

# digit INSURANCE

ALMOST

# 5-STAR

CUSTOMER-RATED INSURANCE

TRUSTED BY

# 1.5CR CUSTOMERS



5/5



4.7/5



**YOU ARE NOW  
A PART OF THE  
DIGIT FAMILY**

## POLICY SCHEDULE

Everything you need to know about your Policy

\*Rated 5/5 on Facebook as on 18th March 2021 and 4.7/5 on Google as on 21st May 2021

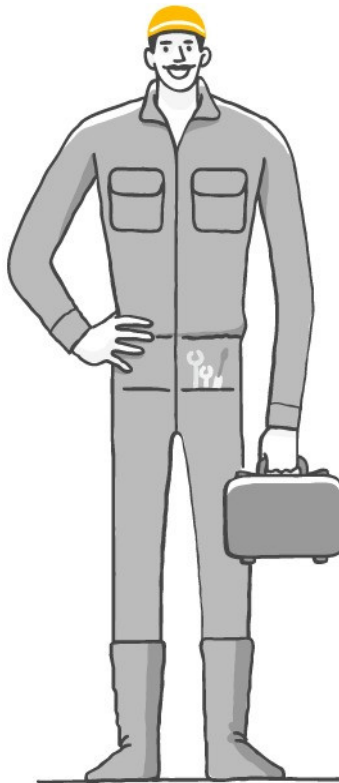
\*\*Across all line of business since inception till 22nd April 2021

GoDigit GI Ltd, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095,

Toll Free- 18002585956, www.godigit.com, CIN: U66010PN2016PLC167410, IRDAI Regn No: 158, T&C\*



## Policy Schedule



### Digit Employees Compensation Insurance Policy

UIN: IRDAN158RP0020V01201920

Go Digit General Insurance Ltd

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## Insured & Policy Details

Insured Details		Policy Details			
Name	Devika Enterprises	Policy Number	D094384145		
Address	Bungalow No. 7 , Jawadekar Residency, Ramanmala Kolhapur. 416003	Receipt Number	RA096896376	Policy Issue Date	18-Mar-2023
GST State Code	27	Policy Period	From	18-Mar-2023	00:00:01
City / Location	Kolhapur		To	17-Mar-2024	23:59:59
Contact No	+918423010909	Partner Code and Name	1000013 PROBUS INSURANCE BROKER LIMITED		
Email ID	urjitassociates22@gmail.com	Partner Contact and Email ID	7304332968 care@probusinsurance.com		
GSTIN Number	27AUMPS0118B1ZV	Address of Insured Premises / Location covered	Anywhere in india		
Policy Form	Table A				

## Coverage Details

Work Description	No. of Employees	Estimated Total wages/salary	Classification No.
semiskilled	1	156000	46
unskilled	2	264000	46
skilled worker	2	432000	46
Total	5	852000	

**Scope of Cover:**

- Coverage as per Employee's Compensation Act, 1923 and subsequent amendments thereof prior to the date of issue of this Policy
- Liability under the Fatal Accidents Act & Common Law

## Endorsement Details

	Opted/ Not-Opted	Limit	Aggregate Limit
Medical Expenses Cover	Opted	Each employee INR 100000	For all accidents
Occupational Disease Cover	Not-Opted	NA	NA
Coverage for Contractors and/or SubContractors Workers/ Employees	Opted	The amount of liability incurred by the Insured as per Employee's Compensation Act, 1923 and subsequent amendments.	

## Special Terms and Conditions

- Any change in "location" or "nature of employment", if any during the policy period should be informed to the insurer mandatorily and the same shall be covered at the discretion of the Insurer. Where additional premium is required the same shall be charged.
- Occupational diseases shall only mean diseases listed in Part "C" of Schedule III to W.C. Amendment Bill 1989.
- Warranted that attendance and wage register is maintained at the place of employment by the Insured as per statutory requirements/compliance and to be submitted when required by insurer.
- Warranted that at any point in time the total No. of workers on the site Should not exceed No. of employees mentioned in the policy.
- Warranted that employees working at a height, especially exceeding 9 meters should be harnessed using adequate and well maintained fall arrest equipment with personal protective equipment, including harness, ropes, safety helmets, gloves, etc.
- Exclusion: Any work involving blasting, tunnelling, work on high tension live wires, off shore work, underground/ under water work, subaqueous work or any related services in connection therewith.
- Exclusion: Workers predominantly engaged in wrecking or demolition and/or Standalone demolition only Projects and/or collection or removal of scrap metal and any related activities including Loading and unloading. However, demolition in conjunction with re-construction/construction/alteration will be covered.

8. Exclusion: Workers involved in maintenance of towers, steeples, bridges, Dams, chimney shafts and excavation > 3mts unless specifically agreed and mentioned on this schedule.
9. Exclusion: Any interest and/or penalty imposed on the insured on account of his /their failures to comply with the requirements laid down under the Employee's Compensation ACT, 1923.
11. Work Description-
12. • Nature of work in which employees are involved during policy period shall be clearly mentioned on work description.
  - Nature of work shall have correlation with work description for which policy has been issued and rates shall be charged in accordance with the same.
  - Work description shall not fall under any of the policy exclusions mentioned on policy schedule as well as wording. Notwithstanding any provision to the contrary within this insurance, the above-mentioned Work description (if any) will be read together with the terms & conditions of this policy and in no instance shall supersede the policy provisions and exclusions stated, unless specifically agreed and endorsed on the policy by the underwriter.

## Premium and Payment Details

Total Net Premium	5603.47	
CGST rate and amount	9%	504.31
SGST/UTGST rate and Amount	9%	504.31
IGST rate and Amount		0.00
Final Premium	6612.09	

## Endorsement

Invoice Number	Invoice Date	Net Premium	Igst	Cgst	Sgst	Utgst	Cess	Gross Premium
IA088155781	2023-03-18	5603.47	0.00	504.31	504.31	0.00	0.00	6612.09

### Important Notice

1. **\*Cheque dishonor / Non-receipt of payment:** If premium paid through Cheque, the policy is void ab-initio in case of dishonor of Cheque or non-receipt of payment.
2. This policy is subject to the standard policy wordings, warranties, exclusions and conditions as per Digit Employees compensation insurance Policy Wordings
3. The Coverage has been provided basis information provided by you/proposer to us and the policy is not valid, if any of the information provided is incorrect.
4. The Policy Wording attached herewith includes all the Standard Coverage offered by Go Digit General Insurance Ltd. to its Customers. For any clarification please call our Call Center Number [1800 258 5956](tel:18002585956).

For & On Behalf of Go Digit General Insurance



Praveen Bhat  
 Senior Vice President - Customer Experience  
 Authorized Signatory  
 praveen.bhat@godigit.com  
 DDMMYYYY  
 Printed, Signed, and Executed at Bengaluru  
 Hey, our document is now digitally signed.  
 Click [here](#) to view the certificate

Consolidated Stamp Duty has been paid as per Letter of Authorization No.67-B/04/2017-18 Date: 30th May 2017 issued by Department of Stamps and Registration , Bengaluru- 560009 - KARNATAKA.

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Wish to go through your detailed policy, [click here](#).

In case of any claim, please contact 24-Hour Call Centre at [1800 103 4448](tel:18001034448) or email us at [hello@godigit.com](mailto:hello@godigit.com)

Go Digit General Insurance Ltd. Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5 Block, Bengaluru, Karnataka 560095, IRDAI Reg No. 158 CIN U66010PN2016PLC167410, GST Reg. No: 27AACCO4128Q1Z0, GSTIN Address: Go Digit General Insurance Ltd, Kolhapur Business Centre, Office No 402, Emerald Corner, C.S. No. 1224-C, Plot No 51-A, E Ward, Rajarampuri, Kolhapur, Maharashtra, PIN-416008. Website: [www.godigit.com](http://www.godigit.com)