

**EMPLOYEES COMPENSATION INSURANCE**

UIN: IRDAN108CP0011V01202122



**POLICY SCHEDULE**  
(Forming part of Policy no.5190008588 whose terms are attached herewith)

|    |                                           |                                                                                     |
|----|-------------------------------------------|-------------------------------------------------------------------------------------|
| 1. | <b>Intermediary/Agent name:</b>           | MANISH HASMUKH WADIWALA                                                             |
| 2. | <b>Intermediary/Agent License Number:</b> | 010320164                                                                           |
| 3. | <b>Intermediary/Agent Code:</b>           | 0026147000                                                                          |
| 4. | <b>Intermediary/Agent Contact No:</b>     | 9825606996                                                                          |
| 5. | <b>Policy Issuing Office:</b>             | BARODA                                                                              |
| 6. | <b>Insured Name</b>                       | SHIL TECHNOLOGIES PRIVATE LIMITED                                                   |
| 7. | <b>Insured Address:</b>                   | 6TH FLOOR, 613 YASH KAMAL BUILDING, SAYAJIGUNJ, VADODARA, 390005, VADODARA, GUJARAT |
| 8. | <b>Nature of Business:</b>                | EPOXY FLORING AND PAINTING WORK UPTO 9 MTRS HEIGHT                                  |
| 9. | <b>GSTIN of the Insured:</b>              | 24AACCS7981D1ZA                                                                     |

**10.** 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:

|       | <b>LAW</b>                                                                                                       | <b>LIMIT OF INDEMNITY</b>                                                                                                                                                                                                                                                                                                                                                                                               | <b>COVERAGE</b> |
|-------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 10(a) | The Employee's Compensation Act,1923 and subsequent amendments thereof prior to the date of issue of this Policy | Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.                                                                                                                                                                                                                                                                                                | YES             |
| 10(b) | The Fatal Accidents Act, 1855 and subsequent amendments thereof prior to the date of issue of this Policy        | Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.                                                                                                                                                                                                                                                                                                | YES             |
| 10(c) | Common Law                                                                                                       | Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:-<br>a) Limit Per Employee for any number of accidents during Period of Insurance Rs. _____<br>b) Limit Per Accident for any number of Employees Rs. _____<br>c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance Rs. 750000000 | YES             |

**EMPLOYEES COMPENSATION INSURANCE**

UIN: IRDAN108CP0011V01202122



WITH YOU ALWAYS

**POLICY SCHEDULE****11.Period of Insurance:** From 00:00 Hrs of 11/12/2022 to midnight of 10/06/2023 (both days inclusive)**12.Premium Details:**

|                |           |
|----------------|-----------|
| Net Premium:   | Rs. 5,266 |
| CGST           | Rs. 474   |
| SGST           | Rs. 474   |
| Stamp Duty:    | Rs. 3     |
| Gross Premium: | Rs. 6,217 |

GST Registration No.: 24AABCT3518Q1Z2 , GUJARAT , Service Accounting Code : 99713737

**13.Details of Employees Covered:**

| Description of work done by Employees | Declared Number of Employees | Declared Wages during the Period of Insurance | Place/Places of Employment                                                                                                                                                                                                                                                  |
|---------------------------------------|------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SKILLED WORKERS                       | 15                           | 1081260                                       | Coverage provided is for "All over India".The specific risk locations (if any) will be as per the mentioned below.<br>"HINDALCO IND. LTD. , KHANVEL - KHUTLI ROAD,, DADRA AND NAGAR HAVELI, DAMAN AND DIU , DADRA & NAGAR HAVELI,, 396230, AMBOLI, DADRA AND NAGAR HAVELI " |

**14.Subject to following clauses:**

Special conditions:

- \* Subject additionally to the following conditions, limitations, warranties.
- \* Warranted that workers involved in underground work such as mines, tunneling, etc. and/or blasting are not covered.
- \* Jurisdiction - India
- \* Including cover for Contractor and sub contractor workers
- \* Loss History for last 3 years: - no
- \* Warranted workers working above 9metres are properly harnessed and wearing safety belt.

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

Date: 11/12/2022

For Tata AIG General Insurance Company Ltd.

PLACE OF SUPPLY: GUJARAT

AUTHORISED SIGNATORY

STATE CODE: 12