



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: RELIABLE REFRIGIRATION COMPANY		
Insured's Details		Issuing Office Details	
Customer ID	: POA3961863	Office Code	: DO II AURANGABAD (160500)
Address	: PLOT NO. X-103, BACK SIDE OF SHREE SWAMI SAMARTH GUEST HOUSE, AMBEDKAR CHOWK, MIDC WALUJ, AURANGABAD AURANGABAD ,MAHARASHTRA, 431001	Address	: LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003
Phone No	: XXXXXX9886	Phone No	: 02402482688 / 02402480985
E-mail/Fax	: jitumundle07@gmail.com, /	E-mail/Fax	: nia.160500@newindia.co.in / 02402486895
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AZUPS3948N1Z4 / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16050036220100000459	Business Source Code	
Period of Insurance	: From: 17/03/2023 12:18:05 PM To: 16/03/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: MR.M. D DAMODARE - (2D10752991)
Date of Proposal	: 17-Mar-23	Agent/Bancassurance/S pecified Person	: Mr. MOHIT VINOD MUNDLE (NIAAG00084177) MOHIT MUNDLE (SI00146670)
Prev. Policy no.	:	Phone No	: 8530449162 / NA
Client Type	:	E-mail/Fax	: mohitmundle1994@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
4,230	762	4,992	RUPEES FOUR THOUSAND NINE HUNDRED NINETY-TWO ONLY	1000008922030043520 7 - 17/03/23

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Electric Refrigerators and Air Conditioners Assembling,Installation Maintenance and Repairs -Domestic purposes	Service men using motor cycles	4	720000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
ELECTRICAL AND ENGINEERS WORK	ELECTRICAL AND ENGINEERS WORK	AURANGABAD, NANDED, JALGAON, PARBHANI	

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No. of Workers	Amount Wages



					Skilled	Unskilled	Others	
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Extensions under the Policy Cover

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Medical Extension	₹25000	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

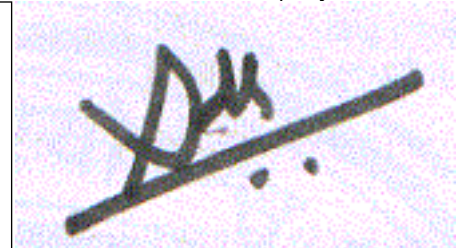
	Rate of Tax	Amount in INR
Premium		₹ 4,230
SGST	9	381
CGST	9	381
IGST	0	0

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 17th day of March,2023.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 17/03/2023	
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(Mr. SANDESH KAMLAKAR)
[SR. DIV. 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 : 16050022P0016183

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

