



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	: GREENBATT ENERGIA						
Insured's Details			Issuing Office Details					
Customer ID : POB0968586 O			Office Code	:	KOTHRUD MICRO OFFICE (153104)			
Address		SR.NO 7/1 LILAI NAGAR OPP. PAWAR WASTI BUS STOP RAVET- DANGE CHOWK BRT ROAD ,NEAR BALAJI LAW COLLEGE PUNE ,MAHARASHTRA, 411033	Address	:	SHOP NO. 8, RAGHUNATH APARTMENT, SHIVAJI CHOWK, NEAR SHIVAJI PUTLA, KOTHRUD, PUNE ,411038			
Phone No		XXXXXX8734	Phone No	1:	25381685 / 9420865487			
E-mail/Fax		greenbattenergia@gmail.com, /	E-mail/Fax	-	sudhir.dongare@newindia.co.in /			
PAN No	:	AHPPY6867K	S.Tax Regn. No	:	AAACN4165CST178			
GSTIN/UIN	:	27AHPPY6867K1Z2 / NA	GSTIN	:	27AAACN4165C3ZP			
	:		SAC	:	997139 (Other non-life insurance services excl RI)			

			Policy	Details					
Policy Number	:	15310436230100000013		Business Source Code					
Period of Insurance	:	From: 04/01/2024 05:36:35 F 03/01/2025 11:59:59 PM	PM To:	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User		:	Mr. DIRECT_153104 KOTHRUD - (DI00000634)		
Date of Proposal	:	04-Jan-24		Agent/Bancassurance/S pecified Person		:	Mr. CHANDRAKANT SHANKAR BAIK (NIAAG00109517) CHANDRAKANT BAIKAR (SI00213095)		
Prev. Policy no.	:				Phone No		9822332264 / 02025381685,		
Client Type	:	Non-Corporate	orporate			:	csbaikar@gmail.com, nia.153104@newindia.co.in, sudhir.dongare@newindia.co.in / /		
Premium(₹)		GST(₹)	Tota	al (₹)	Total	(₹	in words)	Receipt No. & Date	
10,100		1,818	11,918		THOUSA		ELEVEN ND NINE EIGHTEEN NLY	1000008923010013815 1 - 04/01/24	

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages	
Battery Service Station	All employees excl. batteries makers and erectors	3	540000	
Machinery and Metal	Buyers, salesmen and show room assistants	4	720000	

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employe	Cash Total Wages		
Trade Description	Particular of Works	Location D	etails	Included All Sub - Contractors	
BATTERY MAINTANCE & REPAIR	BATTERY MAINTANCE & REPAIR	ALL OVER I	NDIA	No	

Contractor/Sub-Contractor Details:								
Serial No	Name of Contractor	Description	Categorie	No. of Workers	Amount Wages			

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Name of the Ex	tension	Sub Limi	it of the Extension	De	ductibles of	the Exte	nsior
pecial Conditions	AS	PER STAND	ARD TERMS & COND	ITIONS OF THE	e policy		
pecial Exclusions	NA						
pecial Excess/Deductible	NA						
ne Policy shall be subjec	to EMPLOYEES	COMPENSA	TION INSURANCE PO	olicy clauses a	ttached here	with.	
Clauses			De	scription			
remium and GST Details							
			Rate of Tax	a Amou	unt in INR		
remium				₹	10,100		
SGST			9	909			

 CGST
 9
 909

 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 04th day of January,2024.

For and on behalf of

The New India Assurance Company Limited

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 : 15310423P0003515

IRDA Registration Number: 190	
NIA PAN NUMBER: AAACN4165C	

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