



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001



| | | | |
|-------------------|---|------------------------|--|
| Insured's Name | : PRADEEP TECHNOPLAST ENGG | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | : POA2399101 | Office Code | : AURANGABAD DO-160400 (160400) |
| Address | : SECTOR 22 PLOT NO 83A SHIV COLONY NIT FARIDABAD FARIDABAD ,HARYANA, 121004 | Address | : AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 |
| Phone No | : XXXXXX8842 | Phone No | : 02402333572 / 02402333361 |
| E-mail/Fax | : / | E-mail/Fax | : nia.160400@newindia.co.in / 02402331226 |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : NA / NA | GSTIN | : 27AAACN4165C3ZP |
| | | SAC | : 997139 (Other non-life insurance services excl RI) |

| | | | |
|---------------------|---|--|---|
| Policy Details | | | |
| Policy Number | : 16040036220100000191 | Business Source Code | |
| Period of Insurance | : From: 04/01/2023 03:59:04 PM To: 03/01/2024 11:59:59 PM | Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User | : DIRECT BUSINESS - (2D10753297) |
| Date of Proposal | : 04-Jan-23 | Agent/Bancassurance/S pecified Person | : Mr. WALMIK SAHEBRAO PAWAR (NIA2D10749379) AGENT_SITE_42791 (2D10768575) |
| Prev. Policy no. | : | Phone No | : 02435247668, 9860382402 / NA |
| Client Type | : Non-Corporate | E-mail/Fax | : / / |

| | | | | |
|------------|--------|-----------|--|-------------------------------------|
| Premium(₹) | GST(₹) | Total (₹) | Total (₹ in words) | Receipt No. & Date |
| 5708 | 1027 | 6735 | RUPEES SIX THOUSAND SEVEN HUNDRED THIRTY-FIVE ONLY | 1000008922010010053 1 - 04/01/23 |

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 | 3 | 540000 |

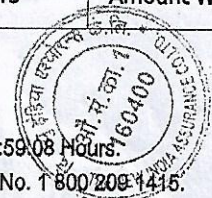
Details of Employees with monthly wages above ₹ 15000:

| Categories | Sub Categories | No of Employee | Cash Total Wages |
|----------------------------|---------------------|---|------------------------------|
| Trade Description | Particular of Works | Location Details | Included All Sub-Contractors |
| FABRICATION AND ENGG WORKS | | ENDURANCE L-6 MIDC WALUJ A BAD GREAVES COTTON LTD SHENDRA & CHIKALTHANA MIDC A BAD ALL OVER INDIA AS PER WORK ORDER | |

Contractor/Sub-Contractor Details:

| Serial No | Name of Contractor | Description | Categorie | No. of Workers | Amount Wages |
|-----------------|--------------------|-------------|-----------|----------------|--------------|
| Signature valid | | | | | |

Digitally signed by PRADEEP K. YEE
PAN/IN/SA/1
Date: 2023.01.04
15:59:10 IST





| | | | | | | |
|--|--|--|--|---------|-----------|--------|
| | | | | 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 |
|---------|-------------|
|---------|-------------|

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 5708.00 |
| SGST | 0 | 0 |
| CGST | 0 | 0 |
| IGST | 18 | 1027 |

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 04th day of January, 2023.

For and on behalf of

The New India Assurance Company Limited

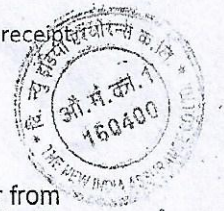
| | |
|---------------------------|--|
| Date of Issue: 04/01/2023 | |
|---------------------------|--|

(MRS. MADHURI DHONDGE)
[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 : 16040022P0018191

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : AURANGABAD DO-160400 (160400)
Address : AJAY ENGINEERING COMPOUND,
ADALAT ROAD, AURANGABAD
431005
KRANTI CHOWK (AURANGABAD)
Insured Pan Number :
Phone : 02402333572
Email : nia.160400@newindia.co.in
Fax : 02402331226
Collection Number : 10000089220100100531
Collection Date : 04/01/2023
Business Source Code : 2D10753297
PAN No of Payer :

Received with thanks from PRADEEP TECHNOPLAST ENGG PRADEEP SINGH.

The amount received/Adjusted is towards -

| Policy No. | A/C Description | Amount ₹ | A/C Code | Sub A/C Code |
|----------------------|-----------------|----------|-------------|------------------------|
| 16040036220100000191 | Bank-100000 | 6735.00 | 9100.100000 | BA00013647-100000-9100 |

Total = ₹ 6735.00

Your Payment/Adjustment Details are as under -

| Mode | Amount ₹ | Cheque No. | Cheque Date | Drawee Bank | Drawee Branch | Reference No. | Scroll/BG/A PD Balance |
|-------------------|----------|------------------------|-------------|-------------|---------------|------------------|------------------------|
| EPG Credit Advice | 6735.00 | YHD416 5617 3216 | N.A. | N.A. | N.A. | 1604002210042344 | N.A. |

Total = ₹ 6735.00

Utilization details of the Collected Amount :

| Premium | GST | Stamp Duty | Excess Amount |
|---------|---------------|--------------|-----------------|
| 5708.00 | 1027.00 | 0.00 | 0 |
| Sl no. | Agency Code | Agency Name | Department Code |
| 1 | NIA2D10749379 | WALMIK PAWAR | 36 |

For The New India Assurance Company Limited
Revenue Stamp

Date of Issue: 04/01/2023



(MRS. MADHURI
DHONDGE)
[DIVISIONAL
MANAGER]

Cashier's Initial

Authorized Signatory

Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence. .
2. NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/ if there is insufficient premium balance.

Signature valid

Digitally signed
by ANAGAI LAYEE
PANICKAL
Date: 2023.01.04
15:59:08 IST

Policy No. : 16040036220100000191 Document generated by AG_0119948 at 04/01/2023 15:59:08 Hours.

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