



UNITED INDIA INSURANCE COMPANY LIMITED

H.NO. 5/5/76, P.B. 506 V P CHOWK, NEW OSMANPURA AURANGABAD, AURANGABAD,
MAHARAstra
AURANGABAD - 431005 MAHARASHTRA
PHONE: (0240) 2334176 FAX: EMAIL:

EMPLOYEES COMPENSATION LIABILITY POLICY POLICY NO.:2307002722P104937068

PERIOD OF INSURANCE
From 12:00 Hrs of 29/08/2022
To Midnight of 28/08/2023

Insured
MS VISION TECH
M-106/3,M.I.D.C.,WALUJ AURANGABAD
AURANGABAD
431003
MAHARASHTRA

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : JAISHRI GAIKWAD
Agent Code : AGD0115078
Mobile/Landline Number/Email : 9422708570

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 230700@uiic.co.in

Download Customer App(www.uiic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.

Website: <http://www.uiic.co.in>

Printed By : CUSTOMER @ 29/08/2022 12:26:08 PM



EMPLOYEES COMPENSATION INSURANCE POLICY SCHEDULE

Policy No.	2307002722P104937068		Prev. Pol. No.	2307002721P103471878	
Name Of Insured/ID	MS VISION TECH / 23025368110				
Tel.(O)		Fax		Tel.(R)	
Business/Occupation	None		Email		Mobile 9850587555
Period of Insurance	From	12:00 Hrs of 29/08/2022		To	Midnight of 28/08/2023

CO-INSURANCE DETAILS:	UIIC 230700 : 100%
PREMIUM:	SIX THOUSAND EIGHT HUNDRED SIXTY-SEVEN 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:

	<u>LAW</u>	<u>LIMIT OF INDEMNITY</u>
	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	:	₹ 6,867.00
CGST(9%)	:	₹ 618.00
SGST(9%)	:	₹ 618.00
Stamp Duty	:	₹ 1.00
Total	:	₹ 8,103.00
Receipt No.	:	10123070022105572981
Receipt Date	:	29/08/2022

Agency/Broker Code:	AGD0115078
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
2 TECHNICIAN MAINTANCE WORK	Skilled	2	15,000.00	360,000.00	AT WORKING ANY WHERE IN INDIA	ENGINEERS NOT OTHERWISE CLASSIFIED	INCL WORK AWAY FROM SHOP OR YARD UPTO 9 MTRS HEIGHT

Subject of following clauses:

Special Condition :

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

Territory:-INDIA**Jurisdiction:-**INDIA**Subsidiaries:-****Particular Of Work:-**ENGINEERING WORK**Location Of Risk:-**AS WORKING ANY WHERE IN INDIA**Add-ons/Extension/Cover Details:-****Medical Expenses Extension SI/Employee-Rs.25000**

Cover	Total SI(₹)	Premium(₹)
Basic Cover	360000	9810
Medical Expenses Cover	50000	981

Customer GST/UIN No.:	27ABTPH7905F1ZD	Office GST No.:	27AAACU5552C1ZJ
SAC Code:	997139	Invoice No. & Date:	2722I104937068 & 29/08/2022
Amount Subject to Reverse Charges-NIL			

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.

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: 29/08/2022

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AURANGABAD 230700 on this 29th day of August ,2022

For United India Insurance Co. Ltd.

Affix Policy Stamp here.

Authorised Signatory.**Underwritten By - KAN47215 (DO UNDERWRITER)****'Policy form - Claims made with right to defend.'**

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