

Reference No.: W411202040

Date: Mar 26, 2025

### Dispatch Advice Letter

Dear Sir/Madam,

We value your relationship with ICICI Lombard General Insurance Company Limited and thank you for choosing us as your preferred insurance provider.

Please find attached herewith 4010/386272892/00/000 which has been issued based on the details furnished to us on 26-Mar-2025 as per attached format by the following insured:

UMASHANKAR SINGH RAWAT  
THARALI DEVAL ROAD  
CHAMOLI  
UTTARANCHAL - 246474

Please go through the details as furnished in the format and also as provided in the policy document to ensure that they are in order. If you feel that there are any discrepancies/variations, please write to us immediately for the necessary changes/rectification. In the absence of any communication from you in this regard within a period of 15 days of receipt of this letter, we would understand that you have accepted the contents and the coverage to be in accordance with your application.

Your original policy will be handed over to you shortly by your Relationship Manager/ Agent/ Broker. In case you don't receive it within 10 days, please mail us at [info@icilombard.com](mailto:info@icilombard.com) stating the policy number.

Thank you once again and look forward to a lasting relationship.

Authorised Signatory



ICICI Lombard General Insurance Company Ltd.

Reference No.: W411202040

Date: Mar 26, 2025

UMASHANKAR SINGH RAWAT  
THARALI DEVAL ROAD  
CHAMOLI  
UTTARANCHAL - 246474

### **Risk Assumption Letter**

Dear Sir/Madam,

We value your relationship with ICICI Lombard General Insurance Company Limited and thank you for choosing us as your preferred insurance provider.

Please find attached herewith Policy No. 4010/386272892/00/000 which has been issued based on the details furnished to us on 26-Mar-2025

Please go through the details as furnished in the format and also as provided in the policy document to ensure that they are in order. If you feel that there are any discrepancies/variations, please write to us immediately for the necessary changes / rectification. In the absence of any communication from you in this regard within a period of 15 days of receipt of this letter, we would understand that you have accepted the contents and the coverage to be in accordance with your application.

Thank you once again and look forward to a lasting relationship.

Authorized Signatory



ICICI Lombard General Insurance Company Ltd.

## EMPLOYEE'S COMPENSATION INSURANCE

### Part 1 of the POLICY SCHEDULE

Policy No.	4010/386272892/00/000
Issued at:	DEHRADUN
Name of the Insured:	UMASHANKAR SINGH RAWAT
Address of the Insured:	THARALI DEVAL ROAD, CHAMOLI, UTTARANCHAL - 246474
Period of Insurance:	From: 26-Mar-2025 00:00 Hours To Midnight of 25-Mar-2026
Total Sum Insured:	₹ 62,46,000.00
UIN:	IRDAN115CP0017V02201920
Intermediary Details:	Intermediary Code: 202147618598 Intermediary Name: SAROJINI GUSAIN Intermediary Contact: 9412001315 Intermediary E-mail ID: GOVINDGUSAIN1@GMAIL.COM

#### 1. Premium Calculations:

Premium	₹ 28,107.00
Stamp Duty	₹ 14.00
CGST	₹ 2,529.63
SGST	₹ 2,529.63
IGST	₹ 0.00
UGST	₹ 0.00
Total GST	₹ 5,059.00
Total Premium*	₹ 33,180.00

\*Premium value mentioned above is inclusive of taxes applicable

2. No. of lives: 40

3. Details of employees to be insured:

Estimated Number of Employees	Occupation of Employees	Estimated Total Salaries Wages and other money earnings	Estimated Total Earnings for the Policy Duration	Place or Places of Employment	Industry Classification	Sub Industry Classification	Risk Classification Code
15	Skilled Workers	14700	2646000	ALL OVER CHAMOLI DISTRICT-----UTT ARANCHAL--CHAM OLI--246474	Builders - construction incl civil constructions	NA	46
25	Unskilled Workers	12000	3600000	ALL OVER CHAMOLI DISTRICT-----UTT ARANCHAL--CHAM OLI--246474	Builders - construction incl civil constructions	NA	46
Total: 40			Total : ₹ 6246000				

4. Scope of cover

Main Coverage:	EC Liability Cover Table 'A'
Extensions	

**Coverages:**

1	Risk Classification code: 46
2	No. of lives: 40
3	Policy is issued on unnamed basis.
4	Entry age limit:As per WC Act
5	Builders - construction incl civil constructions:
6	Policy for Table A only
7	Nil Claims in Expiring policy
8	Risk Location Address:ALL OVER CHAMOLI DISTRICT,,CHAMOLI,246474,UTTARANCHAL,INDIA,,

**Exclusions:**

1	Any employment compensation in excess of the actual sum insured for workmen compensation ordinance (not to apply in respect of common law awards).
2	Underground and/or underwater mines and/or underground services in connection therewith. However, this exclusion shall only apply where more than 20 people are working at the same location at any one time.
3	Subaqueous work (underwater work).
4	Quarries, where explosives are used.
5	Contractors engaged exclusively in wrecking or demolition of building and/or scrap metal merchants.
6	Aircraft crews in respect of flight risk. However, this exclusion shall not apply to aircraft which are set aside for non fare paying executive use and which are crewed by six persons or less.
7	Ship crews other than on inland vessels or on vessels operating within territorial waters. However, this exclusion shall not apply to a vessel crewed by six persons or less.
8	Fire bridges other than those formed privately for loss prevention purposes.
9	Service in any kind of armed forces (including, but not limited to military, police, security services).
10	Operation of railways, other than sidings.
11	Employees employed on a permanent basis in USA and/or Canada.
12	Professional sports team.
13	Fire crackers manufacturing activity
14	Losses suffered in the course of manufacturing and /or supplying and/or producing storing, filling, breaking down, transporting:- (a) Fireworks, ammunition, fuses, cartridges, powder, nitro-glycerine, or any explosives. (b) Gases and/or air under pressure in containers. (c) Butane, methane, propane, and other liquefied gases. (d) Celluloid and pyroxylin. (e) Petrochemicals and also chemicals of a toxic (as defined under India's Public Liability Act 1991), noxious, explosive and/or highly flammable nature. (f) Asbestos and/or asbestos products.\n(It is understood and agreed, however, that the storage, transport and/or handling if any of the substances above mentioned other than f) which is merely incidental to the operation and/or trade of the Insured not otherwise excluded, is covered.)
15	Losses suffered on or in connection with offshore rigs.
16	Any compensation in medical extension expenses if the injured is hospitalized for more than 12 month due to an accident as per the coverage opted in WC policy
17	Pandemics/epidemics as declared by WHO and / or Government of India

**Nature of work/activity**

Policy type:	Unnamed
Entry age limit	As per EC Act
Policy cover	Table A

Subject otherwise to terms and conditions of Employee's Compensation Insurance Policy

Signed for and on behalf of the ICICI Lombard General Insurance Company limited, at Mumbai on this date Mar 26, 2025. The Policy shall stand cancelled ab initio in the event of nonrealization of premium.

**Authorised Signatory**


ICICI Lombard General Insurance Company Ltd.

**ICICI Lombard General Insurance Company Limited**

IRDA Reg. No. 115

Mailing Address:  
601 & 602, 6th Floor, Interface 16,  
New Linking Road, Malad (West)  
Mumbai - 400 064

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, Veer  
Savarkar Marg, Near Siddhi Vinayak  
Temple, Prabhadevi, Mumbai 400 025

UIN : IRDAN115CP0017V02201920

Toll free no : 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail : customersupport@icilombard.com

Website : [www.icilombard.com](http://www.icilombard.com)

EMPLOYEE'S COMPENSATION INSURANCE



Click [here](#) or scan the QR code to view the Customer Information Sheet (CIS). It provides an overview of the policy features, service and claim processes, as well as other important terms.

**GSTIN Reg. No:** 05AAACI7904G1ZT

**IL GIC GSTIN Address:** 167 1 second Mohalla Arya Nagar Rajpur Road, Dehradun Uttrakhand 248001

**HSN/SAC code:** 997139 GENERAL INSURANCE SERVICES

The stamp duty of ₹ 14 paid in cash or by demand draft or by pay order, vide Receipt/challan no. CSD10520244764 dated Oct 04, 2024.

**Scan here for the Policy Terms and Conditions**

