



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.:2307002721P103471878

PERIOD OF INSURANCE
From 18:00 Hrs of 16/07/2022
To Midnight of 15/07/2023

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 @ 28/08/2021 7:27:25 PM



EMPLOYEES COMPENSATION INSURANCE POLICY SCHEDULE

Policy No.	2307002721P103471878		Prev. Pol. No.	2307002720P103573038	
Name Of Insured/ID	MS VISION TECH / 23025368110				
Tel.(O)		Fax		Tel.(R)	
Business/Occupation	None		Email		
Period of Insurance	From	18:00 Hrs of 16/07/2021		To	Midnight of 15/07/2022

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:

LAW	LIMIT OF INDEMNITY
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:-
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.	:	10123070021103545040
Receipt Date	:	14/07/2021

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 SITE IN MAHARASHTRA STATE	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 SITE AT ANY PLACE IN MAHARASHTRA STATE**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:	27211103471878 & 14/07/2021
Amount Subject to Reverse Charges-NIL			

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: 16/07/2021

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AURANGABAD 230700 on this 14th day of July ,2021

For United India Insurance Co. Ltd.

Authorised Signatory.**Underwritten By - KHA24034 (DO UNDERWRITER)**

Affix Policy Stamp here.

'Policy form - Claims made with right to defend.'

This is a system generated document and any manual alteration / correction / overwriting in the document will make it invalid.