

Policy Number:

571600412310000019

व्यवसाय स्रोत /Business Source: 571600

विक्रय चैनल वितरण/Sales Channel Code:
571600नाम /Name: Palarivattom Division Contact
Number:

सह दलाल कोड / Co Broker Code:

जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड /Office Code: 571600

कार्यालय पता /Office Address:

PALARIVATTOM DIVISION Mydhily
Mandiram, Janata Junction, Palarivattom,
Kochi.,Dist: Ernakulam, Kerala, - 682025.

State Code: 32, Kerala

GSTIN: 32AAACN9967E1ZC

Contact Number:

Mobile Number: 0

कस्टमर केयर टॉल फ्री नंबर/Customer

Care Toll Free Number:

1800 345 0330

ईमेल/

email:customer.support@nic.co.in



NATIONAL INSURANCE COMPANY LTD.
DIVISIONAL OFFICE
MYDHIY MANDIRAM, JANATHA JN.
PALARIVATTOM, COCHIN-682 025
PH: 2339565, 2335190, FAX: 2339564

ग्राहक का नाम /Customer Name: HLL LIFECARE LIMITED

ग्राहक आईडी /Customer ID:

9702288542

पैन /PAN: AAACH5598K

पता/ Address: (A GOVERNMENT OF INDIA UNDERTAKING),

HLL BHAVAN - CORPORATE

HEAD OFFICE,

POOJAPPURA - PO

THIRUVANANTHAPURAM -

695012,

KERALA, INDIA, City: THIRUVANANTHAPURAM, District:

THIRUVANANTHAPURAM, State: KERALA, PIN: 695012.

Cell: 9895934437

फोन /Phone:

ई-मेल /E-Mail: thomaspa@lifecarehill.com

पॉलिसी: 01/07/2023 के 00:00 से 30/06/2024 की मध्य रात्रतिक प्रभावी /Policy Effective from 00:00 hours, on 01/07/2023 to
midnight of 30/06/2024

प्रीमियम/ Premium

कवर नोट संख्या और तिथि/ Cover
Note Number and Date

लागू नहीं/NA

CGST

SGST/UTGST

IGST

कम.जीएसटी_टीडीएस /

Less:GST_TDS

पुनर्प्राप्त योग्य स्टाम्प

इयूटी

/Recoverable Stamp Duty

रसीद संख्या और तिथि/Receipt
Number and Date

571600812310005146 Dt. 30/06/2023

पछिली पॉलिसी संख्या और समाप्ति

तिथि/

Previous Policy Number and
Expiry Date

लागू नहीं/NA

कुल /Total Amount

Joint Policyholder Name: NA

Joint Policyholder Address: NA

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
1	Employee 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.	Yes

SL.No	Industry Type	Description of Work Done by Employees	Number of Employees	Declared Wages/ Contract Value	Place of Employment	Contractors Name Contractors Address
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Printed on 04/08/2023 by ID: 76216

नेशनल इन्श्योरेंस कम्पनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GO1001713
IRDA Regn. No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P.No : 033 - 22831705 - 06, Fax : 033-22831740
email : customer.support@nic.co.in

For any information please contact the Policy Issuing Office or Visit our website at <https://nationalinsurance.nic.co.in/>

Policy Number:
571600412310000019

व्यवसाय स्रोत /Business Source: 571600

विक्रय चैनल वविरण/Sales Channel Code:
571600

नाम /Name: Palarivattom Division Contact
Number:

सह दलाल कोड / Co Broker Code:

जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड /Office Code: 571600

कार्यालय पता /Office Address:

PALARIVATTOM DIVISION Mydhily
Mandiram, Janata Junction, Palarivattom,
Kochi,,Dist: Ernakulam, Kerala, - 682025.

State Code: 32, Kerala

GSTIN: 32AAACN9967E1ZC

Contact Number:

Mobile Number: 0

कस्टमर केयर टॉल फ्री नंबर/Customer

Care Toll Free Number:

1800 345 0330

ईमेल/

email:customer.support@nic.co.in



NATIONAL INSURANCE COMPANY LTD.
DIVISIONAL OFFICE
MYDHILY MANDIRAM, JANATHA JN.
PALARIVATTOM, COCHIN-682 025
PH: 2339565, 2335190, FAX: 2339564

1 Industry Type:Indian
Rubber
Sub Industry
Type:waterproof
garment makers

Healthcare
delivery-Hospital
Products and
Pharmaceuticals

1694

Declared
Wages:
1228596300
Contract Value:0

IN ALL
MANUFACTU
RING
PLANTS,BUSI
NESS
DIVISIONS
AND
SERVICE
DIVISIONS
OF HLL
LIFECARE
LIMITED

Contractors Name:NA
Contractors Address:NA

Clauses, Endorsements and Warranties Applicable:
Average Clause

If the monthly wages are lesser than 15000/-, the "Compensation calculation will be based on the actual lesser monthly wages entered and not Rs 15000/-"

टिप्पणियाँ/ Remarks: Details of employees as per Annexure 2 of HLL tender HLL/CHO/HR/Insurance/23-24

This Policy shall not cover liability of the Insured:

- For Injury caused to Employee by accident directly or indirectly caused by or arising from or in consequence of or attributable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, mutiny, insurrection, rebellion, revolution or military or usurped power, nuclear weapons material, ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- Accident occurring at any other place than the Place or Places of Employment specified in the Schedule, unless the Employee was at such other place whilst on duty for the purpose of the Business and on the directions of the Insured or any of its official authorized to exercise control and supervision over the Employee.
- For Occupational Diseases contracted by an Employee
- For interest and/or penalty imposed on the Insured under any law or otherwise.
- Under any Law for medical expenses in connection with treatment of any Injury sustained by an Employee
- For persons employed in the Business under a Contractor or Sub-Contractor of the Insured unless specifically covered in the Schedule
- For Injury sustained by person whilst in the employ of the Insured otherwise than in the Business and/or who has is not declared for insurance under this Policy.
- Assumed by agreement which would not have attached in the absence of such agreement
- For any sum which the Insured would have been entitled to recover from any party but for an agreement between the Insured and such party.
- For any accident occurring whilst the Employee is under



Printed on 04/08/2023 by ID: 76216

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पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकत्ता 700 071
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पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance

Policy Number:

571600412310000019

व्यवसाय स्रोत /Business Source: 571600

विक्रय चैनल वविवरण/Sales Channel Code:

571600

नाम /Name: Palarivattom Division Contact Number:

सह दलाल कोड / Co Broker Code:

जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड /Office Code: 571600

कार्यालय पता /Office Address:

PALARIVATTOM DIVISION Mydhily
Mandiram, Janata Junction, Palarivattom,
Kochi,,Dist: Ernakulam, Kerala, - 682025.

State Code: 32, Kerala

GSTIN: 32AAACN9967E1ZC

Contact Number:

Mobile Number: 0

कस्टमर केयर टॉल फ्री नंबर/Customer

Care Toll Free Number:

1800 345 0330

ईमेल/

email:customer.support@nic.co.in

NATIONAL INSURANCE COMPANY LTD.
DIVISIONAL OFFICE
MYDHILY MANDIRAM, JANATHA JN.
PALARIVATTOM, COCHIN-682 025
PH: 2339565, 2335190, FAX: 2339564

the influence of intoxicating liquor or drugs

k) For any incapacity or death of an Employee resulting from his/her deliberate self-injury or the deliberate aggravation of an accidental injury.

Special Exclusions

1, Interest or penalty imposed under any law or otherwise

2. The indemnity offered in the policy does not include interest and /or penalty that may be imposed by the commissioner.

Subject To Clause :-

As per employees compensation insurance cover as per WC act and subsequent amendments.

Special Conditions

Warranted that all employees are covered and correct wages declared any subsequent changes to be advised, muster roll & wage records maintained and the same to be produced for verification on request

Jurisdiction-only in INDIA

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधिकृत किया जा रहा है उसके हाथ नरिधारित कए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्रथमिकता नरिस्त हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 04/August/2023. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

इन्श्योरेंसइंडियालिमिटेड

As per GOI (P) No. 15/2018/ID dt. 14/02/2018 and as issued subsequent on remittance of requisite stamp duty.

स्टाम्प
ड्यूटी
7.28

कृते नेशनल इन्श्योरेंस कंपनी
and on behalf of National Insurance
Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized
Signatory



TAX INVOICE



Invoice Serial No: 30961W3PE0000019

Invoice Date: 04/08/2023

Details of Supplier:

National Insurance Company Limited.,
PALARIVATTOM DIVISION Mydhily Mandiram, Janata Junction, Palarivattom, Kochi., Dist: Ernakulam, Kerala, - 682025
State : 32, Kerala
GSTIN No : 32AAACN9967E1ZC

Details Of Receiver : HLL LIFECARE LIMITED

(A GOVERNMENT OF INDIA UNDERTAKING),
HLL BHAVAN - CORPORATE
HEAD OFFICE,
Address : POOJAPPURA - PO
THIRUVANANTHAPURAM -
695012,
KERALA, INDIA
City : THIRUVANANTHAPURAM,
District: THIRUVANANTHAPURAM,
State: KERALA,
PIN: 695012.

Place Of Supply State : Kerala
State Code : 32
GSTIN No : 32AAACH5598K7Z4

सैक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़
					दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	उपकर/Kerala Flood Cess
997139	Other non-life insurance services (excluding reinsurance services)										

रावर्स चार्ज क अधान टक्स का राशि/ Amount of Tax Subject to Reverse Charge : No

E.&O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/ For
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



Printed on 04/08/2023 by ID: 76216

Page no: 4

नेशनल इन्श्योरेंस कम्पनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GO1001713
IRDA Regn. No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P.No : 033 - 22831705 - 06, Fax : 033-22831740
email : customer.support@nic.co.in

For any information please contact the Policy Issuing Office or Visit our website at <https://nationalinsurance.nic.co.in/>

884
04/09/23

Smt. Stefan



पृष्ठांकन /Endorsement- Employees Compensation Insurance	
Policy Number : 571600412310000019	जारीकर्ता कार्यालय/Issuing Office
व्यवसाय स्रोत/ Business Source : 571600	कार्यालय कोड /Office Code : 571600 कार्यालय पता / Office Address : PALARIVATTOM DIVISION Mydhily Mandiram, Janata Junction, Palarivattom, Kochi,,Dist: Ernakulam, Kerala. - 682025. State Code: 32 , Kerala GSTIN: 32AAACN9967E1ZC eMail:
विक्रय चैनल का नाम/ Sales Channel Name : Palarivattom Division	विक्रय चैनल संपर्क नम्बर/ Sales Channel Contact Number : सह दलाल कोड / Co Broker Code: कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330 ईमेल/email:customer.support@nic.co.in

NATIONAL INSURANCE COMPANY LTD.
DIVISIONAL OFFICE
MYDHILY MANDIRAM, JANATHA JN.
PALARIVATTOM, COCHIN-682 025
PH: 2339565, 2335190, FAX: 2339564

ग्राहक का नाम/Customer Name: HLL LIFECARE LIMITED	ग्राहक आईडी/ Customer ID: 9702288542	पैन/ PAN: AAACH5598K
पता/ Address: (A GOVERNMENT OF INDIA UNDERTAKING), HLL BHAVAN - CORPORATE HEAD OFFICE, POOJAPPURA - PO THIRUVANANTHAPURAM - 695012, KERALA, INDIA, City: THIRUVANANTHAPURAM, District: THIRUVANANTHAPURAM, State: KERALA, PIN: 695012. Mobile: 9895934437		फोन/ Phone: ई-मेल/ E-Mail: thomaspa@lifecarehll.com

Policy Effective from 00:00 hours, on 01/07/2023 to midnight of 30/06/2024		
Premium:	Total SI:	Unlimited
CGST		
SGST/UTGST		
IGST	Proposal Number and Date:	8800230712796600 Dt. 12/07/2023
Kerala Flood Cess		
Less:GST_TDS	Receipt Number:	571600812310005146
Recoverable Stamp Duty:	Receipt Date:	30/06/2023
Total Amount:	Co-Insurance Details:	N/A

Endorsement Effective from 00:00 hours, on 10/08/2023 to midnight of 30/06/2024		
Additional Premium:	Insured's Request Date:	11/08/2023
CGST		
SGST/UTGST	Endorsement Number:	571600412382100004
IGST		
Kerala Flood Cess	Endorsement Issue Date:	11/08/2023
Less:GST_TDS	Receipt Number:	571600812310008154
Recoverable Stamp Duty:	Receipt Date:	11/08/2023
Total Amount :		

General / Common Information change

It is hereby declared and agreed that with effect from 10/08/2023
Declared Wages is changed from 1228596300 to 1382799624
Declared No. of Employees is changed from 1694 to 1761
Adjusted Wages/Value is changed from 1,228,596,300.00 to 1,382,799,624.00
67 additional members with total annual wages of Rs 154203331/- is added to the existing Policy
Subject otherwise to the Terms, Exclusion and Conditions of this Policy.

Printed on 23/08/2023 by ID: 76216

Page no: 1

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पृष्ठान्कन /Endorsement- Employees Compensation Insurance

Policy Number : 571600412310000019

व्यवसाय स्रोत/ Business Source : 571600

विक्रय चैनल का नाम/ Sales Channel Name :
Palarivattom Division

जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड /Office Code : 571600

कार्यालय पता / Office Address :

PALARIVATTOM DIVISION Mydhily
Mandiram, Janata Junction, Palarivattom,
Kochi,,Dist: Ernakulam, Kerala, - 682025.

State Code: 32 , Kerala

GSTIN: 32AAACN9967E1ZC

eMail:

विक्रय चैनल संपर्क नम्बर/ Sales Channel
Contact Number :

सह दलाल कोड / Co Broker Code:

कस्टमर केयर टॉल फ्री नम्बर/Customer Care Toll

Free Number: 1800 345 0330

ईमेल/email:customer.support@nic.co.in



NATIONAL INSURANCE COMPANY LTD.
DIVISIONAL OFFICE
MYDHILY MANDIRAM, JANATHA JN.
PALARIVATTOM, COCHIN-682 025
PH: 2339565, 2335190, FAX: 2339564

IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

For and On Behalf Of National Insurance Company Limited

Authorized Signatory



Debit Note

Details of Supplier:

National Insurance Company Limited.,
PALARIVATTOM DIVISION Mychily Mandiram, Janata Junction, Palarivattom, Kochi, Dist: Ernakulam, Kerala, - 682025
State : 32, Kerala
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HEAD OFFICE,
POOJAPPURA - PO
THIRUVANANTHAPURAM -
695012,
KERALA, INDIA,
KERALA,
695012.

Place of Supply State: Kerala
State Code : 32
GSTIN No: 32AAACH5598K7Z4

Invoice Serial No: 30961W3EE0100004

Invoice Date: 11/08/2023

Reference to Serial No. of Corresponding
Tax Invoice / Bill of Supply 30961W3PE0000019

Reference to Date of the corresponding
tax invoice / bill of supply 04/08/2023

SAC Code	Descripti on of Service	Total(₹)	Disco unt	Taxable Value(₹)	CGST		SGST/UTGST		IGST		Kerala Flood Cess
					Rate	Amount(₹)	Rate	Amount(₹)	Rate	Amount(₹)	Amount(₹)
997139	Other non-life insurance services (excludin g reinsuran ce services)										
TOTAL											

E.&O.E

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटेड/ For
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

