



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: USHA FIRE SAFETY EQUIPMENT PVT. LTD.		
Insured's Details		Issuing Office Details	
Customer ID	: PO73317061	Office Code	: PURASAWALKAM (710900)
Address	: TEMPLE OF SAFETY, PLOT NO.MIDC CHINCHWAD, PUNE PUNE ,MAHARASHTRA, 411019	Address	: C.D.U IX Garden Appartments 68, Purasawalkam Chennai - 60000 ,600007
Phone No	: XXXXXX2637	Phone No	: 23456802 / 23456800
E-mail/Fax	: /	E-mail/Fax	: nia.710900@newindia.co.in / 23456801
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 33AAACN4165C4ZV
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 71090036230100000265	Business Source Code	
Period of Insurance	: From: 04/10/2023 04:17:52 PM To: 03/10/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: DIRECT - (DM3047747)
Date of Proposal	: 04-Oct-23	Agent/Bancassurance/S pecified Person	: S VANI (NIADM3047938) AGENT_SITE_20089 (DM3048749)
Prev. Policy no.	:	Phone No	: 9841194444 / NA
Client Type	: Corporate	E-mail/Fax	: svanic@rediffmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
7,770	1,399	9,169	RUPEES NINE THOUSAND ONE HUNDRED SIXTY-NINE ONLY	7109008123000000493 2 - 04/10/23

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 Employee	Cash Total Wages
Fire Brigades	Fire Extinguishing Appliances Makers	3	756000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
FIRE SAFETY EQUIPMENT SERVICES	FIRE SAFETY EQUIPMENT SERVICES	ALL OVER INDIA	

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
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Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Medical Extension	₹50000	NA
Special Conditions	AS PER WORKMENS COMPENSATION POLICY ATTACHED 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		₹ 7,770
SGST	0	0
CGST	0	0
IGST	18	1399

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 04th day of October, 2023.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 04/10/2023		
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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 : 71090023P0011521

<p>IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C</p>
