

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

Welcome to Bajaj Allianz Family

Policy issuing office and correspondence address for communication by holder of policy		497/498, 5th floor, Isana Kattima building, Poonamallee High Road,		
for claim, service request, notice, summons, etc.		Arumbakkam, Chennai - 600106		
Insured Name	ZDC MACHINE TECHNOLOGIES	Policy Number	OG-23-1501-2802-00000556	

ZDC MACHINE TECHNOLOGIES

ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH PUNE-411027 MAHARASHTRA Mobile No : 7821979913



Customer ID : 311152328

Dear Customer,

Thank you for choosing Bajaj Allianz General Insurer as your preferred insurer. Bajaj Allianz General Insurance Company Limited, a consistently profitable insurer enjoys a reputation of expertise, stability and strength. We are a customer focused market leader present in over 200 locations across India. As an organization we strive to understand the risk management needs of our consumers and translate it into affordable products and services of global quality that deliver value for money. Bajaj Allianz has an ISO Certified claims, Operations and Services process and has received iAAA rating for the last three consecutive years from ICRA Limited, an associate of Moody's Investors Service, for claims paying ability. The rating indicates highest claims paying ability and a fundamentally strong position in the industry.

We request you to kindly go through the contents of the policy schedule and the terms and conditions. In case of any clarification or disagreement, please write to us at

Bagic.help@bajajallianz.co.in within fifteen days of receipt of this policy.

We assure you the best of our services and look forward to a continual patronage and association with you.

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)



(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

EMPLOYEE'S COMPENSATION INSURANCE TRANSCRIPT OF PROPOSAL UIN. IRDAN113RP0011V02200102

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.		497/498, 5th floor, Isana Kattima building, Poonamallee High Ro Arumbakkam, Chennai - 600106	
Insured Name	ZDC MACHINE TECHNOLOGIES	Policy Number	OG-23-1501-2802-00000556

Bajaj Allianz General Insurance Company Ltd [Corporate Identity Number (CIN) : U66010PN2000PLC015329] Unique Identification Number (UIN) : IRDAN113RP0011V02200102 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006 Transcript of Proposal for Employee Compensation Insurance

Dear ZDC MACHINE TECHNOLOGIES

We, Bajaj Allianz General Insurance Company Ltd 'Company' or 'Insurer', wish to inform you that your contract of insurance (Policy) will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB or other means which would be considered as the final proposal, the transcript of which is as follows:

You are requested to yourself reconfirm the same at your end. In case of any disagreement or objection or any changes with respect to information mentioned below, We request you to please revert back within a period of 15 days from the date of your receipt of this document [but in case of short term Policy, your revert shall reach us before the inception date of Policy/ activities/risks covered by Policy/ies are started]. In case of our non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed that you have positively confirmed to us the correctness of the below mentioned information and declaration. In case you disagree to any of the information/contents of this transcript, standard Terms and conditions, you have the option to return the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, you shall be entitled to a refund of the premium paid, subject only to there being no claim made under the Policy and also subject to a deduction of the expenses incurred by us and the stamp duty charges. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we have issued the Policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab-initio if material facts/declarations are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Personal Information of Insured	(aringly yo	UTS			
First Name	0.00				
Middle Name	B RA IA I	Last Name			
Email Address	raju_log@yahoo.com	Mobile Number		7821979913	
Date of Birth		Nationality			
Pan No	AADFZ2817P	Unique Identity (Aadhaar No.)		NA	
Permanent Address		Mailing Address			
House No/ Building No/ Flat No		House No/ Building No/ Flat No	ALTIIUS CO-OP SOCIET COLONY VISHAL NAGA NILAKH	Y B101 SARMATH R JAGTAP DAIRY PIMPLE	
Street/ Locality/ Landmark		Street/ Locality/ Landmark			
State		State	MAHARASHTRA		
City		City	PUNE		
Area		Area			
Pincode		Pincode	411027		

Proposers trade or occupation SERVICING OF CNC DIE CASTING MACHINCES

Particulars of work to be covered in Detail: SERVICING OF CNC DIE CASTING MACHINCES

Risk Location address(s) ANY WHERE IN INDIA

Number of work shifts and duration of each shift

Policy Period: From: 17-DEC-2022 12:01 AMTo : 16-DEC-2023 Midnight

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: Bagichelp@bajajallianz.co.in , Website www.bajajallianz.com Corporate Identification Number: U66010PN2000PLC015329

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EMPLOYEE'S COMPENSATION INSURANCE TRANSCRIPT OF PROPOSAL UIN. IRDAN113RP0011V02200102

		497/498, 5th floor, Isana Kat Arumbakkam, Chennai - 6001	
Insured Name	ZDC MACHINE TECHNOLOGIES	Policy Number	OG-23-1501-2802-00000556

COVERAGES REQUIRED

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coverage Options [Yes/No]
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act 1923	Yes
Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	a) Limit Per Employee for any number of accidents during Period of Insurance Rs. 500000 b) Limit Per Accident for any number of Employees Rs. 500000c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs. 10000000	Yes
Occupational Diseases	Caringly yours BAJAJ Allianz ())	a) Limit Per Employee Rs. 500000 b) No of Employees 24 Aggregate liability of the company for all employees during the Period of Insurance shall be limited to 50% of the amount arrived at by multiplying per Employee limit with the number of Employees.	yes
Contractors Employees		Limit: As per Employees Compensation Act 1923	Yes
Road Ambulance		Rs.5000 Per Employee in the aggregate during the policy period	Yes
Transportation of Mortal Remains		Rs.2000 Per Employee in the aggregate during the policy period	Yes
Medical Expenses		(If Yes) Please select limit per Employee in the aggregate during the policy period from below options	Yes

ALL PERSONS EMPLOYED MUST BE INCLUDED

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

 $\mathsf{Email:}\ \underline{\mathsf{Bagichelp}{@bajajallianz.co.in}} \text{,}\ \mathsf{Website}\ \underline{\mathsf{www.bajajallianz.com}}$

Corporate Identification Number: U66010PN2000PLC015329



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Policy issuing office and correspondence address for communication by holder of policy 497/498, 5th floor, Isana Kattima building, Poonamallee High Road,				
for claim, service requ	uest, notice, summons, etc.	Arumbakkam, Chennai - 60	00106	
Insured Name	ZDC MACHINE TECHNOLOGIES	Policy Number	OG-23-1501-2802-00000556	
capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a				
employee towards an	v pension or provident fund or a sum paid to a employe	e to cover any special expenses entaile	ed on him by the nature of his employment:	

Also the definition of Wages and Employee as given under Employees State Insurance Act, 1948 shall apply for the purpose of verifying as to whether employee is or is not covered under Employees State Insurance Act, 1948.

OWN EMPLOYEE DETAILS**

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance	Place/Places of Employment
Durgadas Dattaram Patil	1	Rs.2569200	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
Julius Caesar	1	Rs.2016000	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
S.Balamurugan	1	Rs.416832	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
Gokula Krishnan.M	Garingly yours	Rs.420048	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
R.Karthikeyan	BAJAJ Allianz 🕕	Rs.417984	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH, PUNE, MAHARASHTRA - 411027
Sushil Kumar Saini	1	Rs.1005588	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
P.SureshKumar	1	Rs.1443516	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH, PUNE, MAHARASHTRA - 411027
Dinesh Kumar	1	Rs.33433	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
Charan Singh	1	Rs.66426	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
Umarajkar Manish Keshvarao	1	Rs.877116	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027

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EMPLOYEE'S COMPENSATION INSURANCE TRANSCRIPT OF PROPOSAL UIN. IRDAN113RP0011V02200102

Policy issuing office and co for claim, service request,	prrespondence address for connection notice, summons, etc.	mmunication by holder of	policy 497/498, 5th floc Arumbakkam, Che		, Poonamallee High Road,
Insured Name	ZDC MACHINE TECHNOLO	DGIES	Policy Number		2802-00000556
Naresh Virbhan Magar		1		Rs.901404	B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
N.Mahalingam		1		Rs.669336	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
Murugan.S		1		Rs.1205772	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
P.Subash		1		Rs.995388	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
Ankit Bhardwaj		1		Rs.288900	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
Palanisamy . M		1		Rs.429384	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH, PUNE, MAHARASHTRA - 411027
PARTHIBAN S		aringly you BAJAJ]	§ Allianz ())	Rs.234516	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
A SUNDARAVEL		1		Rs.244308	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
A. Pushpanathan		1		Rs.427536	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH, PUNE, MAHARASHTRA - 411027
S. Kumaresh		1		Rs.896808	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
J.Suresh Narasimhan		1		Rs.1325940	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
RamKumar.M		1		Rs.244308	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027

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Insured Name	ZDC MACHINE TECHNOLO	DGIES	Policy Number		OG-23-1501-2802	2-00000556
Janakiraman R		1		Rs.2098	320	B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH,PUNE, MAHARASHTRA - 411027
K.Sekar		1		Rs.4011	100	ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH, PUNE, MAHARASHTRA - 411027

CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for] **

Contractors Name	Registered Address	Employees	Total Declared wages during the period of insurance.	Place/Places of Employment	
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Kindly answer the below questions:

1. Does the above, schedule include

a. All persons in your service?

b. All your contractors/ subcontractors?

2. Do you comply with all statutory obligations, manufacturers recommendations and other safety regulations in conduct of the Business

3. Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements

4. Employee Safety Practices

a. Do you have documented SOP for employee safety in place?

i. Is there a compliance procedure in place?

ii. Is there a procedure in place for identification and immediate correction of breach in SOP for Employee safety?

iii. Do you carry out periodic management review of SOP?

b. Fire prevention and safety measures available in your factory/establishment.

c. Do you carry out frequent training sessions on Safety for your Employees?

5. Medical Facility

i. Do you have a medical facility with round the clock doctors, para medical staff and ambulance services?

ii. Do you have a medical facility with round the clock para medical staff and ambulance services, but doctors on call only?

iii. No medical facility available except first aid

iv. Hospital (public/private) within 5 k.m. from your factory/establishment with round the clock availability of doctors, para medical staff, ambulance services?
6. Are you at present insured or have your ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.

7. Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?

8. Please provide Past Claims Experience, if any

State the total Premium paid and particulars of accidents to your employees during the past three years. **

Year (Past 3 years from this date)	Premium Paid	Wages Paid	Amount of Loss

State the total Premium paid and particulars of accidents to your Contractors employees during the past three years. **



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Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.			y 497/498, 5th floor, Isana Kattima building, Poonamallee High Road, Arumbakkam, Chennai - 600106			
Insured Name			Policy Number		OG-23-1501-2802	2-00000556
				11484		

DECLARATIONS AND WARRANTIES. TERMS AND CONDITIONS:

1. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to you and you have fully understood the significance of the proposed contract of insurance basis which you have confirmed for Policy issuance.

2. You have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements, particulars, answers and/or particulars, information, declarations, warranties, documents given in/as per this proposal shall be held to be promissory and shall be the basis of the Policy/insurance contract between you and the Company and your proposal is subject to the Board approved underwriting policy of the Company and that the Policy will come into force only after your full payment of the prescribed premium chargeable and our receipt and realisation of full prescribed premium.

3. You declare that the statements and particulars given in this transcript are complete, true and accurate in all respects, to the best of your personal knowledge and belief and that there is no other information, which is relevant to your proposal for insurance that has not been disclosed to us. You undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured. You shall immediately inform the Company if there are any subsequent changes to the information, declarations, warranties mentioned in this transcript of the proposal or if additions or alterations are carried out in the risk proposed after the submission of this proposal. You agree to the Standard Terms and Conditions of the Company. In case of Disagreement or objection or any changes with respect to information, declarations, Standard Terms and Conditions, exclusions and contents mentioned hereinabove, please contact Companys toll free number & register your objections / changes / disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy.

4. You shall dully provide and declare to the Company the details of employees accurately, from time to time.

5. The Company shall have no liability under the Policy insurance contract if it is found that any of your statements, particulars, answers and or particulars, information, declarations, warranties, in your this proposal or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter [whether material or not material] to the grant of a cover by the Company

6. You authorize the Company to share information pertaining to your proposal for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority, reinsurers, group companies, auditors/legal counsel, service providers etc.,

7. You have read and understood the privacy policy of the Company and hereby unconditionally agree and bind yourself to all terms and conditions of the Companys privacy policy, as amended, from time to time.

8. You agree that the Standard Terms and Conditions sent to you for the Policy taken by you for the first time shall be applicable to the renewal Policy and the Company need not send the Standard Terms and Conditions at the time of renewal and if you require the same you will seek the same from the Company.

Toll free Number: 1800-103-2529, 1800-22-5858, 1800-102-5858 and 1800-209-5858 Email address: bagic.help@bajajallianz.co.in Website: www.bajajallianz.com

Contact our Policy servicing branch at: 497/498, 5th floor, Isana Kattima building, Poonamallee High Road, Arumbakkam, Chennai - 600106

** This is print of electronic records maintained by us in accordance with law and hence does not require signature. Scrutiny No: 332775439

PROHIBITION OF REBATES

Section 41, of Insurance Act, 1938: No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate, of the premium shown on the Policy nor shall any person taking out or renewing or continuing a Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with a penalty which may extend to ten lakh rupees.

For help and more information.

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EM	IPLOYEE'S COMPENSATION INSU	RANCE POLIC	Y SCHEDULE UIN. I	RDAN1	13RP0011V02200102
Policy issuing office and office for claim, service request	correspondence address for communication b t, notice, summons, etc.	y holder of policy	497/498, 5th floor, I Arumbakkam, Chenna	sana Kat ai - 6001	ttima building, Poonamallee High Road, 06
Insured Name	ZDC MACHINE TECHNOLOGIES		Policy Number		OG-23-1501-2802-00000556
	INSURED DETAILS			P	OLICY DETAILS
	ALTIIUS CO-OP SOCIETY B101 SARMATH	LOLONY VISHAL	Policy Issued on		17-DEC-2022
Proposer Address	NAGAR JAGTAP DAIRY PIMPLE NILAKH PUNE-411027		Period of Insurance		From: 17-DEC-2022 12:01 AM To : 16-DEC-2023 Midnight
	MAHARASHTRA		Endorsement		NA
Customer ID	311152328				
GSTIN / UIN	NA		Policy Status		Issued
STATE CODE/NAME	27 - Maharashtra				
SL NO.					
1	Risk Location address			ANY W	HERE IN INDIA
2	Proposers business [Correspondence] addre	Proposers business [Correspondence] address		ALTIIUS CO-OP SOCIETY B101 SARMATH COLONY VISHAL NAGAR JAGTAP DAIRY PIMPLE NILAKH, , PO Area, , PUNE, MAHARASHTRA - 411027	
3	Proposers trade or occupation			SERVICING OF CNC DIE CASTING MACHINCES	
4	Particulars of work to be covered in Detail			SERVICING OF CNC DIE CASTING MACHINCES	
5		Retroactive Date: The company shall not be liable for any claim prior to this date even if the claim is first made during the policy period (Applicable only to Occupational Disease Endorsement)			
6	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				
SL NO.	LAW	LIMIT OF INDEMNI	TY	COVER	AGE
6(a)	Employees Compensation Act, 1923 and subsequent amendments thereof prior to the date of issue of this Policy	& Exclusions of the liability incurred by	to the terms, conditions Policy, the amount of the Insured [Employees ployees State Insurance overed under this	Yes	

7. Additional Covers

6(b)

	r . r .	
Cover	Limit Per Employee	Aggregate limit SI
Coverage For Medical Expenses	500000	0
Coverage For Occupational Diseases	100000	-
Coverage For Road Ambulance	5000	-
Coverage For Transportation Of Mortal Remains	2000	-

Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured

Yes

indemnity]

8. Details of Employee Covered

Common Law

Nature Of Work	Classification No	Description Of Employees	Salary Per Month	No of employees	No Of Months	Total Wages	Total Wages upto 15000	Total Wages above 15000
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	Durgadas Dattaram Patil	Rs.214100	1	12	Rs.2569200	Rs.180000	Rs.2389200
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	Julius Caesar	Rs.168000	1	12	Rs.2016000	Rs.180000	Rs.1836000
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	S.Balamurugan	Rs.34736	1	12	Rs.416832	Rs.180000	Rs.236832
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	Gokula Krishnan.M	Rs.35004	1	12	Rs.420048	Rs.180000	Rs.240048
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	R.Karthikeyan	Rs.34832	1	12	Rs.417984	Rs.180000	Rs.237984
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	Sushil Kumar Saini	Rs.83799	1	12	Rs.1005588	Rs.180000	Rs.825588

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Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India) FMPI OYFE'S COMPENSATION INSURANCE POLICY SCHEDULE UN IRDAN1138P0011V02200102

	Policy issuing office and correspondence address for communication by holder of policy 497/498, 5th floor, Isana Kattima building, Poonamallee High Road, for claim, service request, notice, summons, etc.					
Insured Name						

Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	P.SureshKumar	Rs.120293	1	12	Rs.1443516	Rs.180000	Rs.1263516
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	Dinesh Kumar	Rs.33433	1	12	Rs.33433	Rs.180000	Rs.221196
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	Charan Singh	Rs.66426	1	12	Rs.66426	Rs.180000	Rs.617112
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	Umarajkar Manish Keshvarao	Rs.73093	1	12	Rs.877116	Rs.180000	Rs.697116
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	Naresh Virbhan Magar	Rs.75117	1	12	Rs.901404	Rs.180000	Rs.721404
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	N.Mahalingam	Rs.55778	1	12	Rs.669336	Rs.180000	Rs.489336
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	Murugan.S	Rs.100481	1	12	Rs.1205772	Rs.180000	Rs.1025772
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	P.Subash	Rs.82949	1	12	Rs.995388	Rs.180000	Rs.815388
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	Ankit Bhardwaj	Rs.24075	12 (I)	12	Rs.288900	Rs.180000	Rs.108900
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	Palanisamy . M	Rs.35782	1	12	Rs.429384	Rs.180000	Rs.249384
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	PARTHIBAN S	Rs.19543	1	12	Rs.234516	Rs.180000	Rs.54516
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	A SUNDARAVEL	Rs.20359	1	12	Rs.244308	Rs.180000	Rs.64308
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	A.Pushpanathan	Rs.35628	1	12	Rs.427536	Rs.180000	Rs.247536
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	S. Kumaresh	Rs.74734	1	12	Rs.896808	Rs.180000	Rs.716808
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	J.Suresh Narasimhan	Rs.110495	1	12	Rs.1325940	Rs.180000	Rs.1145940
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	RamKumar.M	Rs.20359	1	12	Rs.244308	Rs.180000	Rs.64308
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	Janakiraman R	Rs.17485	1	12	Rs.209820	Rs.180000	Rs.29820
Engineers not otherwise classified Incl. work away from shop or yard upto 9 mtrs height	157	K.Sekar	Rs.33425	1	12	Rs.401100	Rs.180000	Rs.221100

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: Bagichelp@bajajallianz.co.in , Website www.bajajallianz.com Corporate Identification Number: U66010PN2000PLC015329

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(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

EMPLOYEE'S COMPENSATION INSURANCE POLICY SCHEDULE UIN. IRDAN113RP0011V02200102						
	Policy issuing office and correspondence address for communication by holder of policy 497/498, 5th floor, Isana Kattima building, Poonamallee High Road, Arumbakkam, Chennai - 600106					
Insured Name	ZDC MACHINE TECHNOLOGIES	Policy Number	OG-23-1501-2802-00000556			

9. Period of Insurance

From 17-DEC-2022 to 16-DEC-2023 (both days inclusive)

10. Co-Share Details

Own Share: 100%

11. Premium Details

Description	Description	Amount (INR)
Final Premium Rupees Twenty Five Thousand Twenty Three Only .	Net Premium	Rs.21,206
	Integrated GST (18%)	Rs.3817
, , , , , , , , , , , , , , , , , , , ,	Final premium	Rs.25,023

Special Conditions	 Subject to submission of duly filled in proposal & payment of premium All the workers in site have to be covered and the books of accounts and attendance register shall be mandatorily maintained by the insured Gross wages including value of perquisites need to be given. 				
Clauses	 Storss wages including value of perquisites need to be given. 1.On expiry of policy actual statement of wages need to be provided for adjustment of premium 2.Only specified work nature is covered and any change in work nature needs to be informed and terms change accordingly. 3.To include employees of sub/contractors, full details of contract are to be furnished specifically. 4.All other details and terms to be same as existing employee compensation insurance policy 				
Warranties	1.Blasting works or works involved with explosives not covered unless specified and agreed by Insurance Company. 2.All Employees shall be covered without any selection under given Job Description. 3.Interest and penalty are not covered. 4.The policy does not cover of or accidents occurring under the influence of intoxicating liquor or drugs or where employee has disobeyed safety instructions or regulations, or disregarded the use of safety devices				
Exclusions	1. Any liability caused by any infectious and or contagious disease is not covered under the policy. 2. Oil & Energy, Offshore, Blasting/Tunnelling, Mining, Asbestos, Security Agencies not covered unless specified and agreed by Insurer				
Additional covers	NA				
Proposal date	NA				
Financial Institution Ref. No.	Caringly yours				
Agency Code & Name	10017152, SUMATHY K				
Contact No.	9840163475, E-Mail raju_log@yahoo.com 9840163475				

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.







Authorized Signatory

This document is digitally signed, hence counter signature / stamp is not required

Consolidated Stamp Duty of Rs.10.6/- paid towards Insurance Stamps vide Challan No. MH002223565202223M Defaced No. 0001502897202223 ORDER NO.CSD/371/2022/2472 ORDER DATED 10.06.2022DEFACED DATE dated 10-JUN-22 timing 11:08:23 of General Stamp Office, Mumbai, India. BAGIC GST No : 33AABCB5730G124 | Principal Location : 497/498, 5th floor, Isana Kattima building, Poonamallee High Road, Arumbakkam, Chennai - 600106 PH:044-43904400 | Services Accounting Code : 997139 - Other non-life insurance services (excluding reinsurance services). No reverse charge is payable on these services. | Invoice No. : 368831389/1

Schedule (1) | Printed on : 17-Dec-2022 05:53:14 | sumathy.k@general.bajajallianz.co.in | WEB |



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Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

EMPLOYEE'S COMPENSATION INSURANCE RECEIPT UIN. IRDAN113RP0011V02200102

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.		497/498, 5th floor, Isana Kat Arumbakkam, Chennai - 6001	
Insured Name	ZDC MACHINE TECHNOLOGIES	Policy Number	OG-23-1501-2802-00000556

RECEIPT

Receipt Number	1501-01376447
Receipt Date	17/12/2022
Business Channel	ML

Received with thanks from

ZDC MACHINE TECHNOLOGIES

(Customer ID : 311152328) a total sum of Rupees Twenty Five Thousand Twenty Three Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount
Online Payment	96450285	17/12/2022	NA	NA	25,023
	•		•		

Total Amount

Note :

Issuance of this receipt does not amount of acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

* Cheque/DD/PO receipt is valid subject to realisation of the instrument

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006

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25,023.00