

## EMPLOYEES COMPENSATION POLICY SCHEDULE

**Policy No.** : 182100/48/2023/461 **Prev. Policy No.** : 182100/48/2021/7288  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : 58503776 **Issue Office code** : 182100  
**Insured's Name** : MAXFLOW PUMPS (GSTIN: 27AHDPM5874A1ZE) **Issue Office Name** : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)  
**Address** : MAXFLOW HOUSE **Address** : OFFICE NO.1 AND 2 [P] 3RD FLOOR,  
OSMANPURA,NR.TARA PAN ABC EAST, BESIDE PROZONE MALL,  
CENTRE MIDC AREA, CHIKALTHANA  
AURANGABAD AURANGABAD MAHARASHTRA 431003  
431001  
**Tel./Fax/Email** : / / 0 / NA **Tel./Fax/Email** : 0240-2331985, 2332454 / 0240--2332454 /  
santosh.k@orientalinsurance.co.in

### Agent/Broker Details

**Dev.Off.Code** : NZ000000777 AGENCY MANAGER  
**Agent/Broker** : BA0000018858 PREMLATA RAMANAND MODANI  
**Address** : 92, SAFALYA , VENKATESH NAGAR, AURANGBAD,AURANGABAD,MAHARASHTRA,431001  
**Tel/Fax/Email** : 0240-2555049/0240-2555049//NA

**Period of Insurance** : FROM 16:00 ON 28/04/2022 TO MIDNIGHT OF 27/04/2023  
**Collection No. & Dt.** : CHQ 8718000385 - 28/04/2022 **GST INVOICE NO** :272154996 **UIN** :0  
**Gross Premium** : 4,907 **GST** 884 **Stamp Duty** : 5 **Total** : 5,791  
**Co-insurance Details** : NIL

### Laws

**Laws** : Indemnity against legal liability under the Fatal Accidents Act,1855 and Common Law.

### Risk Information

#### Details of Employees with Monthly Wages Above Rs.8000/-

Sr. No.	Est. No. of Emps	Cont ract Emps	Occupation	Estimated totalsalary /wages/other earnings	Value of food/qtrts/ other considerations	Estimated Total earnings	Table	Place of Employment
1	4		Work away from Shop and yard - Rate as Electrical Engineers (not manufacturers) Batteries Accumulator and storage batteries makers and erectors	120,000		120,000	B	ALL OVER INDIA

**Place** : AURANGABAD

**Date** : 28/04/2022



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

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Details of Employees with Monthly Wages Above Rs.8000/-

Sr. No.	Est. No. of Emps	Cont ract Emps	Occupation	Estimated totalsalary /wages/other earnings	Value of food/qtrrs/ other considerations	Estimated Total earnings	Table	Place of Employment
1	2		Commercial Travellers - Employees using Motor Cycles/Scooters	120,000		120,000	B	ALL OVER INDIA

Contract Details

The Insurance under this policy is extended to cover risks of (as per forms attached).  
Total Annual Wages of all Employees \*120 times.

Total Premium in words : Indian Rupees Five Thousand Seven Hundred Ninety-One Only

The Insurance under this policy is subject to Warranties & Clauses(as per forms attached).

"It is hereby agreed that this policy doesnot cover medical expenses" as required under the provision 2A of the Workmen Compensation Act, 1923(as amended) and described above.

Subject to adjustment in the terms of Condition 6.The estimated amount of wages/salaries & other earnings on which premium is based.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac,the insured will comply with the provisions of the AML policy of the Company.The AML policy is available in all our operaing offices as well as Company's website.

Not applicable

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW) on 28TH DAY OF APRIL 2022.

Place : AURANGABAD

Date : 28/04/2022



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll  
Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

Entered By : MR RAJENDRA GAIKWAD  
Examined By : KANCHUMARTI BHARAT BABU

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed By : OICL IP :  
Policy Printed On : 29-APR-22 16:54:16 MAC :

Authorised Signatory

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Place : AURANGABAD  
Date : 28/04/2022



For and on behalf of  
The Oriental Insurance Company Limited

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Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory