

S3 Roll Over New 620373302810 TrackOn 8421



To

Date: 07-Nov-2022

CASTOMACH GLOBAL PRIVATE LIMITED

GAT NO.17/2,OPPOSITE MOTHERSONE
COMPANY

NEAR VOLKSWAGEN MATERIAL
GATE,NIGHOJE,, TAL-KHED,CHAKAN

PUNE-410501

PUNE

MAHARASHTRA

INDIA

27AAJCC1121E1Z7

Policy No: 5190002550

Client Id : 6113541466

We thank you for choosing Tata AIG General Insurance Company Ltd. as your preferred insurer. Your Policy No. is 5190002550 We are glad that you have chosen our product Employees Compensation Insurance and given us an opportunity to structure an insurance cover that suits your needs. We cater to most of the Micro, Small and Medium Enterprises . As one of the largest and most established insurance companies, we care for you and understand your unique needs of coverage and would always strive to offer convenience and range of products that cater continuously to your ever increasing and evolving needs.

We have provided insurance based on the information furnished by you and by accepting this policy, you agree that the information furnished to us is true, accurate and complete. We are enclosing your policy document along with transcript of information furnished to us for providing insurance. You are requested to go through the document carefully and let us know if any error/discrepancy within 15 days of receipt of the policy to enable us to make necessary changes otherwise all particulars will be deemed correct

Also enclosed for your convenience are forms to help you reach us for any 'changes to your policy' and the 'Claim intimation process and documents'. Please keep these handy in the event of a claim under the policy.

You may **call our Toll Free Customer Service Helpline 1800 266 7780 and enjoy a hassle-free service and 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,

For Tata AIG General Insurance Company Ltd.



Authorized Signatory

**EMPLOYEES COMPENSATION INSURANCE
POLICY SCHEDULE**

(Forming part of Policy no. 5190002550 whose terms are attached herewith)

1. Intermediary name: JAINUINE INSURANCE BROKERS PVT LTD

2. Intermediary License Number: 376

3. Intermediary Code: 0008731000

4. Intermediary Contact No: 9850049400

5. Policy Issuing Office: AURANGABAD

6. Insured Name: CASTOMACH GLOBAL PRIVATE LIMITED

7. Insured Address: GAT NO.17/2, OPPOSITE MOTHERSONE COMPANY
NEAR VOLKSWAGEN MATERIAL GATE, NIGHOJE,, TAL-KHED, CHAKAN
PUNE-410501
PUNE
MAHARASHTRA
INDIA

Place of Supply : MAHARASHTRA

State Code : 27

8. Nature of Business: Workers Engaged In Engineering related Work

9. GSTIN of the Insured: 27AAJCC1121E1Z7

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:

	<u>LAW</u>	<u>LIMIT OF INDEMNITY</u>	<u>COVERAGE</u>
10(a)	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)	Fatal Accident 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
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. <u>0</u> b) Limit Per Accident for any number of Employees Rs. <u>0</u> c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance Rs. <u>750000000</u>	Yes

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.

Tata AIG General Insurance Company Limited.

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.

Toll Free No. (24x7): 1800 266 7780 OR 1800 229966 (For Senior Citizens) | Fax: 022 6693 8170 | Email: customersupport@tataaig.com

IRDA of India Registration No: 108 | Website: www.tataaig.com | CIN: U85110MH2000PLC128425 | PAN: AABCT3518Q | UIN: IRDAN108CP0011V01202122

11. Period of Insurance:

From 00:00 Hrs of 10/08/2022 to midnight of 09/08/2023 (both days inclusive)

12. Premium Details:

Net Premium (Rs):	16,570
UGST/SGST @ 9%	1,491
CGST @ 9%	1,491
Stamp Duty	8.3
Total Premium	19,560
Gross Premium (In Words):	Rupees Nineteen Thousand Five Hundred Sixty And Thirty Paise And Paise Zero Only

13. Details of Employees Covered:

Refer Annexure "W"

14. Subject to following clauses:**Special conditions:**

- 1 Warranted that workers involved in underground work such as mines, tunneling, etc. and/or blasting are not covered.
- 2 Jurisdiction - India
- 3 Loss History for last 3 years: - no
- 4 Including cover for Contractor and sub contractor workers
- 5 Including Medical expenses upto INR 1,00,000 per person

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

The stamp duty of Rs.8.3/- paid in cash or demand draft or by pay order, vide Receipt/Challan no:LOA_NO.CSD/426/2022/3320 dated the 01/08/2022

For Tata AIG General Insurance Company Limited

Date: 10/08/2022



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. Notice should be given as soon as practicable but not exceeding 30 days.

Policy servicing address

2ND FLOOR, C WING, KANDI TOWER, JALNA ROAD, AURANGABAD, MAHARASHTRA. AURANGABAD-431001 MAHARASHTRA

RECEIPT

Receipt No : 102131033881432

Receipt Date : 10/08/2022

Policy No : 5190002550

Received with thanks from CASTOMACH GLOBAL PRIVATE LIMITED a sum of Rs. 19560(Rupees Nineteen Thousand Five Hundred Sixty And Paise Zero Only)vide Credit / Debit Card No 9999XXXXXXX dated 10/08/2022 Name as in credit/debit card - drawn on PAYABLE AT PAR branch towards

Sl.No.	Policy Number	Total Premium	Utilized from the receipt for policy	Balance
1	5190002550	19560.3	19560	0

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 avoid.
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 NO: GSTIN: 27AABCT3518Q1ZW-AURANGABAD , SAC CODE: 997137

Revenue (Consolidated) Stamp Duty paid vide challan No. LOA_NO.CSD/270/2022/727 date 10/02/2022 for applicable cases

EMPLOYEES COMPENSATION INSURANCE PROPOSAL FORM

If at any time during the Period of Insurance any Employee of the Insured so declared shall sustain injury by accident arising out of and in the course of his employment in the Business, Indemnity shall be under Law(s) opted for, subject to the terms, exceptions and conditions contained in the Policy wordings or endorsed hereon, upto the Limit of Indemnity against all sums for which the Insured shall be so liable which is agreed by the Insurer and mentioned on the Policy Schedule

Proposer's name in full : CASTOMACH GLOBAL PRIVATE LIMITED

Proposer's business [Correspondence] address: GAT NO.17/2,OPPOSITE MOTHERSONE COMPANY,GAT NO.17/2,OPPOSITE MOTHERSONE COMPANY,,,PUNE-410501,PUNE,MAHARASHTRA

Proposer's trade or occupation: As Per Annexure

Particulars of work to be covered in Detail:

Workers Engaged In Engineering related Work

Risk Location address(s) Location 1 "GAT NO.17/2,OPPOSITE MOTHERSONE COMPANY, NEAR VOLKSWAGEN MATERIAL GATE,NIGHOJE,, TAL-KHED,CHAKAN, , KHED, MAHARASHTRA " , , , KHED, 410501, PUNE, MAHARASHTRA, India

Policy Period: From :10/08/2022 To 09/08/2023

COVERAGE'S REQUIRED

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coverage Options (Yes/No]
Employees Compensation	Subject otherwise, to the terms,conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act	Yes
Fatal Accident Act, 1855	Subject otherwise, to the terms,conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Fatal Accident Act	Yes
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. 0 b) Limit Per Accident for any number of Employees Rs.0 c)Aggregate Limit for all accidentsand claims arising there from during thePeriod of Insurance Rs.750000000	Yes
Medical Expenses:	Subject otherwise, to the terms,conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.but not exceeding:	d) Limit Per Employee for any number of accidents during Period of Insurance Rs. 100000 e) Aggregate liability for all accidents during the Period of Insurance Rs. 0 Medical Expenses as per actual - YES	
Occupational Diseases		f) Limit Per Employee Rs. 0 g)Aggregate liability of the company foall employees during the Period of 0	
Contractors Employees		Limit: As per Employees Compensation Act	

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ALL PERSONS EMPLOYED MUST BE INCLUDED

***Wages** means the remuneration payable to an Employee by the insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment;

OWN EMPLOYEE DETAILS**

Description of Employees	Declared Number of Employees	Total Declared Wages during the period of Insurance	Place/Places of Employment
As per Annexure	As Per Annexure	As Per Annexure	As Per Annexure

Does the above, schedule include- (a) All Persons in your service? (b) All your contractors/subcontractors?	
Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.	
Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements.	
Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.	
Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	

State the total Wages paid and particulars of accidents to your employees during the past three years**

Years[Past 3 years from this date]	Wages Paid	Amount of Loss
0	0	
Yes	-10	
No	0	

State the total Wages paid and particulars of accidents to your contractors employees during the past three years

Years [Past 3 years from this date]	Wages Paid	Amount of Loss

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DECLARATION

I/We the undersigned this.....day of.....20..... desire to effect an insurance in terms of the Policy to be issued by the company against my/our Statutory, Common Law liability and other covers above mentioned.

I/We hereby declare that all the above statements and particulars, which I/We have read over, checked, are true that I/We have not suppressed misrepresented or mis-stated any material fact, that I/We have fairly declared my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and theCompany.

I/We also agree to inform Company any changes in any respect of any material matter to the grant of a cover in this proposal form/documents/risk proposed for insurance after the submission of this Proposal form.

I/We also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realizing [in case of payment by cheque/DD/PO] of prescribed premium amount, falling which Company's risk is void ab initio.

I/We undertake to exercise all statutory, ordinary and reasonable precautions for safety of all the Employees as if they were uninsured.

Date: 10/08/2022

Signature of Proposer CASTOMACH GLOBAL
PRIVATE LIMITED

Declaration by Proposer

I/We hereby declare that the statements made by me/us herein and in the attachments hereto are true to the best of my knowledge and belief and I/We hereby agree that this Proposal shall from the basis of the insurance contract between me/us and Tata AIG General Insurance Company Limited (referred as the Company). I/We further confirm that if any additions or alterations are carried out in the risk proposed for insurance hereinafter the submission of this proposal then particulars of such shall be forthwith conveyed to the Company. I/We further agree that the submission of this Proposal to the Company and its receipt there of shall not constitute an acceptance of risk by the Company.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions

Signature of the Proposer: _____

Name & Signature of agent/intermediary: _____

Code: _____

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: _____

Name & Signature of agent/intermediary: _____

AML Guidelines

I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India

Nationality : Indian	Non-Indian	If Non-Indian,	please specify Country : _____
Type of Organization	Cooperatives	Governments	Non Governmental Organizations Society
	Trust	Partnership	International Organization
	Corporations	Section 25 Company	

Intermediary Declaration

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statements, information and response(s) submitted by him /her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statements/information/response(s) is/are contained in this Proposal Form/including addendums, affidavits, statement, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non – disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the policy may be forfeited to the Company

License No.(Intermediary/Corporate Agent/Broker/Relationship Office) _____

Name of the specified person and code _____

Place : _____

Date : _____

Signature of Intermediary

I/We the undersigned this ___ of ___ desire to effect an insurance in terms of the Policy to be issued by the Company against my/our Statutory and Common Law Liability.I/We agree to render, at the end of each period of Insurance, a statement in the form required by the Company of all wages actually paid, and to pay premium on any wages paid in excess of the amount estimated above, I/We hereby declare that all the above statements and particulars which I/We have read over checked, are true that I/We have not suppressed misrepresented or mis stated any material fact, that I/We have fairly estimated my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and the Company.

Date : _____ Signature of Propose

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow either directly or indirectly as inducement to any Person to take or renew or continue an Insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, not shall any person taking out or renewing or continuing a Policy accept such a rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer

2. Any Person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

Section 64 VB of the Insurance Act 1938 Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings carefully, before concluding a sale.

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ANNEXURE "W" to COVERAGE SECTION "W"

Attached to and forming part of the Policy No. 5190002550

Insured: CASTOMACH GLOBAL PRIVATE LIMITED

Annexure Format for Unnamed policy type :

Description of work done by Employees	Declared Number of Employees	Declared Wages during the Period of Insurance	Place/Places of Employment
PlantHead,Manager,ASSIT.MANAGER	7	49158	Coverage provided is for "All over India".The specific risk locations (if any) will be as per the mentioned below. "Gat No.17/2,Opposite Mothersone Company, Near Volkswagen Material Gate,Nighoje,, Tal-Khed,Chakan, 410501, KHED, MAHARASHTRA "
Ass.MANAGER,EXECUTIVE	9	28167	Coverage provided is for "All over India".The specific risk locations (if any) will be as per the mentioned below. "Gat No.17/2,Opposite Mothersone Company, Near Volkswagen Material Gate,Nighoje,, Tal-Khed,Chakan, 410501, KHED, MAHARASHTRA "

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ENDORSEMENTS
Coverage for Medical Expenses

Policy No.:5190002550

Insured:CASTOMACH GLOBAL PRIVATE LIMITED

In consideration of the payment of an additional premium it is hereby understood and agreed that this Policy is extended to cover **Insured's** liability towards medical expenses for treatment of **Injury** arising out of accident in respect of which indemnity granted under this Policy otherwise applies.

Provided always that the liability of the Company under this endorsement shall be limited to Rs100000 in respect of each Employee per accident and the aggregate liability of the Company for all accidents during the Period of Insurance to Rs 0

Subject to otherwise to the terms, provisions and conditions of the within Policy.

*If the Underwriter wants to give complete coverage for actuals incurred the last paragraph of the endorsement can be deleted.