

EMPLOYEES COMPENSATION INSURANCE

UIN: IRDAN108CP0011V01202122



WITH YOU ALWAYS

POLICY SCHEDULE
(Forming part of Policy no.5190014530 whose terms are attached herewith)

1.	Intermediary/Agent name:	TATVIKA PARIMAL MARATHE
2.	Intermediary/Agent License Number:	AGINHJUPM9058Q
3.	Intermediary/Agent Code:	2215280000
4.	Intermediary/Agent Contact No:	9730923131
5.	Policy Issuing Office:	AURANGABAD
6.	Insured Name	JAY ENTERPRISES
7.	Insured Address:	ROW HOUSE NO.89, SARA VIHAR, NEAR RAJPUT , PETROLPUMP, TISGAON, Aurangabad, 431001, AURANGABAD, MAHARASHTRA
8.	Nature of Business:	WORKER ENGAGE WITH MANUFACTURING , LOADING UNLOADING, HOUSEKEEPING ,TRAVELLING & RELATED WORK
9.	GSTIN of the Insured:	27ALUPH4096G1ZL

10. 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	COVERAGE
10(a)	The Employee's Compensation Act,1923 and subsequent amendments thereof prior to the date of issue of this Policy	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	YES
10(b)	The Fatal Accidents Act, 1855 and subsequent amendments thereof prior to the date of issue of this Policy	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	YES

EMPLOYEES COMPENSATION INSURANCE

UIN: IRDAN108CP0011V01202122



WITH YOU ALWAYS

POLICY SCHEDULE

	LAW	LIMIT OF INDEMNITY	COVERAGE
10(c)	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 Rs. _____ b) Limit Per Accident for any number of Employees Rs. _____ c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance Rs. 750000000	YES

11.Period of Insurance: From 00:00 Hrs of 10/04/2023 to midnight of 09/04/2024 (both days inclusive)

12.Premium Details:

Net Premium:	Rs. 4,251
CGST	Rs. 383
SGST	Rs. 383
Stamp Duty:	Rs. 2
Gross Premium:	Rs. 5,018

GST Registration No.: 27AABCT3518Q1ZW , MAHARASHTRA , Service Accounting Code : 99713737

13.Details of Employees Covered:

Description of work done by Employees	Declared Number of Employees	Declared Wages during the Period of Insurance	Place/Places of Employment
WORKER/HOUSEKEEPING/COMMERCIAL TRAVELER	2	360000	Coverage provided is for "All over India".The specific risk locations (if any) will be as per the mentioned below. "ANY WHERE IN INDIA , 431001, AURANGABAD, MAHARASHTRA "
WORKER/COMMERCIAL TRAVLER / EMPLOYEE	2	384000	

14.Subject to following clauses:

Special conditions:

- * Subject additionally to the following conditions, limitations, warranties.
- * Warranted that workers involved in underground work such as mines, tunneling, etc. and/or blasting are not covered.
- * Jurisdiction - India
- * Including cover for Contractor and sub contractor workers
- * Including Medical expenses upto INR 1,00,000 per person
- * Loss History for last 3 years: - no

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

Date: 10/4/2023

PLACE OF SUPPLY: MAHARASHTRA

Tata AIG General Insurance Company Limited - Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013, Maharashtra, India
24X7 Toll Free No: 1800 266 7780 Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com
STATE CODE: 20 IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425 UAT PDF

For Tata AIG General Insurance Company Ltd.



AUTHORISED SIGNATORY