



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

Insured's Name	: GUJARAT WASTE WATER CLEANING		
Insured's Details		Issuing Office Details	
Customer ID	: PO86228371	Office Code	: VASNA ROAD MICRO OFFICE (221506)
Address	: 21, JAY AMBE ESTATE, OPP. SWASTIK PARTY PLOT, SOMA TALAV, DABHOI ROAD, BARODA. VADODARA ,GUJARAT, 390025	Address	: A-207, SECOND FLOOR, SIDDHARTH EXCELLENCE OPP. D-MART, VASNA ROAD VADODARA,390007
Phone No	: XXXXXX0697	Phone No	: 0265 2250065
E-mail/Fax	: patil.deepak80@yahoo.com, /	E-mail/Fax	: nia.221506@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 24AKQPP7377K1ZA / NA	GSTIN	: 24AAACN4165C2ZW
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 22150636210100000032	Business Source Code	
Period of Insurance	: From: 01/01/2022 12:00:01 AM To: 31/12/2022 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator	: DI_VASNA ROAD MICRO OFFICE - (DI221506)
Date of Proposal	: 01-Jan-22	Agent/Bancassurance/S pecified Person	: Mr. KASHYAP MANOJ SHAH (NIAAG00086034) KASHYAP SHAH (SI001471105)
Prev. Policy no.	: 22150636200100000021	Phone No	: 9824080368 / 02652250065,
Client Type	: Non-Corporate	E-mail/Fax	: manojshah23051972@gmail.com / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
2808	506	3314	RUPEES THREE THOUSAND THREE HUNDRED FOURTEEN ONLY	2215068121000000080 9 - 28/12/21

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Land Drainage Service	Excl. blasting and tunnelling	2	216000

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
LAND DRAINAGE SERVICE EXCL BLASTING AND TUNNELLING.	LAND DRAINAGE SERVICE EXCL BLASTING AND TUNNELLING.	ANY WHERE IN GUJARAT	

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
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Special Exclusions	NA
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Special Excess/Deductible	NA
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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		₹ 2808.00
SGST	9	253
CGST	9	253
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 28th day of December, 2021.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 28/12/2021	
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(Mr. Jagdish Shah)
[Micro In-Charge]
Duly Constituted Attorney(s)



Stamp Duty under the Policy is ₹1

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt
number _____ dt. _____.

Tax Invoice No : 22150621E0002851

IRDA Registration Number: 190