

EMPLOYEES COMPENSATION POLICY SCHEDULE

Policy No. : 172300/48/2024/38 **Prev. Policy No.** : 172300/48/2023/54
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 154798803 **Issue Office code** : 172300
Insured's Name : PANKAJ MITTAL (GSTIN: 06ABCPM0480H1ZX) **Issue Office Name** : DO CHANNI (GSTIN: 24AAACT0627R2Z4)
Address : VP-12,RIVERA TOWN AND COUNTRY CLUB,SAKARIYA,WAGHODIA,VADODARA, HISSAR HARYANA 125001 **Address** : 1st Floor,Divya Jyoti Complex, Ramakaka Road, Chhani VADODARA GUJARAT 390003
Tel./Fax/Email : / / 9727710135 / kvpl62016@gmail.com **Tel./Fax/Email** : 0265-2771023 / 0265-2775553 / 172300@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000007579 DO-CHANNI,DIRECT
Agent/Broker : BA0000122563 AJITKUMAR SINGH
Address : L 54 MARUTINANDAN SOCIETY,BAJWA ROAD,CHHANI,BARODA,GUJARAT,391740
Tel/Fax/Email : //9429137052//N/

Period of Insurance : FROM 00:00 ON 01/04/2023 TO MIDNIGHT OF 31/03/2024
Collection No. & Dt. : CSH 9930015104 - 27/03/2023 **GST INVOICE NO** :2421609235 **UIN** :0
Gross Premium : 17,155 **GST** : 3088 **Stamp Duty** : 17 **Total** : 20,243

Co-insurance Details : NIL

Laws

Laws : Indemnity against legal liability to all employees(Whether or not coming within the definition of the term Workmen)under the W.C.Act prior to the date of issue of the policy,the Fatal Accidents Act,1855 and at Common Law.

Risk Information

Place : VADODARA

Date : 27/03/2023



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

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Details of Employees with Monthly Wages Above Rs.15000/-

Sr. No.	Est. No. of Emps	Contract Emps	Occupation	Estimated totalsalary /wages/other earnings	Value of food/qtrrs/ other considerations	Estimated Total earnings	Table	Place of Employment
1	10		Crane Drivers	1,800,000		1,800,000	A	ALL OVER INDIA ***[10 EMPLOYEES - CONSTRUCTION EQUIPMENT OPERATORS]***

Contract Details

The Insurance under this policy is extended to cover risks of (as per forms attached).

Total Annual Wages of all Employees *120 times, Medical Extension Add on cover(New).

Total Premium in words : Indian Rupees Twenty Thousand Two Hundred Forty-Three Only

The Insurance under this policy is subject to Warranties & Clauses(as per forms attached).

Subject to adjustment in the terms of Condition 6.The estimated amount of wages/salaries & other earnings on which premium is based.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac,the insured will comply with the provisions of the AML policy of the Company.The AML policy is available in all our operating offices as well as Company's website.

Not applicable

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at DO CHANNI (GSTIN: 24AAACT0627R2Z4) on 27TH DAY OF MARCH 2023.

Place : VADODARA

Date : 27/03/2023



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

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Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

Entered By : RAJESH ACCEL

For and on behalf of
The Oriental Insurance Company Limited

Examined By : Barot Vaibhav Narendra

Policy Printed By : OICL

IP :

Authorised Signatory

Policy Printed On : 08-APR-23 10:01:04

MAC :

Place : VADODARA



IRDA-REGNO-556

Date : 27/03/2023

For and on behalf of
The Oriental Insurance Company Limited

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Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory