



**POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE**

**UIN NUMBER - IRDAN190P0077100001**

<b>Insured's Name</b>	: UNITED SYSTEM & AUTOMATION		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
<b>Customer ID</b>	: PO92129918	<b>Office Code</b>	: CHINCHWAD DO (152900)
<b>Address</b>	: J, BLOCK, PLOT NO.470, MIDC BHOOSARI, PUNE  PUNE ,MAHARASHTRA, 411026	<b>Address</b>	: 2ND FLOOR, MAHARASHTRA COMMERCIAL HOUSE, OPP. KSB PUMPS, PUNE - MUMBAI ROAD, PIMPRI, PUNE,411018
<b>Phone No</b>	: XXXXXX3004	<b>Phone No</b>	: 02027422484 / 02027423517
<b>E-mail/Fax</b>	: unitedautosystems2015@gmail.com, /	<b>E-mail/Fax</b>	: nia.152900@newindia.co.in / 20227420784
<b>PAN No</b>	: APMPA5930N	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: 27APMPA5930N1ZK / NA	<b>GSTIN</b>	: 27AAACN4165C3ZP
		<b>SAC</b>	: 997139 (Other non-life insurance services excl RI)

Policy Details			
<b>Policy Number</b>	: 15290036220100000405	<b>Business Source Code</b>	
<b>Period of Insurance</b>	: From: 14/11/2022 02:04:08 PM To: 13/11/2023 11:59:59 PM	<b>Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User</b>	: DIRECT BUSINESS - (1D7806040)
<b>Date of Proposal</b>	: 14-Nov-22	<b>Agent/Bancassurance/S pecified Person</b>	: VIVEK RAMGOPAL BAJAJ (NIA1D7803574) AGENT_SITE_1301 (1D7813221)
<b>Prev. Policy no.</b>	: 15290036210100000470	<b>Phone No</b>	: 02027461261, 9890834353 / NA
<b>Client Type</b>	: Non-Corporate	<b>E-mail/Fax</b>	: vivekbajaj123@yahoo.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
12753	2296	15049	RUPEES FIFTEEN THOUSAND FORTY-NINE ONLY	1000008922110029866 9 - 14/11/22

**Details of Employees with monthly wages upto ₹ 15000:**

Categories	Sub Categories	No of Employee	Cash Total Wages
Engineers not otherwise classified	Incl. work away from shop or yard upto 9 mtrs height	13	2340000

**Details of Employees with monthly wages above ₹ 15000:**

Categories	Sub Categories	No of Employee	Cash Total Wages
<b>Trade Description</b>	<b>Particular of Works</b>	<b>Location Details</b>	<b>Included All Sub - Contractors</b>
ENGINEERING WORK , SPM, GPM, AUTOMATION. LEFT TEST MC ALL TYPE FIXTURES TOOLS	ENGINEERING WORK , SPM, GPM, AUTOMATION. LEFT TEST MC ALL TYPE FIXTURES TOOLS	SITE: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
Special Conditions	NA	

Special Exclusions	NA
Special Excess/Deductible	NA

**The Policy shall be subject to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.**

Clauses	Description
Conditions	Due observance and fulfilment of terms, conditions and endorsements of policy
Conditions	The Company may cancel Policy by sending seven days notice by registered letter
Conditions	Name of every employee with amount of wages, earnings shall be properly recorded
Conditions	No payment shall be made by or on behalf of Insured without consent of Company
Conditions	Remedy available to the insured if the company disclaims liability
Conditions	The insured shall take reasonable precaution to prevent accidents and diseases
Conditions	Notice or communication under this policy shall delivered in writing to Company
Conditions	The Policy and the Schedule shall be read together as one contract
Conditions	liability being otherwise admitted
Conditions	In the event claim, Insured shall give notice to Company with full particulars
Exclusions	Any accident, loss or legal liability arising from nuclear weapons material
Exclusions	Death, injury caused directly or indirectly by ionising radiation or contamination by radioactivity
Exclusions	Any legal liability of whatsoever nature
Exclusions	Any sum which the insured would have been entitled to recover from any party but for an agreement between insured and such party
Exclusions	Liability of the insured which arises by virtue of an agreement
Exclusions	Any employee who is not a workman within the meaning of the Law(s)
Exclusions	Insureds liability to employees of their contractors
Exclusions	Any injury or disease directly attributable to war or war-like situations
Exclusions	Damage to any property or any Consequential losses

**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 12753.00
SGST	9	1148
CGST	9	1148
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 14th day of November, 2022.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 14/11/2022	
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(HEMA IYER)  
[Divisional Manager]  
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 : 15290022P0013013

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