



UNITED INDIA INSURANCE COMPANY LIMITED

17, STAR TRADE CENTRE MANDPESHWAR ROAD,, SODAWALA LANE, BORIVALI (WEST),
MUMBAI, MAHARASHTRA
MUMBAI - 400092 MAHARASHTRA
PHONE: (022) 28902426 FAX: EMAIL:

EMPLOYEES COMPENSATION LIABILITY POLICY POLICY NO.:1209002723P100355336

PERIOD OF INSURANCE
From 00:00 Hrs of 07/04/2023
To Midnight of 06/07/2023

Insured

M/s ALUMINE FABRICATORS INDIA PRIVATE LIMITED

B/106, FIRST FLOOR, BARKYA BHOIR COTTAGE, PANDURANG BHOIR ROAD, DAHISAR,
MUMBAI
MUMBAI
400068
MAHARASHTRA

Agent Name : MASURKAR MAHESH C
Agent Code : AGD0041269
Mobile/Landline Number/Email : 9820492417

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 120900@uiic.co.in

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

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

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EMPLOYEES COMPENSATION INSURANCE POLICY SCHEDULE

Policy No.	1209002723P100355336		Prev. Pol. No.	1209002722P109953724	
Name Of Insured/ID	M/s ALUMINE FABRICATORS INDIA PRIVATE LIMITED / 23141585530				
Tel.(O)		Fax		Tel.(R)	Mobile 9699977743
Business/Occupation	None		Email	ALUMINEINDIA@GMAIL.COM	
Period of Insurance	From	00:00 Hrs of 07/04/2023		To	Midnight of 06/07/2023

CO-INSURANCE DETAILS:	UIIC 120900 : 100%
PREMIUM:	TEN THOUSAND FOUR HUNDRED EIGHTEEN 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	:	₹ 10,418.00
CGST(9%)	:	₹ 938.00
SGST(9%)	:	₹ 938.00
Stamp Duty	:	₹ 1.00
Total	:	₹ 12,295.00
Receipt No.	:	10112090023100485279
Receipt Date	:	06/04/2023

Agency/Broker Code:	AGD0041269
BDIS Code:	BD30326

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
UNSKILLED	Unskilled	7	21,500.00	451,500.00	ALL OVER INDIA	BUILDERS	EXCL BLASTING AND TUNNELING
SKILLED	Skilled	3	21,500.00	193,500.00	ALL OVER INDIA	BUILDERS	EXCL BLASTING AND TUNNELING
SEMISKILLED	SemiSkilled	5	21,500.00	322,500.00	ALL OVER INDIA	BUILDERS	EXCL BLASTING AND TUNNELING

Subject of following clauses:

Special Condition :

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

Territory:-**Jurisdiction:-****Subsidiaries:-****Particular Of Work:-**CIVIL GLASS CONTRACT**Location Of Risk:-**ALL OVER INDIA**Add-ons/Extension/Cover Details:-**

Cover	Total SI(₹)	Premium(₹)
Basic Cover	967500	20835

Customer GST/UIN No.:	27AASCA0162E1ZT	Office GST No.:	27AAACU5552C1ZJ
SAC Code:	997139	Invoice No. & Date:	2723I100355336 & 06/04/2023
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: 07/04/2023

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO BORIVALI 120900 on this 06th day of April ,2023

For United India Insurance Co. Ltd.

Affix Policy Stamp here.

Authorised Signatory.

Underwritten By - DAL35022 (DO UW CUM CASHIER) , Approved By - CHA34008(RO UNDERWRITER NEW)

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

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