

60

New Business EMSP6830755 SpeedPost 110363



Date: 10-Jan-2025

To
G S MATIYANI AND SONS

G S MATIYANI AND SONS TANAKPUR ROAD

PITHORAGARH 262501

PITHORAGARH-262502

PITHORAGARH

UTTARAKHAND

INDIA

)5AAHFG8343P1ZQ

Policy No: 5190049835

Client Id : 6190588544

We thank you for choosing Tata AIG General Insurance Company Ltd. as your preferred insurer. Your Policy No. is 5190049835 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.

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 | Email: customersupport@tataaig.com

IRDA of India Registration No: 108 | Website: www.tataaig.com | CIN: U85110MH2000PLC128425 | PAN: AABCT3518Q | UIN: IRDAN108CP0011V02202122

**EMPLOYEES COMPENSATION INSURANCE
POLICY SCHEDULE**

(Forming part of Policy no. 5190049835 whose terms are attached herewith)

1. Intermediary name: ASTHA MALL

2. Intermediary License Number: AGINGILPM0495Q

3. Intermediary Code: 1912520000

4. Intermediary Contact No: 9760224495

5. Policy Issuing Office: PITHORAGARH - (VO)

6. Insured Name: G S MATIYANI AND SONS

7. Insured Address: G S MATIYANI AND SONS TANAKPUR ROAD

PITHORAGARH 262501

PITHORAGARH-262502

PITHORAGARH

UTTARAKHAND

INDIA

Place of Supply : UTTARAKHAND

State Code : 05

8. Nature Of Business

Construction of 60 M Span Intermediate Lane Steel Truss Bridge Over Jimba River At Km-01 Of Seraghat-Golpha-Bana Motor Proj
Block-Munsyari, District-Pithoragarh Package No. 05/BR/RFB/UGRIDP/2023. CA NO-04/BR/RFB/UGRIDP/2023 DATE 18/06/2024

9. GSTIN of the Insured: 05AAHFG8943P1ZQ

10. Laws: The Policy covers Liability of the Insured under the following Law(s) shown as covered, subject to claim being otherwise 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>COVERED</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 <u>Insured</u> .	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 <u>Insured</u> .	Yes
10(c)	Common Law	<p>Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the <u>Insured</u>, but not exceeding:-</p> <p>a) Limit Per Employee for any number of accidents during Period of Insurance Rs. <u>Not applicable</u></p> <p>b) Limit Per Accident for any number of Employees Rs. <u>Not applicable</u></p> <p>c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance Rs. <u>750000000</u></p>	Yes

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India Registration No: 108 | Website: www.tataaig.com | CIN: U85110MH2000PLC128425 | PAN: AABCT3518Q | UIN: IRDAN108CP0011V0220212

Period of Insurance:

00:00 Hrs of 10/01/2025 to midnight of 09/01/2026 (both days inclusive)

Premium Details:

Premium (Rs):

5,392

VAT/GST @ 9%

485

@ 9%

485

Duty

2.7

Premium

6,365

Premium (In Words):

Rupees Six Thousand Three Hundred Sixty-Four And Seventy Paise
And Paise Zero Only

Details of Employees Covered:

Annexure "W"

Subject to following clauses:

General conditions:

Subject additionally to the following conditions, limitations, warranties.

Excluding cover for Contractor and sub contractor workers

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

Including Medical expenses upto INR 100000 per person

Jurisdiction - India

Loss History for last 3 years: - no

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

Stamp Duty of Rs.2.7/- is paid as provided under Article 47(CC) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001.. vide this
No. LOA/ENF/CSD/55/2024/4453 Validity Period Dt.23/09/2024 To Dt.13/09/2027/4453 Date:06/09/2024

Date: 10/01/2025

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.

To view policy wordings, please scan the QR code



For Tata AIG General Insurance Company Ltd.

Signature Not Verified

Digitally signed by: Shammi Kapoor

Date: 2025.01.10 21:22:31 +05:30

Location: Mumbai

Authorized Signatory

Policy servicing address

1ST FLOOR, ATTAM COMPLEX, OPP. BANK OF BARODA, NAINITAL ROAD, HALDWANI NAINITAL-263139 UTTARAKHAND

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IRDA of India Registration No: 108 | Website: www.tataaig.com | CIN: U85110MH2000PLC128425 | PAN: AABCT3518Q | UIN: IRDAN108CP0011V02202122

RECEIPT

Receipt No : 114491095495862

Receipt Date : 10/01/2025

Policy No : 5190049835

Received with thanks from G S MATIYANI AND SONS a sum of Rs. 6366(Rupees Six Thousand Three Hundred Sixty-Six And Paise Only)vide Credit / Debit Card No 9999XXXXXXX dated 10/01/2025 Name as in credit/debit card - drawn on PAYABLE AT PAR branch towards

SI.No.	Policy Number	Total Premium	Utilized from the receipt for policy	Balance
1	5190049835	6364.7	6365	1

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 NO: GSTIN: 05AABCT3518Q1Z2-PITHORAGARH - (VO) , SAC CODE: 997137

Revenue (Consolidated) Stamp Duty paid vide challan No. LOA/ENF1/CSD/83/2024/5365 date 30/11/2024 for applicable cases

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

Registered office : Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai-400013

24x7 Toll free Number : 1800 266 7780 Email : customersupport@tataaig.com website : www.tataaig.com

IRDAI of India Registration No : 108 CIN : U85110MH2000PLC128425 PAN : AABCT3518Q UIN : IRDAN108CP0011V02202122

EMPLOYEES COMPENSATION INSURANCE PROPOSAL FORM

During the Period of Insurance any Employee of the Insured shall sustain injury by accident arising out of and in the course of his employment in the Business. Indemnity shall be under Laws, agreed for subject to the terms, exclusions and conditions contained in the policy wordings or endorsed hereon, upto the Limit of Indemnity against all sums for which the Insurer shall be liable which is agreed between the Insurer and mentioned on the Policy Schedule.

Proprietor's name in full : G S MATIYANI AND SONS

Proprietor's business [Correspondence] address : G S MATIYANI AND SONS TANAKPUR ROAD G S MATIYANI AND SONS TANAKPUR PITHORAGARH-262502 PITHORAGARH UTTARAKHAND

Proprietor's trade or occupation : As Per Annexure

Location of 60 M Span Intermediate Lane Steel Truss Bridge Over Jimba River At Km-01 Of Seraghat-Golpha Bona Motor Road Munayer, District-Pithoragarh Package No. 05/BR/RFB/UGRIDP/2023 CA NO-04/BR/RFB/UGRIDP/2023 DATE 18/08/2023

Location address(s) Location 1 Seraghat Golpha Bona Motor Road Block Munayer Pithoragarh PITHORAGARH 262502 UTTARAKHAND INDIA

Period From 10/01/2025 To 09/01/2026

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, 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>Not applicable</u> b) Limit Per Accident for any number of Employees Rs <u>Not applicable</u> c) Aggregate Limit for all accidents and claims arising there from during the Period 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. 100000 e) Aggregate liability for all accidents during the Period of Insurance Rs 0 Medical Expenses as per actual - No	Yes
Occupational Diseases	Subject otherwise, to the terms,conditions & Exclusions of the Policy, the amount of liability incurred by the Insured but not exceeding:	f) Limit Per Employee Rs. 0 g) Aggregate liability of the company for all employees during the Period of 0	No
Contractors Employees		Limit As per Employees Compensation Act	

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.

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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 a benefit which is capable of being estimated in money other than a traveling allowance or the value of any travelling concession or paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special circumstances on him by the nature of his employment.

OWN EMPLOYEE DETAILS**

Description of Employees	Declared Number of Employees As Per Annexure	Total Declared Wages during the period of Insurance As Per Annexure	Place/Places of Employment 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 contractors employees during the past three years

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

DECLARATION

I/We the undersigned this.....day of.....20..... desire to effect an insurance in terms of the Policy to be issued by the Insurer 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 misrepresented or mis-stated any material fact, that I/We have fairly declared my/our total wages and salaries expenditure and I/We declare 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 the 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 I/We undertake to exercise all statutory, ordinary and reasonable precautions for safety of all the Employees as if they were uninsured.

Date: 10/01/2025

Signature of Proposer G S MATIYANI AND CO.

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

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I/We 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 if any additions or alterations are carried out in the risk proposed for insurance hereinafter the submission of this proposal then particulars of such risk conveyed to the Company. I/We further agree that the submission of this Proposal to the Company and its receipt thereof shall not constitute an acceptance of risk by the Company.

I/We declare that the terms and conditions 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 the policy terms & conditions

of the Proposer.

Signature of agent/intermediary:

Code _____

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

I/We declare that the terms and conditions 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: _____

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 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. 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.

Category of Organization	Non-Indian Cooperatives Trust Corporations	If Non-Indian, Governments Partnership Section 25 Company	please specify Country / _____ Non Governmental Organizations Society International Organization
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Intermediary Declaration

(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the 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 question(s) 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 addendum, a/civils, 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 premiums paid under the policy may be forfeited to the Company.

Code No (Intermediary/Corporate Agent/Broker/Relationship Office) _____

Name of the specified person and code _____

Date: _____

Page: _____

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 and applied, are true that I/We have not suppressed misrepresented or misstated any material fact, that I/We have fairly estimated my/our total wages and salaries pending and I/We agree that this declaration shall be the basis of the contract between me/us and the Company.

Signature of Proposer

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

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. 5190049835

Insured: G S MATIYANI AND SONS

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
Skill	2	3,60,000	Seraghat Golpha Bona Road Block Munsyan Pict 262502UTTARAKHAND GARHPITHORAGARH,UT AND
Semi skill	2	3,12,000	Seraghat Golpha Bona Road Block Munsyan Pict 262502UTTARAKHAND GARHPITHORAGARH,UT AND
Un skill	3	4,32,000	Seraghat Golpha Bona Road Block Munsyan Pict 262502UTTARAKHAND GARHPITHORAGARH,UT AND
Total	7	11,04,000	

ENDORSEMENTS
Coverage for Medical Expenses

Policy No.: 5190049835

Insured: G S MATIYANI AND SONS

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 Rs 100000 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.

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पॉलिसी नंबर/ Policy Schedule- Contractor All Risk
पॉलिसी नंबर/ Policy Number:
360203442410000045

प्राप्ति कार्यालय/Issuing Office
कार्यालय कोड /Office Code: 360203
कार्यालय पता /Office Address: DELHI
BUREAU BUSINESS OFFICE VII Second Floor, B 5,
Rajouri Garden, New Delhi, - 110027.

संख्या कोड/Steel Code: 7, Delhi
प्राप्ति नंबर/CSTIN: 07AAACN9967E1Z5
संपर्क संख्या/Contact Number: 11 45613224
मोबाइल नंबर/Mobile Number: 0

व्यापार स्रोत/Business Source: 910570
विक्री चैनल/Sales Channel Details:
विक्री चैनल कोड /Sales Channel Code:
91057000000001
नाम /Name: APIS NANDI INSURANCE
BROKERS PRIVATE LIMITED - HO
संपर्क संख्या/Contact Number: 9810501280



कर्तव्य पैरा टौन प्री नंबर/Customer Care Toll Free
Number: 1800 345 0330
ईमेल/email: customer.support@nic.co.in

प्राप्ति का नाम /Customer Name: G S MATIYANI AND SONS
पता/Address: TANAKPUR ROAD, PITHORAGARH (UK), राज्य/City:
PITHORAGARH, ज़िला/District: PITHORAGARH, राज्य/State:
UTTARAKHAND, पिन/PIN: 262501.
सेवा/Cell: *****68

प्राप्ति आईडी/Customer ID:
9702446747
आधार/AADHAR:
फ़ोन /Phone: *****68
ई-मेल /E-Mail: *****ns@gmail.com

एपीएन/ PAN

पालिसी: 04/02/2025 के 18:00 से 19/03/2026 की मध्य रात्रि तक प्रभावी /Policy Effective from 18:00 hours, on 04/02/2025 to
midnight of 19/03/2026

प्रीमियम/ Premium	₹ 25,19,362.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	ताग नहीं/NA
Less Digital Discount	₹ 0.00		
Total Premium	₹ 25,19,362.00		
मंजुरीएसटी/CGST	₹ 0.00		
एन्जीएसटी/मुटीजीएसटी / SGST/UTGST	₹ 0.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800250206434546 दिनांक/Dt. 06/02/2025
आईजीएसटी/IGST	₹ 93,485.00		
इन.मंजुरीएसटी_टीडीएस / Less GST_TDS	₹ 0.00		
मंजुरी पोंग योग्य स्टॉप डूटी/ Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	360203812410005238 दिनांक/Dt. 07/02/2025
कुल राशि /Total Amount	₹ 6,12,844.00	पिछली पालिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	ताग नहीं/NA

(रुपय/Rupees Six Lakh Twelve Thousand Eight Hundred Forty Four केवल/Only.)

*मंजुरी सम्बन्धी Government
Subsidy: ₹ 0.00

Principal Name: PM PIU PWD (U-PREPARE) Address: PM PIU PWD (U-PREPARE), 5th Floor USDMA Building-361T
Park, Sahstradhara Road Dehradun, Uttarakhand, Dehradun, Dehradun 248001

Contractor Name:

Address:

Contractor Name:

Address:

Contractor Name:

Address: Tanakpur Road, , Pithoragarh (UK), Pithoragarh, Pithoragarh, Uttarakhand

Contractor Name:

Address:

Contractor Name:

Address:

Details of the Project

Name of the Project	Road Bridges on Land	Date of Arrival of First Material at site	20/03/2024
Classification	made of Steel	Construction Period in Months	18
Location of the work site	Construction of 60 M Span Intermediate Lane Steel Truss Bridge Over Jimba River At Km-01 Of, Seraghat-Golpha-Bona Motor Road, Block-Munsyari, District-Pithoragarh Package No. 05/BR/RFB/UGRIDP/ 2023, CA NO-04/BR/RFB/UGRIDP/2023 DATE 18/06/2024, Uttarakhand, Pithoragarh, Pithoragarh, 262501		

परीक्षा अनुग्रह/Policy Schedule- Contractor All Risk
 पॉलिसी नंबर/Policy Number:
 36020344241000045



व्यवसाय आठ/Business Source: 910570

जारीकर्ता कार्यालय/Issuing Office
 कार्यालय नंबर/Office Code: 360203
 कार्यालय पता /Office Address: DELHI
 BUSINESS OFFICE VII Second Floor, B 5,
 Rajouri Garden, New Delhi, - 110027.
 राज्य कोड/State Code: 7, Delhi
 जीएसटीआइन/GSTIN 07AACN0007E1Z6
 संपर्क नंबर/Contact Number: 11 45613224
 मोबाइल नंबर/Mobile Number: 0

विक्रम सॉल्यूशन्स/Sales Channel Details:

विक्रम सॉल्यूशन्स/Sales Channel Code:
 91057000000001
 नाम/Name: APIS NANDI INSURANCE
 BROKERS PRIVATE LIMITED - HO
 रोपण संख्या/Contact Number: 9810501280

कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free
 Number: 1800 345 0330
 ईमेल/email: customer.support@nlc.co.in

Item Details	Section I- Material Damage		Escalation % Escalation Amount
	Sum Insured		
(c) Cost of Construction	₹ 6,51,64,329.00		0 ₹ 0.00
Cover Description	Details	Cover Description	Sum Insured
Extended Maintenance Visits Cover	12 Months	Earth Quake	₹ 6,51,64,329.00
Additional Custom Duty	₹ 65,16,432.90	Terrorism	₹ 6,51,64,329.00
Higher Excess Discount %	2 times the minimum excess	Clearance and Removal of Debris	₹ 50,00,000.00
		STFI Inclusion	Yes

पर्याप्त अनुभवी Policy Schedule - Contractor All Risk
Policy Number:
360203442410000045

प्रदान करने वाला/Issuing Office
प्रदान करने वाला/Office Code: 300203
प्रदान करने वाला/Office Address: DELHI
BUCNLS OFFICE VII Second Floor, B-5,
RAJUIN GARDEN, NEW DELHI, - 110027.
प्रदान करने वाला/State Code: 7, Delhi
प्रदान करने वाला/GSTIN: 07AACN0967E125
प्रदान करने वाला/Contact Number: 11 45613224
प्रदान करने वाला/Mobile Number: 0

वार्षिक अंक/Business Source: 910570
विक्री चैनल डिटेल/Sales Channel Details.
विक्री चैनल कोड /Sales Channel Code:
91057000000001
नाम/Name: APIS NANDI INSURANCE
BROKERS PRIVATE LIMITED - HO
संपर्क संख्या/Contact Number: 9810501286



कर्तव्य केयर फ्री/Customer Care Toll Free
Number: 1800 345 0330
ईमेल/Email: customer.support@nic.co.in

Section II Third Party Liability

Limit of Indemnity for Any one Accident	6516432	Cross Liability Cover	Yes
Limit of Indemnity for All Accidents during the period	6516432	TPL During Maintenance	No

चार्टर, पृष्ठावर्णन, यार्डी/ List of Clauses, Endorsements, Warranties

विवरण/Description

क्लौज नं./ Clause No.	विवरण/Description
700001101	Pipeline Construction
700001102	Exclusion of Loss of Stabilising Fluid
700001103	Road Construction
700001104	Piling Construction
700001105	Abandonment of Shafts
700001106	Crops, Forests, Cultivated areas
700001107	Existing Underground Cables
700001108	Contract works time schedule
700001109	Temporary Access roads
700001110	Special conditions concerning the construction of Dam and water reservoir
700001111	Special conditions concerning safety measures with respect to precipitation flood and inundation
700001112	Special conditions concerning removal of debris from landslide
700001113	Endorsement for Escalation provision
700013641	STFI INCLUSION

Remarks: Excess :

Road risks including all associated assets (excluding wet risks and bridges on land)

AOG/Major Perils/EMP/Collapse/Fire & explosion/EMP: 20% of the claim amount subject to min of INR 5 Crs

Other perils : 10% of the claim amount subject to min of INR 4 Crs

DE3 cover if opted excess shall be - 5 times AOG excess.

Theft Excess: 25% of the claim amount subject to min of INR 4 Crs.

Wet risk: 10% of the claim amount min of INR 4 Crs.

Loss limit (Net of deductibles) Including all add-ons: INR 1.0 Crs. AOA and in aggregate

Subjectivity :

Subject to No Known or Reported Losses and or Circumstances leading to a Probable loss by the time of Commencement of Policy from any of the perils/events including recent floods.

Project Period including EMP should not exceed 06 months. Any further extension is not automatic and to be referred and agreed by insurer

Temporary civil works covered provided value of such works is declared separately and included in total Project Sum Insured

Subject to no wet risk be part of the project.

Subject to no tunnelling construction be part of the project.

No cover for assets/property put to use.

No AOG claims in past 6 years

Subject to the project is not earlier insured (i.e. mid-term participation is not agreed)

पॉलिसी अनुच्छेद/Policy Schedule- Contractor All Risk

पॉलिसी नंबर/ Policy Number:

360203442410000045

व्यापार स्रोत/Business Source: 910570



जारीकर्ता कार्यालय/Issuing Office

प्राधीनिक बोर्ड /Office Code: 060203

फायोनल पता /Office Address: DELHI
BUSINESS OFFICE VII Second Floor, B 5,
Rajouri Garden, New Delhi, - 110027.

राज्य कोड/State Code: 7, Delhi

जीएसटीआईन/GSTIN: 07AAACN9967E125

संपर्क संख्या/Contact Number: 11 45613224

मोबाइल नंबर/Mobile Number: 0

विक्रान्ति विवर/Sales Channel Details:

विक्रान्ति नंबर/Sales Channel Code:

91057000000001

नाम /Name: APIS NANDI INSURANCE
BROKERS PRIVATE LIMITED - HO

संपर्क संख्या/Contact Number: 9810501286

कास्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free
Number: 1800 345 0330

ईमेल/Email: customer.support@nic.co.in

ROD excluding foreign debris and excluding dewatering - limited to max INR 50 lacs AOA/AOP

IF THERE IS A CLAIM UNDER THE POLICY BEFORE RECEIPT OF ALL INSTALMENTS UNDER THE POLICY (IF ANY), THEN POST OCCURRENCE OF
THE CLAIM ALL THE INSTALMENTS SHALL HAVE TO BE IMMEDIATELY PAID

Warranties/Endorsements/Special Conditions & Exclusions

Section warranty - As per existing treaty .

Warranty concerning safety measures with respect to precipitation, flood and inundation.

Warranty concerning structures in the EQ zone. (not applicable for EQ zone 3 & 4 locations)

Warranty - Piling construction

Exclusion of loss or damage to Crops, Forests and Cultures.

Warranty camps and stores INR 0.5 Cr AOA and in aggregate (Subject to value of the same if included in the policy)

Warranty damage to existing cables and pipes.

Warranted that the above captioned scope of project does not involve any type of new road construction work. Only widening / Repair / Reconstruction of roads(wherever applicable) is covered

Special warranty regarding Theft pre-requiring fencing of the areas where camps and stores are placed as well as 24 hour guarding of the project with emphasis on these facilities

CD exclusion clause / Sanction and Limitation clause

Work has not been started as per RFQ, but as per LOA acceptance date of project is 20/09/2024, so policy start date has been as follows:
Project Period: 20/09/2024 to 19/03/2026

Non Liable Period: 20/09/2024 to 04/02/2025

Liable Period: 04/02/2025 to 19/03/2026

जिसकी गवाही में **07/February/2025** को उपरोक्त उल्लिखित कार्यालय परे पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निश्चित किए जाएँ। यह अनुसूची, संतर्मन पॉलिसी, खण्ड, युधांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध हैं, को एक अनुबंध के तर्फ एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशेष अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ बहु करेगा चाहे जहाँ भी उल्लिखित हो। यह आधारस्त दिया जाता है कि प्राप्तियम चेक की शस्त्रीकृति के मामले में, यह दस्तावेज स्वतः आरंभ से ही निरस्त मारी जाएँ। **IN**

WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this **07/February/2025, This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

ओम्बुद्समैन का विवरण/Ombudsman Details: Office of the Insurance
Ombudsman, 2/2 A, 1st Floor, Universal Insurance Building, Asaf Ali Road, New
Delhi - 110 002.
Tel.: 011 - 23232481/23213504/46013992
Email: bimalopal.delhi@clioins.co.in.

स्ट्रॅप बट्टी
Stamp
Duty:
(₹ 0.50)

कृते नेशनल इंश्योरेन्स कंपनी लिमिटेड/
For and on behalf of National
Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

पॉलिसी नंबर/ Policy Schedule- Contractor All Risk

पॉलिसी नंबर/ Policy Number:

360203442410000045

प्रारंभिक कागजात/Issuing Office

कार्यालय कोड/Office Code: 360203

कार्यालय पता /Office Address: DELHI

BUSINESS OFFICE VII Second Floor, B 5,
Rajouri Garden, New Delhi, - 110027.

राज्य कोड/State Code: 7, Delhi

जीएसटीआईन/GSTIN: 07AAACN9967E125

संपर्क संख्या/Contact Number: 11 45613224

मोबाइल नंबर/Mobile Number: 0



व्यवसाय स्रोत/Business Source: 910570

वित्तीय चैनल कोड/Sales Channel Details:

वित्तीय चैनल कोड /Sales Channel Code:

91057000000001

नाम /Name: APIS NANDI INSURANCE
BROKERS PRIVATE LIMITED - HO

संपर्क संख्या/Contact Number: 0810501286

कास्टमर केन्द्र टॉल फ्री नंबर/Customer Care Toll Free

Number: 1800 345 0330

ईमेल/email: customer.support@nic.co.in

Excess for Section I and II

Deductible Excess Details

Type of Excess

Normal Period	5% of Claim amount subject to minimum of Rs.25000
Maintenance Period	NIL
AOG Perils	5% of Claim amount subject to minimum of Rs.100000
Theft & Burglary	NIL
Fire & Explosion	NIL
Terrorism	0.5% of the total sum insured subject to a minimum of Rs. One lakh for each and every claim in respect of both material damage and loss of profits combined
Earthquake	Excess:Rs.25000 per claim OR 10% of the claim amount subject to a minimum of the testing period excess with an upper limit of Rs.5 Crores.

Standard Excess

Excess for Specialized risks:-

(The following risks would be termed as specialized risks -All works in water, dams, canals, hydro power projects, tunnels, irrigation systems, caverns) - 5% of claim amount subject to a minimum of Rs 50 lakhs for normal loss and Rs 1.5 Crs for AOG/Testing/Fire/Explosion/Collapse/Major Perils.

Excess for Combined cycle power plants/ gas based power plants:-
60 MW to 200 MW - 5% of claim amount subject to a minimum of 60 lakhs for testing & 20 lakhs for normal loss.
200 MW to 300 MW - 5% of claim amount subject to a minimum of 100 lakhs for testing & 60 lakhs for normal loss.
300 MW and above - 5% of claim amount subject to a minimum of 125 lakhs for testing & 75 lakhs for normal loss.

Excess for Road Projects

a)AOG/Major Perils-Design Defect - 10% of the claim amount subject to min of INR 25 Lacs
b)Other perils -10% of the claim amount min of INR 5 Lacs

Excess for all other Risks/Projects

For Sum Insured up to INR 1500 cr. - All deductible amounts appearing in TAC Tariff would be increased to 5 times of the minimum amount.
For Sum Insured above INR 1500 cr. and up to INR 2500 cr - All deductible amounts appearing in TAC Tariff would be increased to 10 times of the minimum amount.
For Sum Insured above INR 2500 cr - All deductible amounts appearing in TAC Tariff would be increased to 15 times of the minimum amount.

Note: If any other deductible is imposed/mentioned elsewhere in this policy, then that deductible shall supersede the deductible mentioned above.

Terrorism excess (if opted) shall be as per GIC Terrorism Pool.

Installment Details

Installment No	Amount incl. Service Tax	Date of Payment
1	6,12,844.00	04-02-2025

पूर्ण नेशनल इंश्योरेन्स कंपनी लिमिटेड/
For and on behalf of National Insurance Company
Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

टैक्स इनवॉयस/TAX INVOICE

इनवॉयस नं. /Invoice Serial No: 30220E4PE0000045

इनवॉयस तिथि/Invoice Date: 07/02/2025

आपूर्तिकारी का विवरण/Details of Supplier:

नेशनल इन्योरेन्स कंपनी लिमिटेड/National Insurance Company Limited,
DEHLI BUSINESS OFFICE VII Second Floor, B 5, Rajouri Garden, New Delhi, - 110027
राज्य/State : 7, Delhi
जीएसटीआईएन नंबर/ GSTIN No : 07AACN9967E1Z5

प्राप्तकर्ता का विवरण/Details Of Receiver : G S MATIYANI AND SONS

पता/Address : TANAKPUR ROAD, PITHORAGARH (UK)
ग्राम/City : PITHORAGARH,
ज़िला/District: PITHORAGARH,
राज्य/State: UTTARAKHAND,
पिन/PIN: 262501.

आपूर्ति का स्थान/Place Of Supply State : Uttarakhand

राज्य कोड/State Code : 5
जीएसटीआईएन नंबर/GSTIN No : 05AAHFG8943P1ZQ
यूआईएन नं. UIN No :

रोक एंड/SAC Code	सेवा का विवरण/Description of Service	कुल/Total(₹)	छूट/Discount	टैक्स पोर्ट/मूल्य/Taxable Value(₹)	दर/Rate	सीजीएसटी की राशि/CGST Amount(₹)	एसजीएसटी/पूटीजीएसटी /SGST/UTGST Amount(₹)	आईजीएसटी/IGST Rate	केरल फ्लॉड की राशि/Amount(₹)	Kerala Flood Cess Amount(₹)
997137	Other property insurance services	5,19,362	0%	5,19,362	0%	0	0%	0	18%	93,485
TOTAL		5,19,362		5,19,362		0		0		93,485

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) : ₹ 6,12,844

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रुपए/Rupees Six Lakh Twelve Thousand Eight Hundred Fourty Four केवल/Only.

टिक्स चार्ज के अधीन टैक्स की राशि/ Amount of Tax Subject to Reverse Charge : No

E.&O.E

को नेशनल इन्योरेन्स कंपनी लिमिटेड/
For and on behalf of National Insurance Company
Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

