



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	M/S HLL LIFECARE LTD					
		Insured's Details		Issuing Office Details			
Customer ID	:	POB1152496		Office Code	:	VYTTLA BRANCH (760707)	
Address	:	HLL BHAVAN POOJAPURA P O THIRUVANATHAPURAM THIRUVANANTHAPURAM ,KERALA, 695012		Address	:	VYTTLA BRANCH 1ST FLOOR, THARAYIL CHAMBERS, OPPOSITE HP PETROL PUMP, NH BYPASS VYTTLA, KOCHI,682019	
Phone No	:	XXXXXX5442		Phone No	:	04842306916	
E-mail/Fax	:	akhilmohan@lifecarehll.com, /		E-mail/Fax	:	nia.760707@newindia.co.in /	
PAN No	:			S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	32AAACH5598K7Z4 / NA		GSTIN	:	32AAACN4165C4ZX	
	:			SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details					
Policy Number	:	76070736230100000142	Business Source Code	:	
Period of Insurance	:	From: 08/01/2024 05:14:19 PM To: 07/01/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	:	Bharat Re-Insurance Brokers Private Ltd - (DM2551289) Bharat Re Insurance Broker P Ltd Vyttila Br 760707 - (SI00151401),
Date of Proposal	:	08-Jan-24	Agent/Bancassurance/S pecified Person	:	
Prev. Policy no.	:		Phone No	:	04443418700, / NA
Client Type	:	Non-Corporate	E-mail/Fax	:	support@bharatre.in / /

						Receipt No. & Date
						7607078123000001242 0 - 12/01/24

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
Builders All employees engaged in shop or yard or in construction/ demolition of buildings and other civil construction like dams, bridges etc. incl. excavation	150 CASUAL LABOURS: 1000/- PER DAY	150	46800000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
CASUAL LABOURS	CASUAL LABOURS	M/S HLL LIFECARE LTD ,HLL BHAVAN,POOJAPURA P O,THIRUVANATHAPURAM	

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
Medical Extension		₹50000	NA
Special Conditions	PROPER WAGE REGISTER AND MUSTER ROLL TO BE MAINTAINED THROUGHOUT THE CURRENCY OF THE POLICY AS PER CLAUSE		
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

Premium
SGST
CGST
IGST

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 12th day of January, 2024.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 12/01/2024		
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Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹

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

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.

Tax Invoice No : 76070723P0020285

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C