



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: ACE TECH MERCANTILE LLP		
Insured's Details		Issuing Office Details	
Customer ID	: PO92657574	Office Code	: DO-153500 (153500)
Address	: UNITY INDUSTRIAL ESTATE, S.NO.30, DHAYARI PUNE PUNE ,MAHARASHTRA, 411041	Address	: 307, NARAYAN PETH, OPP VIJAY TALKIES LAXMI ROAD, PUNE,411030
Phone No	: XXXXXX2361	Phone No	: 02024433907 / 02024451648
E-mail/Fax	: acetechmercantile@gmail.com, /	E-mail/Fax	: nia.153500@newindia.co.in / 02024453021
PAN No	: AAYFA7708F	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15350036220100000230	Business Source Code	
Period of Insurance	: From: 01/11/2022 12:00:01 AM To: 31/10/2023 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (1D7806327)
Date of Proposal	: 01-Nov-22	Agent/Bancassurance/S pecified Person	: Mr. PRAVIN PIRAJI RANDIVE (NIAAG00045929) PRAVIN PIRAJI RANDIVE (SI00082110)
Prev. Policy no.	: 15350036210100000175	Phone No	: 9922984446 / NA
Client Type	: Non-Corporate	E-mail/Fax	: pravinrandivedj@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
5183	932	6115	RUPEES SIX THOUSAND ONE HUNDRED FIFTEEN ONLY	1000008922100055396 5 - 25/10/22

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
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Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Chemical Works	Incl. work away from shop or yard upto 9 mtrs height LOADING AND UNLOADING WORK IN CHEMICAL FACTORY	2	360000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
CHEMICAL FACTORY.	LOADING & UNLOADING.	VARIOUS SITE IN PUNE DISTRICT	

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No. of Workers			Amount Wages
				Skilled	Unskilled	Others	



Extensions under the Policy Cover

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Medical Extension	₹50000	NA
Special Conditions	NA	

Special Exclusions	NA
Special Excess/Deductible	NA

The Policy shall be subject to **EMPLOYEES COMPENSATION INSURANCE** Policy clauses attached herewith.

Cluses	Description
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 5183.00
SGST	9	466
CGST	9	466
IGST	0	0

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 25th day of October,2022.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 25/10/2022

(ARUP NATH)
[Divisional Manager]
Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

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.

Tax Invoice No : 15350022P0008848

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C