



UNITED INDIA INSURANCE COMPANY LIMITED

SAHYADRI SADAN TILAK ROAD, SADASHIV PETH
PUNE - 411030 MAHARASHTRA

PHONE: (20) 24324268 FAX: EMAIL:

EMPLOYEES COMPENSATION LIABILITY POLICY POLICY NO.:1622002721P112446605

PERIOD OF INSURANCE

From 00:00 Hrs of 05/03/2022

To Midnight of 04/03/2023

Insured

M/s VITREX INFRA PRIVATE LIMITED

1ST FLOOR RAJWADE COMPLEX NR. CHOWGULE SHOW ROOM, BEHIND SBI
BANK , AMBEGAON (BK), PUNE

PUNE

411046

MAHARASHTRA

Agent Name	: ABHIJEET SARNAIK
Agent Code	: AGD0046578
Mobile/Landline	: 9422088560
Number/Email	: a.sarnaik@yahoo.com

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 162200@uiic.co.in



Policy No: 1622002721P112446605



EMPLOYEES COMPENSATION INSURANCE POLICY SCHEDULE

Policy No.	1622002721P112446605	Prev. Pol. No.	1622002720P114103570
Name Of Insured/ID	M/s VITREX INFRA PRIVATE LIMITED / 23061232456		
Tel.(O)	Fax	Tel.(R)	Mobile
Business/Occupation	None	Email	
Period of Insurance	From 00:00 Hrs of 05/03/2022	To	Midnight of 04/03/2023

CO-INSURANCE DETAILS:	UIIC 162200 : 100%
PREMIUM:	FOURTEEN THOUSAND FOUR HUNDRED TWENTY-EIGHT 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:

LAW	LIMIT OF INDEMNITY
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	:	₹ 14,428.00
CGST(9%)	:	₹ 1,299.00
SGST(9%)	:	₹ 1,299.00
Stamp Duty	:	₹ 1.00
Total	:	₹ 17,026.00
Receipt No.	:	10116220021114021740
Receipt Date	:	03/03/2022

Agency/Broker Code:	AGD0046578
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	01	13,000.00	156,000.00	ALL OVER INDIA	FIRE EXTINGUISHING APPLIANCES MAKERS	FIRE EXTINGUISHING APPLIANCES MAKER
WORKER	Skilled	04	10,000.00	480,000.00	ALL OVER INDIA	FIRE EXTINGUISHING APPLIANCES MAKERS	FIRE EXTINGUISHING APPLIANCES MAKER
WORKER	Skilled	01	12,000.00	144,000.00	ALL OVER INDIA	FIRE EXTINGUISHING APPLIANCES MAKERS	FIRE EXTINGUISHING APPLIANCES MAKER

Subject of following clauses:

Special Condition :

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

Territory:-

Jurisdiction:-

Subsidiaries:-

Particular Of Work:-INSTALLATION OF FIRE ALARM SYSTEM & FIRE FIGHTING SYSTEM

Location Of Risk:-1ST FLOOR RAJWADE COMPLEX NR. CHOWGULE SHOW ROOM, BEHIND SBI BANK , AMBEGAON (BK),PUNE
INSTALLATION OF FIRE ALARM SYSTEM & FIRE FIGHTING SYSTEM ALL OVER INDIA

Add-ons/Extension/Cover Details:-

Cover	Total SI(₹)	Premium(₹)
Basic Cover	780000	26244

Customer GST/UIN No.:	27AAGCV7139J1ZU	Office GST No.:	27AAACU5552C1ZJ
SAC Code:	997139	Invoice No. & Date:	2721I112446605 & 03/03/2022
Amount Subject to Reverse Charges-NIL			

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.

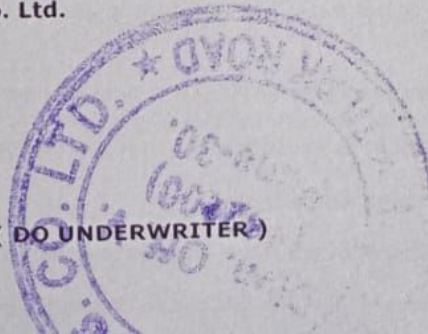
LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 05/03/2022

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO
5 PUNE 162200 on this 02nd day of March ,2022

For United India Insurance Co. Ltd.

Authorised Signatory.
Underwritten By - VIS21352 (DO UNDERWRITER)



समेकित मुद्रांक शुल्क प्रमाणपत्र

क्र. JDR/Insurance/2020/IIICL/DO-162200/931

दिनांक 17/12/2020 द्वारा भुगतानित तथा

गोपनीय अंतर्गत मुद्रांक शुल्क रु. 1/-

Affix Policy
Stamp Here



UNITED INDIA INSURANCE COMPANY LIMITED

RECEIPT

Policy No. : 162200 / DO 5 PUNE SAHYADRI SADANTILAK ROAD, SADASHIV PETH 411030	Receipt Number :	10116220021114021740
	Collection Date :	03/03/2022

Receipt is received from VITREX INFRA PRIVATE LIMITED (Customer ID : 23061232456, Customer GST/UIN : CV7139J1ZU) a sum of Rs. 17026.00 (Seventeen thousand twenty-six rupees only) as per detail given below.

Policy Number	Policy Type	Endt/Ren/Clm/Decln No	Particulars	Total Amount
02721P112446605	Employees Compensation Liability	0	Final Premium	14,428.00
02721P112446605	Employees Compensation Liability	0	CGST	1,299.00
02721P112446605	Employees Compensation Liability	0	SGST	1,299.00
Total (Rounded Off) :				17,026.00
Stamp Duty :				0.00
Bank Charges :				0.00
Total Amount :				17,026.00

Payment Details

Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
62200110071844	CHEQUE	000877	02/03/2022	HDFC BANK	KATRAJ	17,026.00

QR Code (IC) : 27AAACU5552C1ZJ

for UNITED INDIA INSURANCE COMPANY LIMITED

AUTHORISED SIGNATORY

Receipt is valid subject to realisation of cheque
Please quote policy no., collection no., and date in all correspondences.