

पूरीकन / Endorsement - Employees Compensation Insurance

पॉलिसी संख्या/Policy Number : 46220041241000017

व्यावसाय स्रोत/ Business Source : 9000199007

विक्रय चैनल का नाम/ Sales Channel Name : Mr Harvinder Singh Uppal

अधिकृत कार्यालय/Issuing Office  
कार्यालय कोड /Office Code : 462200  
कार्यालय पता / Office Address : HARDWAR  
BUSINESS OFFICE 1-B, GOVINDPURI, -  
249401  
State Code: 5, Uttarakhand  
सीएसटीआईन / GSTIN : 05AAACN9967E129  
संपर्क संख्या / Contact Number: 1334 223794

विक्रय चैनल संपर्क संख्या/ Sales Channel  
Contact Number : 9837137161

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



ग्राहक का नाम/ Customer Name: M/S KGL  
INFRASTRUCTURES

ग्राहक आईडी/ Customer ID: 9702202038

पैन/ PAN: \*\*\*\*\*4D

पता/ Address: 33-A, AAM BAGH, GARHI CANTT., DEHRADUN  
248003, शहर/ City: DEHRADUN, जिला/ District: DEHRADUN,  
राज्य/ State: UTTARAKHAND, पिन/ PIN: 248003.

फोन/ Phone: \*\*\*\*\*17

ई-मेल/ E-Mail: \*\*\*\*\*35@gmail.com

मोबाइल/ Mobile: \*\*\*\*\*17

Policy Effective from 00:00 hours, on 10/01/2025 to midnight of 31/03/2026

Premium:	₹ 28,856.00	Total SI:	Unlimited
Less Digital Discount	₹ 0.00		
Total Premium	₹ 28,856.00		
CGST	₹ 2,597.00	Proposal Number and Date:	8800250108295494 Dt. 08/01/2025
SGST/UTGST	₹ 2,597.00		
IGST	₹ 0.00	Receipt Number:	462200812410003578
Kerala Flood Cess	₹ 0.00	Receipt Date:	10/01/2025
Recoverable Stamp Duty:	₹ 0.00	Co-Insurance Details:	N/A
Total Amount:	₹ 34,050.00		

(Rupees Thirty Four Thousand Fifty Only.)

Endorsement Effective from 11:30 hours, on 19/05/2025 to midnight of 31/03/2026

Additional Premium:	₹ 5,680.00	Insured's Request Date:	19/05/2025
CGST	₹ 511.00		
SGST/UTGST	₹ 511.00	Endorsement Number:	462200412482100010
IGST	₹ 0.00		
Kerala Flood Cess	₹ 0.00	Endorsement Issue Date:	19/05/2025
Recoverable Stamp Duty:	₹ 0.00	Receipt Number:	462200812510000482
Total Amount:	₹ 6,702.00	Receipt Date:	19/05/2025

(Rupees Six Thousand Seven Hundred Two Only.)

#### General / Common Information change

It is hereby declared and agreed that with effect from 19/05/2025

Contract Value is changed from 6150000 to 7095000  
Declared No. of Employees is changed from 25 to 30  
Adjusted Wages/Value is changed from 6,150,000.00 to 7,095,000.00  
In consequence of which, an additional premium of 6702 is hereby charged to the Insured.  
5 SEMI SKILLED WORKER ADDED, WAGES PER MONTH-18000/-  
Subject otherwise to the Terms, Exclusion and Conditions of this Policy.