



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

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|--------------------------|--|-------------------------------|---|
| Insured's Name | : TOTAL INDIA WATERPROOFING CO. | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | : PO76433850 | Office Code | : VASHI D.A.D (170800) |
| Address | : B-1003 LOTUS PARK AQSA MASJID ROAD OPP 24 KARAT MULTIPLEX JOGESHWARI W MUMBAI MUMBAI ,MAHARASHTRA, 400102 | Address | : 501 & 516, 5TH FLOOR, PERSIPOLIS CHS, PLOT NO 74, NAVI MUMBAI ,400705 |
| Phone No | : XXXXXX5241 | Phone No | : 27899011 / 27899033 |
| E-mail/Fax | : tiwaterproofingco@gmail.com , / | E-mail/Fax | : nia.170800@newindia.co.in / |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 27ALNPB2652D1ZE / NA | GSTIN | : 27AAACN4165C3ZP |
| | | SAC | : 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | |
|----------------------------|---|---|---|
| Policy Number | : 17080036220100000155 | Business Source Code | |
| Period of Insurance | : From: 24/08/2022 12:00:01 AM To: 23/08/2023 11:59:59 PM | Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User | : DIRECT BUSINESS - (2D5610341) |
| Date of Proposal | : 24-Aug-22 | Agent/Bancassurance/S pecified Person | : SANJAY M. KHANDARE (NIA2D5610312) AGENT_SITE_130014 (2D5613760) |
| Prev. Policy no. | : 17080036210100000305 | Phone No | : 9322904312 / NA |
| Client Type | : Non-Corporate | E-mail/Fax | : sanjaykhandare10@gmail.com, / / |

| Premium(₹) | GST(₹) | Total (₹) | Total (₹ in words) | Receipt No. & Date |
|------------|--------|-----------|--|-------------------------------------|
| 23264 | 4188 | 27452 | RUPEES TWENTY-SEVEN THOUSAND FOUR HUNDRED FIFTY-TWO ONLY | 1708008122000000284 6 - 23/08/22 |

Details of Employees with monthly wages upto ₹ 15000:

| Categories | Sub Categories | No of Employee | Cash Total Wages |
|--|--------------------------------|----------------|------------------|
| Builders All employees engaged in shop or yard or in construction/ demolition of buildings and other civil construction like dams, bridges etc. incl. excavation | 10 SKILLED & UNSKILLED WORKERS | 10 | 1800000 |

Details of Employees with monthly wages above ₹ 15000:

| Categories | Sub Categories | No of Employee | Cash Total Wages |
|---|---|-------------------------|--------------------------------|
| Trade Description | Particular of Works | Location Details | Included All Sub - Contractors |
| STRUCTURAL REPAIRS EXTERNAL PLASTERS,PAINTING & TERRACE WATERPROOFING (Height under & above 9 meters) | STRUCTURAL REPAIRS EXTERNAL PLASTERS,PAINTING & TERRACE WATERPROOFING | ANYWHERE IN MAHARASHTRA | |

Contractor/Sub-Contractor Details:

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



| | | | | | | | | |
|--|--|--|--|--|---------|-----------|--------|--|
| | | | | | Skilled | Unskilled | Others | |
|--|--|--|--|--|---------|-----------|--------|--|

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 |
|--------|-------------|
|--------|-------------|

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 23264.00 |
| SGST | 9 | 2094 |
| CGST | 9 | 2094 |
| 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 23rd day of August,2022.

For and on behalf of

The New India Assurance Company Limited

| | |
|---------------------------|--|
| Date of Issue: 23/08/2022 | |
|---------------------------|--|

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 : 17080022E0004363

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| <p>IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C</p> |
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