



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: M.B.S. ENTERPRISE .		
Insured's Details		Issuing Office Details	
Customer ID	: POA1926333	Office Code	: KALOL(NG) (212104)
Address	: B/25, VRUNDAVAN SOCIETY, KADI-KALOL ROAD, KADI, KADI ,GUJARAT, 382715	Address	: F-7,8,16 & 17, FIRST FLOOR, CITY MALL - 2, NAVJIVAN MILL COMPOUND, ,382721
Phone No	: XXXXXX0062	Phone No	: 227931 / 223493
E-mail/Fax	: saviourconsultancy9@gmail.com, /	E-mail/Fax	: nia.212104@newindia.co.in / 227931
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 24ARFPM6496C1ZP / NA	GSTIN	: 24AAACN4165C2ZW
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 21210436220100000142	Business Source Code	
Period of Insurance	: From: 14/12/2022 05:20:24 PM To: 13/12/2023 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: B.M. DIRECT CODE - (DO00002848)
Date of Proposal	: 14-Dec-22	Agent/Bancassurance/S pecified Person	: KAMLESH SHRIMALI (772/32053) (NIA1D6338645) AGENT_SITE_32053 (1D6348064)
Prev. Policy no.	:	Phone No	: 9824145975 / 223493, 227931,
Client Type	:	E-mail/Fax	: saviour966@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
10146	1826	11972	RUPEES ELEVEN THOUSAND NINE HUNDRED SEVENTY-TWO ONLY	1000008922120035193 0 - 14/12/22

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
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Details of Employees with monthly wages above ₹ 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	5	1320000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
ENGINEERING WORKS	ENGINEERING WORKS	ENDURANCE TECHNOLOGIES LIMITED PLOT NO-E-4, E-21,SANAND PHASE-2, INDUSTRIAL ESTATE, SANAND G.I.D.C, AHMEDABAD	

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
Medical Extension	₹50000	NA
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
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 10146.00
SGST	9	913
CGST	9	913
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 December, 2022.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 14/12/2022	
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(Ms. Savita Pillai)
[Sr. Branch 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 : 21210422P0008574

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