



**AIR CONDITIONING PRODUCT SALE & SERVICE**  
CONTACT NO: 8796552206 EMAIL: SYED@DELTAENG.IN

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Date: 18/11/2022

## DECLARATION

**We delta Engineering hereby declare that in current period we have Four employees including supervisor due to that we have WC policy for Four Employees**

**For Delta Engineering**



**Proprietor**





## UNITED INDIA INSURANCE COMPANY LIMITED

UNITED INDIA INSURANCE CO. LTD, CITY BRANCH OFFICE-1 2ND FLOOR, GOPICHAND COMPLEX, NEXT TO BAFNA JEWELLERS, AKASHWANI CHOWK , JALNA ROAD, AURANGABAD - 431001

AURANGABAD - 431001 MAHARASHTRA  
PHONE: (0240) 2993005 FAX: EMAIL:

### EMPLOYEES COMPENSATION LIABILITY POLICY POLICY NO.:2307012722P107000672

**PERIOD OF INSURANCE**  
From 00:00 Hrs of 20/10/2022  
To Midnight of 19/04/2023

*Insured*

**M/s DELTA ENGINEERING PROP: SYED SHOEEB SHAKER**

SHOP NO.12, FIRST FLOOR, UNITED PRICE COMPLEX, BEED BYPASS ROAD, AURANGABAD  
AURANGABAD  
431003  
MAHARASHTRA

**Agent Name** : BAIG MIRZA RIYAZ MIRZA RAHEMAN  
**Agent Code** : AGI0064527  
**Mobile/Landline Number/Email** : 7588930407

The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uiic.co.in](http://www.uiic.co.in).

For any Information, Service Requests, Claim intimation and Grievances please write to [230701@uiic.co.in](mailto:230701@uiic.co.in)

Download Customer App([www.uiic.co.in](http://www.uiic.co.in)). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.  
Website: <http://www.uiic.co.in>

Printed By : CUSTOMER @ 19/10/2022 5:45:06 PM

This document is digitally signed

Signer: AMAR KUMAR SINHA  
Date: Wed, Oct 19, 2022 17:45:06 IST  
Location: United India Insurance Company Ltd  
Reason: Signing Policy for UIIC





## EMPLOYEES COMPENSATION INSURANCE POLICY SCHEDULE

Policy No.	2307012722P107000672		Prev. Pol. No.	2307012721P112649583	
Name Of Insured/ID	M/s DELTA ENGINEERING PROP: SYED SHOEEB SHAKER / 23138879865				
Tel.(O)		Fax		Tel.(R)	Mobile 8796552206
Business/Occupation	None		Email	syed@deltaeng.in	
Period of Insurance	From	00:00 Hrs of 20/10/2022		To	Midnight of 19/04/2023

<b>CO-INSURANCE DETAILS:</b>	UIIC 230701 : 100%
<b>PREMIUM:</b>	FIVE THOUSAND ONE HUNDRED SEVENTY-ONE RUPEES ONLY

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
Employee's Compensation Act,1923 and subsequent amendments thereof prior to the date of issue of Policy	Subject otherwise ,to the term, condition & Exclusion of the Policy ,the amount of liability incurred by the <b>Insured</b>

Common Law	Subject otherwise, to the terms,conditions & Exclusions of the Policy,the amount of liability incurred by the <b>Insured</b> , but not exceeding:-
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a) Limit Per Employee for any number of accidents during Period of Insurance ₹ 0
b) Limit Per Accident for any number of Employees ₹ 0
c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance ₹ 0

Net Premium	:	₹ 5,171.00
CGST(9%)	:	₹ 465.00
SGST(9%)	:	₹ 465.00
Stamp Duty	:	₹ 1.00
<b>Total</b>	:	<b>₹ 6,102.00</b>
Receipt No.	:	10123070122108021574
Receipt Date	:	19/10/2022

Agency/Broker Code:	AGI0064527
Dev.Officer Code:	47277



**Details of Employees Covered:**

Description of Employees	Worker Type	Declared Number of Employees	Declared Monthly Wage/Employee (₹)	Declared Wages during the Period of Insurance (₹)	Place/Places of Employment	Trade Category	Sub Trade Category
WORKER	SemiSkilled	4	15,000.00	360,000.00	ANYWHERE IN MAHARASHTRA AS PER WORK ORDER.	ELECTRIC REFRIGERATORS AND AIR CONDITIONERS ASSEMBLING INSTALLATION MAINTENANCE AND REPAIRS	COMMERCIAL PURPOSES

**Subject of following clauses:**

Special Condition :

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

**Territory:-****Jurisdiction:-****Subsidiaries:-****Particular Of Work:-****Location Of Risk:-** ANYWHERE IN MAHARASHTRA AS PER WORK ORDER.**Add-ons/Extension/Cover Details:-****Medical Expenses Extension SI/Employee-Rs.50000**

Cover	Total SI(₹)	Premium(₹)
Basic Cover	360000	7956
Medical Expenses Cover	200000	1193.40

<b>Customer GST/UIN No.:</b>	27HIFPS1064C1ZA	<b>Office GST No.:</b>	27AAACU5552C1ZJ
<b>SAC Code:</b>	997139	<b>Invoice No. &amp; Date:</b>	2722I107000672 & 19/10/2022
<b>Amount Subject to Reverse Charges-NIL</b>			

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.

**Anti Money Laundering Clause:-** In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

**LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.**

Date of Proposal and Declaration: 20/10/2022

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at BO 1 AURANGABAD 230701 on this 19th day of October ,2022

**For United India Insurance Co. Ltd.**

Affix Policy Stamp here.

**Authorised Signatory.****Underwritten By - SHA51037 ( BO UW CUM CASHIER )****'Policy form - Claims made with right to defend.'**

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