANCE** Policy clauses attached herewith.

| Clauses | Description |
|---------|-------------|
|---------|-------------|

Premium and GST Details

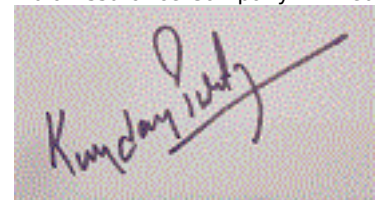
| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 2,262 |
| SGST | 9 | 204 |
| CGST | 9 | 204 |
| IGST | 0 | 0 |

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 16th day of August,2023.

For and on behalf of

The New India Assurance Company Limited

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|---------------------------|
| Date of Issue: 16/08/2023 |
|---------------------------|



(MR. KUNDAN SANDEEP PURTY)
[Branch Manager]
Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.



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 : 16050323P0000898

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| IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C |
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