

Date : 26/05/2022

**VISHWAKARMA INDUSTRIES WORKS**  
**592, LAVAR VAS, VANPARDI, MANDAL,**  
**AHMEDABAD**  
**MANDAL - 382130**  
**AHMEDABAD**  
**GUJARAT**  
**INDIA**  
**24BDUPG6972K1ZU(GSTIN Number)**

**Policy No :** 2280039430  
**Renewal :** 00  
**Endorsement :** 00  
**Client Id :** 6109343991

Dear Sir/Madam,

We thank you for choosing **Tata AIG General Insurance Company Ltd.** as your preferred insurer. Your Policy No. is **2280039430 00 00.**

We are glad that you have chosen our product 'Workmens Compensation' and given us an opportunity to structure a product that suits your needs.

'TATA AIG Combined ' caters to most Small and Medium Enterprises / Industries. As one of the world's largest and most established insurance companies, we understand these unique needs of coverage. At Tata AIG we care for you and would strive to offer convenience coupled with a range of products that cater continuously to your ever increasing needs.

Enclosed please find your policy docket based on the information furnished by you in the Proposal. Also enclosed for your convenience are forms to help you reach us for any 'changes to your policy ' and the 'Claims intimation process and documents'. Please keep these handy in the event of an accident or claim under the policy.

You may **call our Toll Free Customer Service Helpline and enjoy a hassle-free claims settlement experience.**

We look forward to a long and mutually beneficial relationship and providing you wider range of benefits in the years to come.

Yours Sincerely,



**Authorized Signatory**  
**For Tata AIG General Insurance Company Ltd.**

## WORKMENS COMPENSATION SCHEDULE

Agent/Broker Name -JAINUINE INSURANCE BROKERS PVT LTD

Agent/Broker License Code -376 : Agent/Broker:Contact No -0257-2225747

<p><b>Insured Name:</b> VISHWAKARMA INDUSTRIES WORKS</p> <p><b>Address:</b> 592, LAVAR VAS, VANPARDI, MANDAL, AHMEDABAD MANDAL - 382130 AHMEDABAD GUJARAT INDIA 24BDUPG6972K1ZU(GSTIN Number) Place of supply -GUJARAT State code -24</p>	<p><b>Business</b> CLEANING WORKS ( ABOVE 9 MTR HEIGHT ALSO )</p>	<p><b>Policy Number:</b> 2280039430</p> <p><b>Renewal:</b> 00</p> <p><b>Endorsement:</b> 00</p> <p><b>Period of Insurance</b></p> <p><b>From:</b> 00:00hrs of 26/05/2022</p> <p><b>To:</b> Midnight of 25/06/2022</p>
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Laws: 1. Workmen's Compensation Act, 1923  
2. Fatal Accidents Act, 1855

The Employee's Compensation Act, 1923 and subsequent amendments of the said Act prior to the date of the issue of the Policy provided that the Insurance granted hereunder is not extended to include: any interest and/or penalty imposed on the Insured on account of his/their failure to comply with the requirements laid down under the Employee's Compensation Act 1923

Estimated Number Of Employees.	Occupation of Employees	Estimated Total Salaries(Wages) and other money earnings	Value of food fuel quarters and other consideration in addition to money earnings	Estimated Total Earnings	Place or Places of Employment.
5	Worker	₹ 2,275.00	--	₹ 2,275.00	ANY WHERE IN GUJARAT,,, -382130

<b>Premium</b>	: ₹ 1,364.00
<b>IGST @ 18%</b>	: ₹ 246.00
<b>Stamp Duty</b>	: ₹ 0.68
<b>Total Amount</b>	: ₹ 1,610.68

**GSTIN : 27AABCT3518Q1ZW - MAHARASHTRA, Service Accounting Code : 997137**

Subject to:

1. Adjustment in the terms of Conditions 6. The estimated amount of wages salaries and other earnings on which Premium is based

COVERAGE SECTION W (WORKMENS COMPENSATION)

\* It is hereby understood and agreed that occupational diseases as defined under the Workmen's Compensation Act are not covered under this policy.

\* Jurisdiction- India

\* Including Medical Benefits upto ₹ 50,000.00 per person, under the policy.

\* Including cover for contractors' workers

\* Including cover for sub contractors' workers

\* Excluding Occupational diseases

\* Warranted that workers involved in underground work such as mines, tunneling etc and/ or blasting are not covered

DD39

Gandhidham

2280039430 00 00

**Date :** 23/06/2022  
**Issued at :** NASHIK

The stamp duty Of Rs 0.68/ -paid In cash Or demand draft Or by pay order,vide Receipt/ Challan no: LOA/CSD/318/2022/1601dated the08/04/2022.

**For Tata AIG General Insurance Company LTD.**



**Authorized Signatory**

This Policy and its conditions should be examined, and if incorrect returned at once for alteration. Every change affecting the risks insured by this Policy must be immediately advised to the Company. Failure to do this might result in the insurance ceasing to be of effect. The Policy is not transferable from the Insured to any person unless the Company's written consent has been obtained. In the event of any loss or damage, notice should be given IMMEDIATELY to the Company.

**Policy Servicing Office**

**Tata AIG General Insurance Company Limited**

2ND FLOOR PREMISES NO. 25 & 26, KAPADIA COMMERCIAL COMPLEX,NASHIK,MAHARASHTRA,NASHIK-422002

Tel No:91-91-9136972226

Gandhidham

DD39

2280039430 00 00

**ANNEXURE "W" to COVERAGE SECTION "W"**  
Attached to and forming part of the Policy No. 2280039430 00 00

<b>Estimated Number Of Employees.</b>	<b>Occupation of Employees</b>	<b>Estimated Total Salaries(Wages) and other money earnings</b>	<b>Value of food fuel quarters and other consideration in addition to money earnings</b>	<b>Estimated Total Earnings</b>	<b>Place or Places of Employment.</b>
5	Worker	₹ 2,275.00	--	₹ 2,275.00	ANY WHERE IN GUJARAT,,,,-382130

## WORKMENS COMPENSATION

WHEREAS the insured carrying on the Business described in the Schedule and no other for the purpose of this insurance by a proposal and declaration which shall be the basis of this contract and is deemed to be incorporated herein has applied to the Company for the insurance hereinafter contained and has paid or agreed to pay the Premium as consideration for such insurance.

NOW THIS POLICY WITNESSETH that if at any time during the Period of Insurance any employee in the Insured's immediate service shall sustain personal injury by accident or disease arising out of and in the course of his employment by the Insured in the Business and if the Insured shall be liable to pay compensation for such injury either under.

the Law (s) set out in the Schedule

or at

Common Law

then subject to the terms exceptions and conditions contained herein or endorsed hereon the Company will indemnify the Insured against all sums for which the Insured shall be so liable and will in addition be responsible for all costs and expenses incurred with its consent in defending any claim for such compensation.

PROVIDED ALWAYS that in the event of any change in the Law(s) or the substitution of other legislation therefore this policy shall remain in force but the liability of the company shall be limited to such sum as the company would have been liable to pay if the Law(s) had remained unaltered.

### EXCEPTIONS

The Company shall not be liable under the policy in respect of :

- a) any injury by accident or disease directly attributable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, insurrection, rebellion, revolution, terrorism or military or usurped power ;
- b) the Insured's liability to employees of contractors to the Insured ;
- c) any liability of the Insured which attaches by virtue of an agreement but which would not have attached in the absence of such agreement ;
- d) any sum which the Insured would have been entitled to recover from any party but for an agreement between the Insured and any such party.

### CONDITIONS

1. This policy and the Schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such specific meaning wherever it may appear.
2. Every notice or communication to be given or made under this policy shall be delivered in writing to the Company.
3. The Insured shall take reasonable precautions to prevent accidents and disease and shall comply with all statutory obligations.
4. In the event of any occurrence which may give rise to a claim under this Policy the Insured shall as soon as possible give notice thereof to the Company with full particulars. Every letter claim writ summons and process shall be notified or forwarded to the Company immediately on receipt Notice shall also be given to the company immediately the Insured shall have knowledge of any impending prosecution inquest or fatal in connection with any such occurrence as aforesaid.
5. No admission offer promise or payment shall be made by or on behalf of the Insured without the consent of the company which shall be entitled if it so desires to take over and conduct in his name the defence or settlement of any claim or to prosecute in his name for its own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim and the Insured shall give all such information and assistance as the Company may require.

## WORKMENS COMPENSATION

6. The first premium and all renewal premiums that may be accepted are to be regulated by the amount of wages and salaries and other earnings paid by the Insured to employees during each period of Insurance. The name of every employee together with the amount of wages salary and other earnings shall be properly recorded and the insured shall at all times allow the Company to inspect such records and shall supply the Company with a correct account of all such wages salaries and other earnings paid during any period of Insurance within one month from expiry date of such Period of Insurance. If the amount so paid shall differ from the amount on which premium has been paid the difference in premium shall be met by a further proportionate payment to the Company or by a refund by the Company as the case may be.
7. The company may cancel this Policy by sending seven days notice by registered letter to the Insured at his last known address and in such event the premium shall be adjusted in accordance with Condition 6.
8. If any difference shall arise as to the quantum to be paid under this Policy, (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of an arbitrator, to be appointed in writing by the parties in difference, or if they cannot agree upon a single arbitrator to the decision of two disinterested persons as arbitrators of whom one shall be appointed in writing by each of the parties within two calendar months after having been required so to do in writing by the order party in accordance with provisions of the Arbitration and Conciliation Act 1996, as amended from time to time and for the time being in force. In case either party shall refuse or fail to appoint arbitrator within two calendar months after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint sole arbitrator; and in case of disagreement between the arbitrators, the difference shall be referred to the decision of any umpire who shall have been appointed by them in writing before entering on the reference and who shall sit with the arbitrators and preside at their meetings

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided, if the company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be condition precedent to any right of action or suit upon this policy that the award by such arbitrator, arbitrators or umpire of the amount of the loss damage shall be first obtained.

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

9. The due observance and fulfillment of the terms , conditions and endorsements of this Policy so far as they relate to anything to be done or not to be done by the Insured and the truth of the statements and answers in the Proposal shall be conditions precedent to any liability of the Company to make any payment under this Policy.

## RECEIPT

Receipt No. : 102601031824632

Receipt Date : 26/05/2022

Policy No : 2280039430 00 00

Received with thanks from VISHWAKARMA INDUSTRIES WORKS a sum of ₹ **1,611.00** ( Rupees One Thousand Six Hundred Eleven And Paise Zero Only) vide Card no. XXXXXXXXXXXX9999

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	2280039430 00 00	1,610.68	1,610.68	0.00

**Note:**

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
3. Amounts received by cheque shall be subject to realisation.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

**GSTIN : 27AABCT3518Q1ZW - MAHARASHTRA Service Accounting Code : 997137**