



UNITED INDIA INSURANCE COMPANY LIMITED
C-20, JANAK CINEMA COMPLEX JANAK CINEMA COMPLEX, JANAK PURI NEW DELHI, NEW
DELHI, DELHI
WEST DELHI - 110058 DELHI
PHONE: (011) 25593835 FAX: EMAIL:

EMPLOYEES COMPENSATION LIABILITY POLICY
POLICY NO.:2219042722P102108416

PERIOD OF INSURANCE
From 13:30 Hrs of 08/06/2022
To Midnight of 07/06/2023

Insured
MS M/S TELECOM ENGINEERING SERVICES
C-194 MAYA PURI PHASE-II
WEST DELHI
110064
DELHI

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : SHRUTI JAIN
Agent Code : AGN1018680
Mobile/Landline Number/Email : 9811020310

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uic.co.in.
For any Information, Service Requests, Claim intimation and Grievances please write to 221904@uic.co.in

Download Customer App(www.uic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.
Website: <http://www.uic.co.in>

Printed By : MEE89077 @ 08/06/2022 11:51:48 AM

This document is digitally signed

Signer: N MOHAN SANKAR
Date: Wed, Jun 8, 2022 11:58:13 IST
Location: United India Insurance Company Ltd
Reason: Signing Policy for UIC



Policy No: 2219042722P102108416



EMPLOYEES COMPENSATION INSURANCE POLICY SCHEDULE

Policy No.	2219042722P102108416	Prev. Pol. No.	2219042721P102081458
Name Of Insured/ID	MS M/S TELECOM ENGINEERING SERVICES / 1883020872		
Tel.(O)	Fax	Tel.(R)	Mobile
Business/Occupation	None	Email	
Period of Insurance	From	13:30 Hrs of 08/06/2022	To Midnight of 07/06/2022

CO-INSURANCE DETAILS: UIIC 221904 : 100%
PREMIUM: THIRTY-TWO THOUSAND SIXTY-EIGHT RUPEES ONLY

Laws: The Policy covers Liability of the Insured under the following Law(s) shown as covered, subject to claim being otherwise admissible as per terms, conditions and exclusions of the Policy and subject to **Limit of Indemnity** as stipulated against each Law:

LAW	LIMIT OF INDEMNITY
Employee's Compensation Act, 1923 and subsequent amendments thereof prior to the date of issue of Policy	Subject otherwise, to the term, condition & Exclusion of the Policy, the amount of liability incurred by the Insured

Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:-
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- a) Limit Per Employee for any number of accidents during Period of Insurance ₹ 0
- b) Limit Per Accident for any number of Employees ₹ 0
- c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance ₹ 0

Net Premium	32,068.00
CGST(9%)	2,886.00
SGST(9%)	16.00
Stamp Duty	1.00
Total	35,440.00
Receipt No.	10122190422102382410
Receipt Date	07/06/2022

Agency/Broker Code:	AGN1018680
Dev. Officer Code:	

Policy No:2219042722P102108416

Details of Employees Covered:

Description of Employees	Worker Type	Declared Number of Employees	Declared Monthly Wage/Employee (₹)	Declared Wages during the Period of Insurance (₹)	Place/Places of Employment	Trade Category	Sub Trade Category
CARRYING ON LAYING & PETROLLING OF OPTICAL FIBRE	Skilled	8	23,666.00	2,271,936.00	DELHI NCR	LIQUIFIED PETROLEUM GAS DEALERS	ALL EMPLOYEES INCL THOSE ENGAGED IN THE DELIVERY OF GAS CYLINDERS BY HAND HANDCART AND MECHANICALLY
CARRYING ON LAYING & PETROLLING OF OPTICAL FIBRE	Unskilled	2	19,583.00	469,992.00	DELHI NCR	LIQUIFIED PETROLEUM GAS DEALERS	ALL EMPLOYEES INCL THOSE ENGAGED IN THE DELIVERY OF GAS CYLINDERS BY HAND HANDCART AND MECHANICALLY

Subject of following clauses:

Special Condition
Subject to terms and Conditions of Employees Compensation Insurance Policy attached herewith.

Territory:-

Jurisdiction:-

Subsidiaries:-

Particular Of Work:-

Location Of Risk:- DELHI NCR

Add-ons/Extension/Cover Details:-

Medical Expenses Extension SI/Employee-Rs.100000

Cover	Total SI(₹)	Premium(₹)
Basic Cover	2741928	23753.86
Medical Expenses Cover	1000000	8313.85

Customer GST/UIN No.:	07AACFT4665J1ZV	Office GST No.:	07AAACU5552C1ZL
SAC Code:	997139	Invoice No. & Date:	27221102108416 & 07/06/2022

Amount Subject to Reverse Charges-NIL

Anti Money Laundering Clause:- In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 08/06/2022

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at BO JANAKPURI 221904 on this 07th day of June, 2022

For United India Insurance Co. Ltd.

Maha

Authorised Signatory.
Underwritten By - KAM28768 (BO UW CUM CASHIER)

Consolidated Insurance Policy Stamps
Prepaid as per order No.F. No.10/24542/COS
(HQ)/Cons. Duty/1103
Stamp here.
Dated 22-09-2017 of Collector of Stamps,
5, Shamnath Marg, New Delhi-110054