



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

Insured's Name	: SCI STORAGE SOLUTION		
Insured's Details		Issuing Office Details	
Customer ID	: PO24102383	Office Code	: BHAYANDER MICRO OFFICE 111701 (111701)
Address	: 1/1, SHANTI SEVA SANGH, NETAJI NAGAR, 90 FEET RD., SAKINAKA KURLA [W] MUMBAI, MAHARASHTRA, 400072	Address	: SHOP NO. 8, CHIRANJEEV ENCLAVE, PADMAVATI COMPLEX, NEAR REGISTRATION OFFICE, 90 FEET ROAD, 401101
Phone No	:	Phone No	: 02228049084
E-mail/Fax	: rakeshrane@scistorage.in, /	E-mail/Fax	: nia.111701@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AKLPR9834J1ZB / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 11170136170100000034	Business Source Code	
Period of Insurance	: From: 23/03/2018 12:00:01 AM To: 22/03/2019 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	: Mr. DIRECT DEV OFFICER - (DI00000550)
Date of Proposal	: 23-Mar-18	Agent/Bancassurance	: Mr. MR. SHYAM SHANKAR PANDEY (NIADM2392420) AGENT_SITE_65517 (DM2449876)
Prev. Policy no.	: 11170136160100000041	Phone No	: 9819920927, 9819920927, 9819920927 / NA
Client Type	: Non-Corporate	E-mail/Fax	: shyamshankarpandey@gmail.com, shyamshankarpandey@gmail.com / / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
9332	1680	11012	RUPEES ELEVEN THOUSAND TWELVE ONLY	1117018117000000241 4 - 23/03/18

Details of Employees with monthly wages upto ₹ 8000:

Categories	Sub Categories	No of Employee	Cash Total Wages
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Details of Employees with monthly wages above ₹ 8000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Furniture Dealers and Removers and Depository Proprietors	Retail Shop and Excl. Delivery and Cartage	8	800000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
RALLYING SYSTEM INSTALATION IN FACTORY FOR STORGE	RALLYING SYSTEM INSTALATION IN FACTORY FOR STORGE	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
Medical Extension	₹50000	NA
Special Conditions	NA NA	

Special Exclusions	NA
Special Excess/Deductible	NA

Validity unknown
Digitally signed by Srinivasan Vaideharan Date: 2018.03.23 13:14:41 IST

Policy No. : 11170136170100000034 Document generated by 38537 at 23/03/2018 13:14:41 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.



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		₹ 9332.00
SGST	9	840
CGST	9	840
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 23rd day of March, 2018.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 23/03/2018

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 : 1117013601000034

IRDA Registration Number: 190