



BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

Welcome to Bajaj Allianz Family

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.		1st Floor, Hotel K Rose Building, Opp Shastri Medan, Limda Chawk, Rajkot - 360001	
Insured Name	LIFT WELL HYDRAULICS PVT LTD	Policy Number	OG-24-2204-2802-00000359

LIFT WELL HYDRAULICS PVT LTD

SURVEY NO 236/2 GONDAL ROAD NEAR OLD TOL NAKA NEAR
KOTHARIA,--SELECT--
RAJKOT-360004
GUJARAT

Mobile No : 7229041701



Customer ID : 393644604

Dear Customer,

Thank you for choosing Bajaj Allianz General Insurer as your preferred insurer. Bajaj Allianz General Insurance Company Limited, a consistently profitable insurer enjoys a reputation of expertise, stability and strength. We are a customer focused market leader present in over 200 locations across India. As an organization we strive to understand the risk management needs of our consumers and translate it into affordable products and services of global quality that deliver value for money. Bajaj Allianz has an ISO Certified claims, Operations and Services process and has received iAAA rating for the last three consecutive years from ICRA Limited, an associate of Moody's Investors Service, for claims paying ability. The rating indicates highest claims paying ability and a fundamentally strong position in the industry.

We request you to kindly go through the contents of the policy schedule and the terms and conditions. In case of any clarification or disagreement, please write to us at

Bagic.help@bajajallianz.co.in within fifteen days of receipt of this policy.

We assure you the best of our services and look forward to a continual patronage and association with you.

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory



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Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

EMPLOYEE'S COMPENSATION INSURANCE TRANSCRIPT OF PROPOSAL UIN. IRDAN113RP0011V02200102

Policy issuing office and correspondence address for communication by holder of policy for claim, service request, notice, summons, etc.		1st Floor, Hotel K Rose Building, Opp Shastri Medan, Limda Chawk, Rajkot - 360001	
Insured Name	LIFT WELL HYDRAULICS PVT LTD	Policy Number	OG-24-2204-2802-00000359

Bajaj Allianz General Insurance Company Ltd

[Corporate Identity Number (CIN) : U66010PN2000PLC015329]

Unique Identification Number (UIN) : IRDAN113RP0011V02200102

Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006

Transcript of Proposal for Employee Compensation Insurance

Dear LIFT WELL HYDRAULICS PVT LTD

We, Bajaj Allianz General Insurance Company Ltd 'Company' or 'Insurer', wish to inform you that your contract of insurance (Policy) will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB or other means which would be considered as the final proposal, the transcript of which is as follows:

You are requested to yourself reconfirm the same at your end. In case of any disagreement or objection or any changes with respect to information mentioned below, We request you to please revert back within a period of 15 days from the date of your receipt of this document [but in case of short term Policy, your revert shall reach us before the inception date of Policy/ activities/risks covered by Policy/ies are started]. In case of our non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed that you have positively confirmed to us the correctness of the below mentioned information and declaration. In case you disagree to any of the information/contents of this transcript, standard Terms and conditions, you have the option to return the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, you shall be entitled to a refund of the premium paid, subject only to there being no claim made under the Policy and also subject to a deduction of the expenses incurred by us and the stamp duty charges. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we have issued the Policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab-initio if material facts/declarations are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Personal Information of Insured			
First Name			
Middle Name		Last Name	
Email Address		hrd@liftwellhydraulics.com	Mobile Number
Date of Birth			7229041701
Pan No		Nationality	
Permanent Address		Unique Identity (Aadhaar No.)	
Mailing Address		NA	
House No/ Building No/ Flat No		House No/ Building No/ Flat No	SURVEY NO 236/2 GONDAL ROAD NEAR OLD TOL NAKA NEAR KOTHARIA
Street/ Locality/ Landmark		Street/ Locality/ Landmark	
State		State	GUJARAT
City		City	RAJKOT
Area		Area	--SELECT--
Pincode		Pincode	360004

Proposers trade or occupation Manufacture of Hydraulic Cylinders, Tipping Cylinders, Telescopic Cylinders,Hydraulic Suspensions and their related products

Particulars of work to be covered in Detail: Manufacture of Hydraulic Cylinders, Tipping Cylinders, Telescopic Cylinders,Hydraulic Suspensions and their related products

Risk Location address(s) SURVEY NO. 236/2, GONDAL ROAD, NEAR OLD TOL NAKA, NEAR KHOTHARIA, KOTHARIA, RAJKOT, Rajkot, Gujarat, 360004

Number of work shifts and duration of each shift



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Insured Name	LIFT WELL HYDRAULICS PVT LTD
Policy Number	OG-24-2204-2802-00000359

COVERAGES REQUIRED

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coverage Options [Yes/No]
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act 1923	Yes
Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	a) Limit Per Employee for any number of accidents during Period of Insurance Rs. 0 b) Limit Per Accident for any number of Employees Rs. 0c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs. 0	Yes
Occupational Diseases		a) Limit Per Employee Rs. 200000 b) No of Employees 163 Aggregate liability of the company for all employees during the Period of Insurance shall be limited to 50% of the amount arrived at by multiplying per Employee limit with the number of Employees.	No
Contractors Employees		Limit: As per Employees Compensation Act 1923	Yes
Road Ambulance		Rs.5000 Per Employee in the aggregate during the policy period	Yes
Transportation of Mortal Remains		Rs.2000 Per Employee in the aggregate during the policy period	Yes
Medical Expenses		(If Yes) Please select limit per Employee in the aggregate during the policy period from below options	Yes

ALL PERSONS EMPLOYED MUST BE INCLUDED

* Wages means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment; Also the definition of Wages and Employee as given under Employees State Insurance Act, 1948 shall apply for the purpose of verifying as to whether employee is or is not covered under Employees State Insurance Act, 1948.

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: Bagichelp@bajajallianz.co.in, Website www.bajajallianz.com
Corporate Identification Number: U66010PN2000PLC015329

Fax no: 020-30512246

Give a Missed Call on 8080945060, SMS WORRY to 575758
Say Hi on WhatsApp us on 7507245858



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OWN EMPLOYEE DETAILS**

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance	Place/Places of Employment
SECURITY GUARD	3	Rs.424800	
SKILLED WORKERS	33	Rs.6870600	
CLERICAL STAFF	4	Rs.984000	
OPERATOR	51	Rs.7344000	
PEON	3	Rs.424800	
COMMERCIAL TRAVELLER	9	Rs.4268160	
HELPER	60	Rs.8496000	

CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for] **

Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment
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Kindly answer the below questions:

- Does the above, schedule include
 - All persons in your service?
 - All your contractors/ subcontractors?
- Do you comply with all statutory obligations, manufacturers recommendations and other safety regulations in conduct of the Business
- Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements
- Employee Safety Practices
 - Do you have documented SOP for employee safety in place?
 - Is there a compliance procedure in place?
 - Is there a procedure in place for identification and immediate correction of breach in SOP for Employee safety?
 - Do you carry out periodic management review of SOP?
- Fire prevention and safety measures available in your factory/establishment.
 - Do you carry out frequent training sessions on Safety for your Employees?
- Medical Facility
 - Do you have a medical facility with round the clock doctors, para medical staff and ambulance services?
 - Do you have a medical facility with round the clock para medical staff and ambulance services, but doctors on call only?
 - No medical facility available except first aid
 - Hospital (public/private) within 5 k.m. from your factory/establishment with round the clock availability of doctors, para medical staff, ambulance services?
- Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.
- Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?
- Please provide Past Claims Experience, if any

State the total Premium paid and particulars of accidents to your employees during the past three years. **

Year (Past 3 years from this date)	Premium Paid	Wages Paid	Amount of Loss
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State the total Premium paid and particulars of accidents to your Contractors employees during the past three years. **

Year (Past 3 years from this date)	Premium Paid	Wages Paid	Amount of Loss

DECLARATIONS AND WARRANTIES, TERMS AND CONDITIONS:

- The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to you and you have fully understood the significance of the proposed contract of insurance basis which you have confirmed for Policy issuance. .
- You have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements, particulars, answers and/or particulars, information, declarations, warranties, documents given in/as per this proposal shall be held to be promissory and shall be the basis of the Policy/insurance contract between you and the Company and your proposal is subject to the Board approved underwriting policy of the Company and that the Policy will come into force only after your full payment of the prescribed premium chargeable and our receipt and realisation of full prescribed premium.
- You declare that the statements and particulars given in this transcript are complete, true and accurate in all respects, to the best of your personal knowledge and belief and that there is no other information, which is relevant to your proposal for insurance that has not been disclosed to us. You undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured. You shall immediately inform the Company if there are any subsequent changes to the information, declarations, warranties mentioned in this transcript of the proposal or if additions or alterations are carried out in the risk proposed after the submission of this proposal. You agree to the Standard Terms and Conditions of the Company. In case of Disagreement or objection or any changes with respect to information, declarations, Standard Terms and Conditions, exclusions and contents mentioned hereinabove, please contact Companys toll free number & register your objections / changes / disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy.
- You shall dully provide and declare to the Company the details of employees accurately, from time to time.
- The Company shall have no liability under the Policy insurance contract if it is found that any of your statements, particulars, answers and or particulars, information, declarations, warranties, in your this proposal or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter [whether material or not material] to the grant of a cover by the Company.
- You authorize the Company to share information pertaining to your proposal for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority, reinsurers, group companies, auditors/legal counsel, service providers etc.,
- You have read and understood the privacy policy of the Company and hereby unconditionally agree and bind yourself to all terms and conditions of the Companys privacy policy, as amended, from time to time.
- You agree that the Standard Terms and Conditions sent to you for the Policy taken by you for the first time shall be applicable to the renewal Policy and the Company need not send the Standard Terms and Conditions at the time of renewal and if you require the same you will seek the same from the Company.

Toll free Number: 1800-103-2529, 1800-22-5858, 1800-102-5858 and 1800-209-5858

Email address: bagic.help@bajajallianz.co.in

Website: www.bajajallianz.com

Contact our Policy servicing branch at: 1st Floor, Hotel K Rose Building, Opp Shastri Medan, Limda Chawk, Rajkot - 360001

** This is print of electronic records maintained by us in accordance with law and hence does not require signature.

Scrutiny No: 351398790

PROHIBITION OF REBATES

Section 41, of Insurance Act, 1938: No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate, of the premium shown on the Policy nor shall any person taking out or renewing or continuing a Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with a penalty which may extend to ten lakh rupees.



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INSURED DETAILS		POLICY DETAILS	
Proposer Address	SURVEY NO 236/2 GONDAL ROAD NEAR OLD TOL NAKA NEAR KOTHARIA,--SELECT--RAJKOT-360004 GUJARAT	Policy Issued on	27-MAY-2023
		Period of Insurance	From: 30-MAY-2023 12:01 AM To : 29-MAY-2024 Midnight
		Endorsement	NA
Customer ID	393644604	Policy Status	Issued
GSTIN / UIN	NA		
STATE CODE/NAME	24 - Gujarat		

SL NO.		
1	Risk Location address	SURVEY NO. 236/2, GONDAL ROAD, NEAR OLD TOL NAKA, NEAR KOTHARIA, KOTHARIA, RAJKOT, Rajkot, Gujarat, 360004
2	Proposers business [Correspondence] address	SURVEY NO. 236/2, GONDAL ROAD, NEAR OLD TOL NAKA, NEAR KOTHARIA, KOTHARIA, RAJKOT, Rajkot, Gujarat, 360004
3	Proposers trade or occupation	Manufacture of Hydraulic Cylinders, Tipping Cylinders, Telescopic Cylinders,Hydraulic Suspensions and their related products
4	Particulars of work to be covered in Detail	Manufacture of Hydraulic Cylinders, Tipping Cylinders, Telescopic Cylinders,Hydraulic Suspensions and their related products
5	Retroactive Date: The company shall not be liable for any claim prior to this date even if the claim is first made during the policy period (Applicable only to Occupational Disease Endorsement)	
6	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	

SL NO.	LAW	LIMIT OF INDEMNITY	COVERAGE
6(a)	Employees Compensation Act, 1923 and subsequent amendments thereof prior to the date of issue of this Policy	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured [Employees covered under Employees State Insurance Act 1923 are not covered under this indemnity]	Yes
6(b)	Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured	Yes

7. Additional Covers

Cover	Limit Per Employee	Aggregate limit SI
Coverage For Medical Expenses	200000	0
Coverage For Road Ambulance	5000	-
Coverage For Transportation Of Mortal Remains	2000	-

8. Details of Employee Covered

Nature Of Work	Classification No	Description Of Employees	Salary Per Month	No of employees	No Of Months	Total Wages	Total Wages upto 15000	Total Wages above 15000
Commercial Travellers Employees using Motor Cycles/Scooters	98A	SECURITY GUARD	Rs.11800	3	12	Rs.424800	Rs.424800	Rs.0
Hydraulic Machinery excl and Crane making - Shop or yard risk only	152	SKILLED WORKERS	Rs.17350	33	12	Rs.6870600	Rs.5940000	Rs.930600
Clerical Staff Engaged in trade on mercantile employment (Duties strictly limited to indoor clerical work)	76	CLERICAL STAFF	Rs.20500	4	12	Rs.984000	Rs.720000	Rs.264000
Hydraulic Machinery excl and Crane making - Shop or yard risk only	152	OPERATOR	Rs.12000	51	12	Rs.7344000	Rs.7344000	Rs.0
Commercial Travellers Employees using Motor Cycles/Scooters	98A	PEON	Rs.11800	3	12	Rs.424800	Rs.424800	Rs.0
Commercial Travellers Employees using Motor Cycles/Scooters	98A	COMMERCIAL TRAVELLER	Rs.39520	9	12	Rs.4268160	Rs.1620000	Rs.2648160



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Hydraulic Machinery excl and Crane making - Shop or yard risk only	152	HELPER	Rs.11800	60	12	Rs.8496000	Rs.8496000	Rs.0
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9. Period of Insurance

From 30-MAY-2023 to 29-MAY-2024 (both days inclusive)

10. Co-Share Details

Own Share: 100%

11. Premium Details

Description	Description	Amount (INR)
Final Premium Rupees One Lakh Six Thousand Two Hundred Fifty Four Only .	Net Premium	Rs.90,046
	State GST (9%)	Rs.8104
	Central GST (9%)	Rs.8104
	Final premium	Rs.1,06,254

Special Conditions	1.Subject to submission of duly filled in proposal & payment of premium 2.All the workers in site have to be covered and the books of accounts and attendance register shall be mandatorily maintained by the insured 3.Gross wages including value of perquisites need to be given.		
Clauses	1.On expiry of policy actual statement of wages need to be provided for adjustment of premium 2.Only specified work nature is covered and any change in work nature needs to be informed and terms change accordingly. 3.To include employees of sub/contractors, full details of contract are to be furnished specifically. 4.All other details and terms to be same as existing employee compensation insurance policy		
Warranties	1.Blasting works or works involved with explosives not covered unless specified and agreed by Insurance Company. 2.All Employees shall be covered without any selection under given Job Description. 3.Interest and penalty are not covered. 4.The policy does not cover for accidents occurring under the influence of intoxicating liquor or drugs or where employee has disobeyed safety instructions or regulations, or disregarded the use of safety devices		
Exclusions	1.Any liability caused by any infectious and or contagious disease is not covered under the policy. 2.Oil & Energy, Offshore, Blasting/Tunnelling, Mining, Asbestos, Security Agencies not covered unless specified and agreed by Insurer		
Additional covers	NA		
Proposal date	NA		
Financial Institution Ref. No.			
Agency Code & Name	78653006, CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED		
Contact No.	9898966631, 9898966631	E-Mail	polycypdf@clarionbroking.com

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

QR Code



Stamp Duty
Rs. 45.02/-

Authorized Signatory

This document is digitally signed, hence counter signature / stamp is not required

Consolidated Stamp Duty of Rs.45.02/- paid towards Insurance Stamps vide Challan No. MH018043478202223M Defaced No. 0000250675202324 ORDER NO.CSD/685/2023/2054 ORDER DATED 13.04.2023DEFACED DATE dated 13-APR-23 timing 13:04:23 of General Stamp Office,Mumbai,India.

BAGIC GST No : 24AABC85730G123 | Principal Location : 4th Floor, Turquoise, Nr. Panchvati Circle, C.G Road, Ellisbridge, Ahmedabad - 380006 PH:079-26432000 | Services Accounting Code : 997139 - Other non-life insurance services (excluding reinsurance services). No reverse charge is payable on these services. | Invoice No. : 382946998/1

Schedule (1) | Printed on : 27-May-2023 05:33:14 | 78653006@general.bajajallianz.co.in | WEB |

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EMPLOYEE'S COMPENSATION INSURANCE RECEIPT UIN. IRDAN113RP0011V02200102

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RECEIPT

Receipt Number 2204-01109625
Receipt Date 27/05/2023
Business Channel ML

Received with thanks from LIFT WELL HYDRAULICS PVT LTD
(Customer ID : 393644604) a total sum of Rupees One Lakh Six Thousand Two Hundred Fifty Four Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount
Credit Card	98887452	27/05/2023	NA	NA	106,254

Total Amount 106,254.00

Note :
Issuance of this receipt does not amount of acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

* Cheque/DD/PO receipt is valid subject to realisation of the instrument

For & on the behalf
Bajaj Allianz General Insurance Company Ltd.


Authorized Signatory



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