



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	M/S RCC DEVELOPERS LTD		
Insured's Details		Issuing Office Details	
Customer ID	: POA9555629	Office Code	: KHATAULI (340703)
Address	: SONALI PURAM MALAKPUR LATIFPUR ROORKEE HARIDWAR HARIDWAR ,UTTARAKHAND, 247667	Address	: KHATAULI ,251201
Phone No	: XXXXXX6177	Phone No	: 01396272418 / 9897337333
E-mail/Fax	: rccd09@gmail.com, rccd09@gmail.com /	E-mail/Fax	: nia.340703@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AACN4165CST178
GSTIN/UIN	: 05AACCR3682E1ZJ / NA	GSTIN	: 09AACN4165C4ZM
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details				
Policy Number	34070336250100000002			
Period of Insurance	From: 01/09/2025 09:27:36 PM To: 31/08/2026 11:59:59 PM		Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (1D7842469)
Date of Proposal	01-Sep-25		Agent/Bancassurance/S pecified Person	: Mr. MOHD RASHID (NIAAG00099839) MOHD RASHID (SI00164356)
Prev. Policy no.			Phone No	: 9520232080 / NA
Client Type	Non-Corporate		E-mail/Fax	: mohdrashid20792@gmail.com / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
54,000	9,720	63,720	RUPEES SIXTY-THREE THOUSAND SEVEN HUNDRED TWENTY ONLY	340703812500000032 5 - 01/09/25

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Engineers,Bridge building	SKILLED	10	2880000
Engineers,Bridge building	semi skilled	20	5040000
Engineers,Bridge building	undkilled	30	6480000

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
SATTIWAL BULLAWALA ROADL NEAR BSF CAMP DEHRADUN UTTARAKHAND BDRUDGE CONSTRUCTION	SATTIWAL BULLAWALA ROADL NEAR BSF CAMP DEHRADUN UTTARAKHAND BDRUDGE CONSTRUCTION	SATTIWAL BULLAWALA ROADL NEAR BSF CAMP DEHRADUN UTTARAKHAND BDRUDGE CONSTRUCTION	

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No. of Workers	Amount Wages



			Skilled	Unskilled	Others	
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Extensions under the Policy Cover

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Special Conditions	NA	

Special Exclusions	NA
Special Excess/Deductible	NA

The Policy shall be subject to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.

Clauses	Description
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 54,000
SGST	0	0
CGST	0	0
IGST	18	9720

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 01st day of September,2025.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 01/09/2025

(SANJEEV MITTAL)
[SENIOR BR. MANAGER]
Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 34070325P0000966

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

