



BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

Welcome to Bajaj Allianz Family

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.		RIAN House 2nd Floor, LIC Chowk, Kingway Sadar, Near NIT Building, Nagpur - 440001	
Insured Name	DURANTO GLOBAL	Policy Number	OG-22-2101-2802-00000102

DURANTO GLOBAL

HANUMAN LANE KALBADEVI OLD HANUMAN LANE
MUMBAI, THAKURDWAR
MUMBAI-400002
MAHARASHTRA

Mobile No : 9821268271



Customer ID : 251617512

Dear Customer,

Thank you for choosing Bajaj Allianz General Insurer as your preferred insurer. Bajaj Allianz General Insurance Company Limited, a consistently profitable insurer enjoys a reputation of expertise, stability and strength. We are a customer focused market leader present in over 200 locations across India. As an organization we strive to understand the risk management needs of our consumers and translate it into affordable products and services of global quality that deliver value for money. Bajaj Allianz has an ISO Certified claims, Operations and Services process and has received iAAA rating for the last three consecutive years from ICRA Limited, an associate of Moody's Investors Service, for claims paying ability. The rating indicates highest claims paying ability and a fundamentally strong position in the industry.

We request you to kindly go through the contents of the policy schedule and the terms and conditions. In case of any clarification or disagreement, please write to us at

Bagic.help@bajajallianz.co.in within fifteen days of receipt of this policy.

We assure you the best of our services and look forward to a continual patronage and association with you.

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory



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EMPLOYEE'S COMPENSATION INSURANCE TRANSCRIPT OF PROPOSAL UIN. IRDAN113RP0011V02200102

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.	RIAAAN House 2nd Floor, LIC Chowk, Kingway Sadar, Near NIT Building, Nagpur - 440001		
Insured Name	DURANTO GLOBAL	Policy Number	OG-22-2101-2802-00000102

Bajaj Allianz General Insurance Company Ltd

[Corporate Identity Number (CIN) : U66010PN2000PLC015329]

Unique Identification Number (UIN) : IRDAN113RP0011V02200102

Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006

Transcript of Proposal for Employee Compensation Insurance

Dear DURANTO GLOBAL

We, Bajaj Allianz General Insurance Company Ltd 'Company' or 'Insurer', wish to inform you that your contract of insurance (Policy) will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB or other means which would be considered as the final proposal, the transcript of which is as follows:

You are requested to yourself reconfirm the same at your end. In case of any disagreement or objection or any changes with respect to information mentioned below, We request you to please revert back within a period of 15 days from the date of your receipt of this document [but in case of short term Policy, your revert shall reach us before the inception date of Policy/ activities/risks covered by Policy/ies are started]. In case of our non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed that you have positively confirmed to us the correctness of the below mentioned information and declaration. In case you disagree to any of the information/contents of this transcript, standard Terms and conditions, you have the option to return the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, you shall be entitled to a refund of the premium paid, subject only to there being no claim made under the Policy and also subject to a deduction of the expenses incurred by us and the stamp duty charges. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we have issued the Policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab-initio if material facts/declarations are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Personal Information of Insured			
First Name			
Middle Name		Last Name	
Email Address		JPIB.NAGPUR@GMAIL.COM	Mobile Number
			9821268271
Date of Birth		Nationality	
Pan No		AAIFD5547M	Unique Identity (Aadhaar No.)
			NA
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	HANUMAN LANE KALBADEVI OLD HANUMAN LANE MUMBAI	House No/ Building No/ Flat No	HANUMAN LANE KALBADEVI OLD HANUMAN LANE MUMBAI
Street/ Locality/ Landmark		Street/ Locality/ Landmark	
State	MAHARASHTRA	State	MAHARASHTRA
City	MUMBAI	City	MUMBAI
Area	THAKURDWAR	Area	THAKURDWAR
Pincode	400002	Pincode	400002

Proposers trade or occupation CARPENTING ELECTRICIANS AND FABRICATING SERVICES

Particulars of work to be covered in Detail: CARPENTING ELECTRICIANS AND FABRICATING SERVICES

Risk Location address(s) ANYWHERE IN INDIA

Number of work shifts and duration of each shift

Policy Period: From: 10-FEB-2022 12:01 AM To : 09-FEB-2023 Midnight

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: Bagichelp@bajajallianz.co.in , Website www.bajajallianz.com

Corporate Identification Number: U66010PN2000PLC015329

<http://www.facebook.com/BajajAllianz> <http://twitter.com/BajajAllianz> www.bit.do/bjazgi Demystify Insurance <http://support.bajajallianz.com>



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COVERAGES REQUIRED

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coverage Options [Yes/No]
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act 1923	Yes
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. 0 b) Limit Per Accident for any number of Employees Rs. 0c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs. 0	Yes
Occupational Diseases		a) Limit Per Employee Rs. 0 b) No of Employees 9 Aggregate liability of the company for all employees during the Period of Insurance shall be limited to 50% of the amount arrived at by multiplying per Employee limit with the number of Employees.	
Contractors Employees		Limit: As per Employees Compensation Act 1923	Yes
Road Ambulance		Rs.5000 Per Employee in the aggregate during the policy period	No
Transportation of Mortal Remains		Rs.2000 Per Employee in the aggregate during the policy period	No
Medical Expenses		(If Yes) Please select limit per Employee in the aggregate during the policy period from below options	No

ALL PERSONS EMPLOYED MUST BE INCLUDED

* Wages means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of an employee towards any pension or provident fund or a sum paid to an employee to cover any special expenses entailed on him by the nature of his employment; Also the definition of Wages and Employee as given under Employees State Insurance Act, 1948 shall apply for the purpose of verifying as to whether employee is or is not covered under Employees State Insurance Act, 1948.

For help and more information:

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OWN EMPLOYEE DETAILS**

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance	Place/Places of Employment
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CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for] **

Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment
FABRICATORS	3		Rs.756000	
CARPENTERS	3		Rs.756000	
ELECTRICIANS	3		Rs.756000	

Kindly answer the below questions:

- Does the above, schedule include
 - All persons in your service?
 - All your contractors/ subcontractors?
- Do you comply with all statutory obligations, manufacturers recommendations and other safety regulations in conduct of the Business
- Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements
- Employee Safety Practices
 - Do you have documented SOP for employee safety in place?
 - Is there a compliance procedure in place?
 - Is there a procedure in place for identification and immediate correction of breach in SOP for Employee safety?
 - Do you carry out periodic management review of SOP?
 - Fire prevention and safety measures available in your factory/establishment.
 - Do you carry out frequent training sessions on Safety for your Employees?
- Medical Facility
 - Do you have a medical facility with round the clock doctors, para medical staff and ambulance services?
 - Do you have a medical facility with round the clock para medical staff and ambulance services, but doctors on call only?
 - No medical facility available except first aid
 - Hospital (public/private) within 5 k.m. from your factory/establishment with round the clock availability of doctors, para medical staff, ambulance services?
- Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.
- Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?
- Please provide Past Claims Experience, if any

State the total Premium paid and particulars of accidents to your employees during the past three years. **

Year (Past 3 years from this date)	Premium Paid	Wages Paid	Amount of Loss
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State the total Premium paid and particulars of accidents to your Contractors employees during the past three years. **