



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.:2219042723P102561112

PERIOD OF INSURANCE
From 00:00 Hrs of 08/06/2023
To Midnight of 07/06/2024

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 : DAM46696 @ 09/06/2023 12:19:25 PM

This document is digitally signed



Policy No. 2219042723P102561112

**EMPLOYEES COMPENSATION INSURANCE
POLICY SCHEDULE**

Policy No.	2219042723P102561112	Prev. Pol. No.	2219042722P102108416
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	00:00 Hrs of 08/06/2023	To Midnight of 07/06/2024

CO-INSURANCE DETAILS: UIIC 221904 : 100%
PREMIUM: TWENTY-EIGHT THOUSAND FOURTEEN 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	₹ 28,014.00
CGST(9%)	₹ 2,521.26
SGST(9%)	₹ 2,521.26
Stamp Duty	₹ 1.00
Total	₹ 33,056.00
Receipt No.	10122190423103042507
Receipt Date	09/06/2023

Agency/Broker Code:	AGN1018680
BDIS Code:	BD28768

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 OPTIONAL FIBRE	Unskilled	2	19,583.00	469,992.00	DELHI NCR	ENGINEERS NOT OTHERWISE CLASSIFIED	INCL WORK AWAY FROM SHOP OR YARD UPTO 9 MTRS HEIGHT
CARRYING ON LAYING & PETROLLING OF OPTICAL FIBRE	Skilled	8	23,666.00	2,271,936.00	DELHI NCR	ENGINEERS NOT OTHERWISE CLASSIFIED	INCL WORK AWAY FROM SHOP OR YARD UPTO 9 MTRS HEIGHT

Subject of following clauses:

Special Condition :

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

Territory :-

Jurisdiction :-

Subsidiaries :-
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Particular Of Work :-

Location Of Risk :-DELHI NCR

Add-ons/Extension/Cover Details:-

Cover	Total SI (₹)	Premium (₹)
Basic Cover	2741928	50933.86

Underwriting Remarks	ELECTRICAL REPAIR AND MAINTENANCE
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Customer GST/UIN No.:	07AACFT4665J1ZV	Office GST No.:	07AAACU5552C1ZL
SAC Code:	997139	Invoice No. & Date:	27231102561112 & 09/06/2023

Amount Subject to Reverse Charges-NIL

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.

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: 08/06/2023

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at BO JANAKPURI 221904 on this 08th day of June, 2023

For United India Insurance Co. Ltd.

Authorised Signatory.

Underwritten By - DAM46696 (BO UW CUM CASHIER) , Approved By - POO46357(RO UNDERWRITER NEW)

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