



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

Insured's Name	: M/S. PRUDENT CONTROLS P.LTD & ARAI
Insured's Details	
Customer ID	: PO71477375
Address	: 91 B, KAMGAR NAGAR, OPP VISHAL TOWER II KURLA EAST, MUMBAI MUMBAI ,MAHARASHTRA, 400024
Phone No	:
E-mail/Fax	: sales1@prudentcontrols.com, /
PAN No	:
GSTIN/UIN	: NA / NA
Issuing Office Details	
Office Code	: LCBO-PUNE (910000)
Address	: 3RD FLOOR, NEHRU MEMORIAL HALL, DR AMBEDKAR ROAD, CAMP ,411001
Phone No	: 02026051694 / 02026128013
E-mail/Fax	: nia.910000@newindia.co.in /
S.Tax Regn. No	: AAACN4165CST178
GSTIN	: 27AAACN4165C3ZP
SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 91000036190100000176	Business Source Code	
Period of Insurance	: From: 18/03/2020 06:00:00 PM To: 17/04/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator	: DI_LCBO-PUNE DI_LCBO-PUNE - (DI910000)
Date of Proposal	: 18-Mar-20	Agent/Bancassurance/ Specified Person	:
Prev. Policy no.	:	Phone No	: NA / 2026126029,
Client Type	: Corporate	E-mail/Fax	: / / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
2474	446	2920	RUPEES TWO THOUSAND NINE HUNDRED TWENTY ONLY	9100008119000001028 5 - 19/03/20

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
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Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Engineers not otherwise classified	Incl. work away from shop or yard upto 9 mtrs height	6	90000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
Installation of Fire Suppression & Alarm System		The Automotive Research Association of India Plot No. E1/1, Phase III, MIDC Chakan, Pune- 410501.	

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No. of Workers			Amount Wages
				Skilled	Unskilled	Others	

Extensions under the Policy Cover

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
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Medical Extension	₹50000	NA
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	

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 2474.00
SGST	9	223
CGST	9	223
IGST	0	0

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 19th day of March, 2020.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 19/03/2020		
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Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1

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

Tax Invoice No : 91000019P0011028

IRDA Registration Number: 190