



UNITED INDIA INSURANCE COMPANY LIMITED

732/A, LEEA CHAMBERS PUNE SATARA ROAD, ARANYESHWAR CORNER PUNE, PUNE,
MAHARASTRA

PUNE - 411037 MAHARASHTRA

PHONE: (020) 24210759 FAX: EMAIL:

EMPLOYEES COMPENSATION LIABILITY POLICY POLICY NO.:1619002722P105623556

PERIOD OF INSURANCE

From 00:00 Hrs of 27/09/2022

To Midnight of 26/09/2023

Insured

M/s PATSON ELECTRICALS AND CONTROLS

T - 204 MIDC BHOSARI PUNE-411026

PUNE

411026

MAHARASHTRA

Agent Name	: MAHESH WAMANRAO ERANDE
Agent Code	: AGD0087818
Mobile/Landline Number/Email	: <u>9890404077</u> : <u>erandemahesh@gmail.com</u>

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 161900@uiic.co.in

Download Customer App(www.uiic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.

Website: <http://www.uiic.co.in>

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EMPLOYEES COMPENSATION INSURANCE POLICY SCHEDULE

Policy No.	1619002722P105623556		Prev. Pol. No.	1619002721P105864977	
Name Of Insured/ID	M/s PATSON ELECTRICALS AND CONTROLS / 23039390072				
Tel.(O)	24478146	Fax		Tel.(R)	24478146
Business/Occupation	None		Email	patsonellectricals@vsnl.com	
Period of Insurance	From	00:00 Hrs of 27/09/2022		To	Midnight of 26/09/2023

CO-INSURANCE DETAILS:	UIIC 161900 : 100%
PREMIUM:	TWENTY-FOUR THOUSAND EIGHT HUNDRED SIXTEEN RUPEES ONLY

Laws: The Policy covers Liability of the **Insured** under the following Law(s) shown as covered, subject to claim being otherwise admissible as per terms, conditions and exclusions of the Policy and subject to **Limit of Indemnity** as stipulated against each Law:

	<u>LAW</u>	<u>LIMIT OF INDEMNITY</u>
	Employee's Compensation Act,1923 and subsequent amendments thereof prior to the date of issue of Policy	Subject otherwise ,to the term, condition & Exclusion of the Policy ,the amount of liability incurred by the Insured

	Common Law	Subject otherwise, to the terms,conditions & Exclusions of the Policy,the amount of liability incurred by the Insured , but not exceeding:-
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a) Limit Per Employee for any number of accidents during Period of Insurance ₹ 0
b) Limit Per Accident for any number of Employees ₹ 0
c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance ₹ 0

Net Premium	:	₹ 24,816.00
CGST(9%)	:	₹ 2,233.00
SGST(9%)	:	₹ 2,233.00
Stamp Duty	:	₹ 1.00
Total	:	₹ 29,282.00
Receipt No.	:	10116190022106419510
Receipt Date	:	15/09/2022

Agency/Broker Code:	AGD0087818
Dev.Officer Code:	

Details of Employees Covered:

Description of Employees	Worker Type	Declared Number of Employees	Declared Monthly Wage/Employee(₹)	Declared Wages during the Period of Insurance(₹)	Place/Places of Employment	Trade Category	Sub Trade Category
WORKER	Skilled	1	51,000.00	612,000.00	ALL OVER INDIA	ENGINEERS NOT OTHERWISE CLASSIFIED	INCL WORK AWAY FROM SHOP OR YARD UPTO 9 MTRS HEIGHT
WORKER	Skilled	1	36,000.00	432,000.00	ALL OVER INDIA	ENGINEERS NOT OTHERWISE CLASSIFIED	INCL WORK AWAY FROM SHOP OR YARD UPTO 9 MTRS HEIGHT
WORKER	Skilled	1	45,000.00	540,000.00	ALL OVER INDIA	ENGINEERS NOT OTHERWISE CLASSIFIED	INCL WORK AWAY FROM SHOP OR YARD UPTO 9 MTRS HEIGHT
WORKER	Skilled	2	35,000.00	840,000.00	ALL OVER INDIA	ENGINEERS NOT OTHERWISE CLASSIFIED	INCL WORK AWAY FROM SHOP OR YARD UPTO 9 MTRS HEIGHT

Subject of following clauses:

Special Condition :

Subject to terms and Conditions of Employees Compensation Insurance Policy attached herewith.

Territory:-INDIA**Jurisdiction:-**PUNE**Subsidiaries:-****Particular Of Work:-**INSTALLATION AND COMMISSIONING OF BURNER IN VERIOUS INDUSTRIES**Location Of Risk:-**ALL OVER INDIA**Add-ons/Extension/Cover Details:-****Medical Expenses Extension SI/Employee-Rs.100000**

Cover	Total SI(₹)	Premium(₹)
Basic Cover	2424000	27573
Medical Expenses Cover	500000	9650.55

Customer GST/UIN No.:	27AKYPP8702C1ZQ	Office GST No.:	27AAACU5552C1ZJ
SAC Code:	997139	Invoice No. & Date:	2722I105623556 & 15/09/2022
Amount Subject to Reverse Charges-NIL			

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.

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 27/09/2022

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO 4 PUNE 161900 on this 15th day of September ,2022

For United India Insurance Co. Ltd.

Affix Policy Stamp here.

Authorised Signatory.**Underwritten By - NEE25941 (DO UNDERWRITER)****'Policy form - Claims made with right to defend.'**

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