



# UNITED INDIA INSURANCE COMPANY LIMITED

1/127A, TRUNK ROAD, POONAMALLEE CHENNAI  
CHENNAI - 600056 TAMIL NADU  
PHONE: (044) 26492739 FAX: EMAIL:

## EMPLOYEES COMPENSATION LIABILITY POLICY POLICY NO.:0126022722P107032784

**PERIOD OF INSURANCE**  
From 14:04 Hrs of 20/10/2022  
To Midnight of 19/01/2023

*Insured*  
**M/s V V CONSULTANCY SERVICES**  
11, SOUTH PHASE, AMBATTUR INDUSTRIAL ESTATE  
TIRUVALLUR  
600058  
TAMIL NADU

**IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.**

Agent Name : RAJASEKARAN S  
Agent Code : AGN0008862  
Mobile/Landline Number/Email : 9884172556  
: [rajambika2011@yahoo.com](mailto:rajambika2011@yahoo.com)

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 [012602@uiic.co.in](mailto:012602@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 @ 20/10/2022 2:27:57 PM



## EMPLOYEES COMPENSATION INSURANCE POLICY SCHEDULE

Policy No.	0126022722P107032784		Prev. Pol. No.	
Name Of Insured/ID	M/s V V CONSULTANCY SERVICES / 23174968523			
Tel.(O)		Fax	Tel.(R)	Mobile 8939918556
Business/Occupation	None		Email	
Period of Insurance	From	14:04 Hrs of 20/10/2022	To	Midnight of 19/01/2023

<b>CO-INSURANCE DETAILS:</b>	UIIC 012602 : 100%
<b>PREMIUM:</b>	TWO THOUSAND FIFTY-THREE 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:-
------------	--

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	:	₹ 2,053.00
CGST(9%)	:	₹ 185.00
SGST(9%)	:	₹ 185.00
Stamp Duty	:	₹ 1.00
<b>Total</b>	:	₹ <b>2,424.00</b>
Receipt No.	:	10101260222108055339
Receipt Date	:	20/10/2022

Agency/Broker Code:	AGN0008862
Business Associate Code:	BAS20398

**Office Copy**

Policy No:0126022722P107032784

**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
WORKERS	Skilled	5	15,000.00	225,000.00	ENDURANCE TECHNOLOGIES LIMITED, PLOT NO. G 102 AND G 103, SIPCOT INDUSTRIAL PARK, VALLAM, TALUK SRIPERUMBUDUR DT KANCHEEPURAM 602105.	WELDERS WHERE CARRIED ON AS A SEPARATE TRADE	WELDER WHERE CARRIED ON AS A SEPARATE TRADE

**Subject of following clauses:**

Special Condition :

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

**Territory:-**INDIA**Jurisdiction:-**INDIA**Subsidiaries:-****Particular Of Work:-**LPG GAS PIPELINE - ELECTRICAL AND WELDING WORK**Location Of Risk:-**ENDURANCE TECHNOLOGIES LIMITED, PLOT NO. G 102 AND G 103, SIPCOT INDUSTRIAL PARK, VALLAM, TALUK SRIPERUMBUDUR DT KANCHEEPURAM 602105.**Add-ons/Extension/Cover Details:-**

Cover	Total SI(₹)	Premium(₹)
Basic Cover	225000	8212.50

<b>Customer GST/UIN No.:</b>	33ABBPA2584R1ZJ	<b>Office GST No.:</b>	33AAACU5552C1ZQ
<b>SAC Code:</b>	997139	<b>Invoice No. &amp; Date:</b>	27221107032784 & 20/10/2022
<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 POONAMALLEE 012602 on this 20th day of October ,2022

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

Affix Policy Stamp here.

**Authorised Signatory.****Underwritten By - SRI41420 ( BO UNDERWRITER )****'Policy form - Claims made with right to defend.'**

This is a system generated document and any manual alteration / correction / overwriting in the document will make it invalid.