

EMPLOYEES COMPENSATION INSURANCE

UIN: IRDAN108CP0011V02202122



WITH YOU ALWAYS

POLICY SCHEDULE (Forming part of Policy no.5190025900 whose terms are attached herewith)

1.	Intermediary/Agent name:	NEHA PRADIPKUMAR MEHTA
2.	Intermediary/Agent License Number:	9760328
3.	Intermediary/Agent Code:	0018373000
4.	Intermediary/Agent Contact No:	9429065976
5.	Policy Issuing Office:	AHMEDABAD
6.	Insured Name	SHREE SAI OCCUPATIONAL HEALTH CARE
7.	Insured Address:	107 SUNDARAM ARCADE, BEHIND CANARA BANK, NEAR SUKAN MALL CROSS ROAD SCIENCE CITY SOLA ROAD, 380060, AHMEDABAD, GUJARAT
8.	Trade Category	* 1316-Hospitals- Asylums, Nursing, Mission or training Homes, Reformatories, Public, Benevolent and Charitable, I institutions, inebriate and similar homes - All other employees

9.	Nature of Business:	HUMAN HEALTH CARE	
10.	GSTIN of the Insured:		
11.	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	COVERAGE
11(a)	The Employee's 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
11(b)	The Fatal Accidents Act, 1855 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

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	LAW	LIMIT OF INDEMNITY	COVERAGE
11(c)	Common Law	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 for any number of accidents during Period of Insurance Rs. _____ b) Limit Per Accident for any number of Employees Rs. _____ c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance Rs. 750000000	YES

12.Period of Insurance: From 00:00 Hrs of 02/11/2023 to midnight of 01/11/2024 (both days inclusive)

13.Premium Details:

Net Premium:	Rs. 3,064
CGST	Rs. 276
SGST	Rs. 276
Stamp Duty:	Rs. 2
Gross Premium:	Rs. 3,617

GST Registration No.: 24AABCT3518Q1Z2 , GUJARAT , Service Accounting Code : 997137

14.Details of Employees Covered:

Description of work done by Employees	Declared Number of Employees	Declared Wages during the Period of Insurance	Place/Places of Employment
MEDICAL OFFICER	3	3600000	Coverage provided is for "All over India".The specific risk locations (if any) will be as per the mentioned below. "ANY, WHERE , 380001, AHMEDABAD, GUJARAT "
NURSING STAFF	5	1020000	

15.Subject to following clauses:

Special conditions:

- * Subject additionally to the following conditions, limitations, warranties.
- * Warranted that workers involved in underground work such as mines, tunneling, etc. and/or blasting are not covered.
- * Jurisdiction - India
- * Excluding cover for Contractor and sub contractor workers
- * Including Medical expenses upto INR 100000 per person
- * Loss History for last 3 years: - no

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

Date: 02-11-2023 15:48

For Tata AIG General Insurance Company Ltd.

PLACE OF SUPPLY: GUJARAT

STATE CODE: 12

AUTHORISED SIGNATORY