



EMPLOYEES COMPENSATION POLICY SCHEDULE

Policy No. : 161800/48/2024/3636	Prev. Policy No. : 161800/48/2023/3186
Cover Note No. : -	Cover Note Date : -
Insured's Code : 168801896	Issue Office code : 161800
Insured's Name : HRISHIKESH ENGINEERS (GSTIN: 27AAEPZ1179R1ZP)	Issue Office Name : DO CHINCHWAD (GSTIN: 27AAACT0627R4ZW)
Address : GAT NO 1549 PLOT NO 2 SHELAR WASTI NEAR RANE CO DEHU ALANDI ROAD TALAWADE PUNE 411062	Address : Bahirwade Chambers, 1st Floor, Opp. Hotel Double Tree by Hilton, Above United Bank Of India Telco Road, Chinchwad-411019 PUNE MAHARASHTRA 411019

PUNE MAHARASHTRA 411001

Tel./Fax/Email : 9890623305 / / 9890623305 / hrishikesh.zankar@gmail.com

Tel./Fax/Email : 020-27472596,27474853,27450794 / (020)-27474853 / rmparate@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NY000000647 POONAM SINGH--BDM (Agency)

Agent/Broker : BA0000013264 MR. R. C. GANDHI

Address : 269/19, BHOIR COLONY, CHINCHWAD, PUNE 411033.,PUNE,MAHARASHTRA,411033

Tel/Fax/Email : 9579902834//insurancecareconsultant@gmail.com

Period of Insurance : FROM 10:45 ON 15/03/2024 TO MIDNIGHT OF 14/03/2025

Collection No. & Dt. : CHQ 3170006931 - 15/03/2024 GST INVOICE NO :2722284624287 UIN :0

Gross Premium : 22,880 GST 4118 Stamp Duty : 23 Total : 26,998

Co-insurance Details : NIL

Laws

Laws : Indemnity against legal liability to all employees(Whether or not coming within the definition of the term Workmen)under the W.C.Act prior to the date of issue of the policy,the Fatal Accidents Act,1855 and at Common Law.

Risk Information

Details of Employees with Monthly Wages Above Rs.15000/-

Sr. No.	Est. No. of Emps	Cont ract Emps	Occupation	Estimated totalsalary /wages/other earnings	Value of food/qtrts/ other considerations	Estimated Total earnings	Table	Place of Employment
1	6		Engineers not otherwise classified - Incl. work away from shop or yard upto 9 mtrs height	1,620,000		1,620,000	A	Site : ANYWHERE IN INDIA ENGINEERING WORKS

Place : PUNE

Date : 15/03/2024



IRDA-REGNO-556



Attached to and forming part of policy number 161800/48/2024/3636

Contract Details

The Insurance under this policy is extended to cover risks of (as per forms attached).
Total Annual Wages of all Employees *120 times, Medical Extension Add on cover(New).

Total Premium in words : Indian Rupees Twenty-Six Thousand Nine Hundred Ninety-Eight Only

The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website: www.orientalinsurance.org.in or on demand from policy issuing office.

Subject to adjustment in the terms of Condition 6. The estimated amount of wages/salaries & other earnings on which premium is based.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

Not applicable

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at DO CHINCHWAD (GSTIN: 27AAACT0627R4ZW) on 15TH DAY OF MARCH 2024.

Entered By : R.S.SAWANT

Examined By : MR. SUNIL MARUTI WALEKAR

Policy Printed By : OICL

IP :

Authorised Signatory

Policy Printed On : 15-MAR-24 12:19:23

MAC :

Place : PUNE

Date : 15/03/2024



IRDA-REGNO-556



Attached to and forming part of policy number 161800/48/2024/3636

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in and through other digital platforms including Whatsapp (Send "Hi" to  9560711200)

Place : PUNE

Date : 15/03/2024



IRDA-REGNO-556