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To

Date: 17-May-2023

BRILLIANT LIFESCIENCES PRIVATE LIMITED
401 TO 405, 4TH FLOOR, LAXMI VILLA GREENS
COMPLEX, OPP.SHELBY HOSPITAL,
HARIDARSHAN CROSS
ROAD, NEW NARODA, AHMADABAD
AHMEDABAD-382330
AHMEDABAD
GUJARAT
INDIA
24AAECB7425K1ZN

Policy No: 2250030537

Client Id : 202305160195832

Dear Sir / Ma'am,

We thank you for choosing Tata AIG General Insurance Company Ltd. as your preferred insurer. Your Policy No. is 2250030537. 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. 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 experienceWe 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.2250030537 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: AHMEDABAD

6. Insured Name: BRILLIANT LIFESCIENCES PRIVATE LIMITED

7. Insured Address: 401 TO 405, 4TH FLOOR, LAXMI VILLA GREENS
COMPLEX, OPP.SHELBY HOSPITAL, HARIDARSHAN CROSS
ROAD, NEW NARODA, AHMADABAD
AHMEDABAD-382330
AHMEDABAD
GUJARAT
INDIA

Place of Supply : GUJARAT

State Code : 24

8. Nature Of Business

LOADING ,UNLOADING ,PACKING, ASSEMBLING,CLEANING, HOUSEKEEPING,GARDENING OPERATING ALL TYPE OF MACHINES AND ALL ACTIVITIES

9. GSTIN of the Insured: 24AAECB7425K1ZN

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 | 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 17/05/2023 to midnight of 16/05/2024 (both days inclusive)

12. Premium Details:

| | |
|---------------------------|--|
| Net Premium (Rs): | 43,118 |
| UGST/SGST @ 9% | 3,881 |
| CGST @ 9% | 3,881 |
| Stamp Duty | 21.6 |
| Total Premium | 50,902 |
| Gross Premium (In Words): | Rupees Fifty Thousand Nine Hundred One And Sixty Paise And Paise Zero Only |

13. Details of Employees Covered:

Refer Annexure "W"

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

- 1 Including Medical expenses upto INR 50,000 per person
- 2 It is hereby understood and agreed that occupational diseases as defined under the Employees Compensation Act are not covered under this policy.
- 3 Jurisdiction - India
- 4 Warranted that no underground work/tunneling and/ or blasting is carried out at the work site
- 5 Including cover for Contractor and sub contractor workers
- 6 Warranted that workers use adequate safety measures while working at unit

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

The stamp duty of Rs.21.6/- paid in cash or demand draft or by pay order, vide Receipt/Challan no:LOA/CSD/655/2023/1021 dated the 21/03/2023

For Tata AIG General Insurance Company Limited

Date: 16/05/2023



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

OFFICE NO. 2-A, 2ND FLOOR, TURQUOISE, PANCHAWATI CROSS ROAD, C.G.ROAD, AHMEDABAD AHMEDABAD-380006 GUJARAT

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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 : BRILLIANT LIFESCENCES PRIVATE LIMITED

Proposer's business [Correspondence] address: 401 TO 405, 4TH FLOOR, LAXMI VILLA GREENS,401 TO 405, 4TH FLOOR, LAXMI VILLA GREENS,ROAD, NEW NARODA, AHMADABAD,,AHMEDABAD-382330,AHMEDABAD,GUJARAT

Proposer's trade or occupation: As Per Annexure

Particulars of work to be covered in Detail:

LOADING ,UNLOADING ,PACKING, ASSEMBLING,CLEANING, HOUSEKEEPING,GARDENING OPERATING ALL TYPE OF MACHINES AND ALL ACTIVITIES

Risk Location address(s) BRILLIANT LIFESCENCES PRIVATE LIMITED SURVEY NO.499(P),CHUVALDANGARWA, KATOSAN-
Location 1 SADRA ROAD, TA. :DETROJ, DIST :AHMADABAD -382120, , , , DETROJ-RAMPURA, 382120,
AHMEDABAD, GUJARAT, India

Policy Period: From :17/05/2023 To 16/05/2024

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. <u>0</u> b) Limit Per Accident for any number of Employees Rs. <u>0</u> c)Aggregate Limit for all accidentsand claims arising there from during thPeriod of Insurance Rs. <u>750000000</u> | 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. 50000 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 | |

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| | | |
|------------------------------|--|--|
| Contractors Employees | | Limit: As per Employees Compensation Act |
|------------------------------|--|--|

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 | |
| No | 0 | |
| Yes | 10 | |

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: 16/05/2023

Signature of Proposer BRILLIANTLIFESCIENCES
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. 2250030537

Insured: BRILLIANT LIFESCIENCES 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 |
|--|-------------------------------------|--|---|
| Worker | 40 | 72,00,000 | Brilliant Lifesciences Private Limited survey No.499(P), ChuvalDangarwa, Katosan- Sadra Road, Ta. :Detroj, Dist :Ahmadabad -382120 |
| Total | 40 | 72,00,000 | |

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ENDORSEMENTS

Coverage for Medical Expenses

Policy No.:2250030537

Insured: BRILLIANT LIFESCIENCES 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 Rs50000 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.