VERSION 1.0

ICICI Lombard
Nibhaye Vaade

Proposal Form No.: _____

PROPOSAL FORM FOR WORKMEN'S COMPENSATION INSURANCE

For Official Use Only

Agent/ Broker Name: _____ Marketing Officer: _____

Marketing Officer : _____ Branch Address : _____

Group ID: _____ Client ID: _____ Phone No. : _____

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of utmost good faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/ personal statement, declaration and connected documents, or any material information has been withheld by the proposer or any one acting on his behalf to obtain any benefit under this policy.
4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

SCOPE OF COVER

The Policy, provides for two forms of insurance viz,

Table 'A' - Indemnity against legal liability to all employees (whether or not coming within the definition of the term Workmen) under the W.C. Act 1923 and subsequent amendment to the said Act prior to the date of issue of the policy, the Fatal Accidents Act, 1855 and at Common Law.

Table 'B' - Indemnity against legal liability under the Fatal Accidents Act, 1855 and Common Law. (Table 'B' policies may not be issued to cover employees who fall within the definition of "Workmen" under the Workmen's Compensation Act,1923 as amended).

SIGNIFICANT EXCLUSIONS: The Insurance Policy does not cover losses arising out of war and allied perils, nuclear activities and contractual liabilities.

EXTENTIONS: In addition, certain optional extensions like Medical expenses, Occupational diseases can be availed, the details of which are available in the relevant section of this proposal form.

NOTE: The foregoing is only a broad indication of the cover offered. For details, please refer to the policy.

CLIENT INFORMATION

Proposer's Name: _____

Proposer's Mailing Address: _____

_____

_____

City/Town: _____ State: _____ Pin Code: _____

Contact No: _____ Fax No. _____ Email ID: _____

Proposer's trade or business: _____

Particulars of Work: _____

Type of Proposer: Individual ☐ Partnership firm ☐ Company ☐ Govt. ☐ Others ☐ _____

Constitution of Business: Non Resident Entity ☐ Foreign company registered in India ☐ Foreign LLP ☐ Government Department ☐ Hindu Undivided Family ☐
LLP Partnership ☐ Local Authorities ☐ Partnership ☐ Private Limited Company ☐ Proprietorship ☐ Public Ltd Co ☐ others ☐ _____

Customer Type: General ☐ EOU/STP/EHTP ☐ Government ☐ Overseas ☐ Related parties ☐ SEZ ☐ Others ☐ _____

Annual Income: (In Rupess): _____ Do you file income tax return? Yes ☐ No ☐ Do you own a bank account? Yes ☐ No ☐

Country: _____ PAN Number: _____

Paid-up capital of the firm (in ₹ million) : _____ Business Sector: Urban ☐ Rural ☐

*Registered GST : Yes ☐ No ☐ (One Policy One Invoice)

If Yes, then please provide GSTIN: _____ Address (Registered under GST): _____

_____

One Policy Multiple Invoice: Yes ☐ No ☐ [If yes, it can be taken as an Annexure to Proposal Form as detailed below]

If Yes, then please provide: _____

State-wise GSTIN	Address Registered under respective GSTIN

Note: In all above cases, complete address of the customer is required to be taken.

CONTACT DETAILS

Contact Person's Name:

Mailing Address:

City/Town: State: Pin Code:

Contact Number (Landline-With STD Code): Mobile Number.

Email ID:

RISK DETAILS

Period of Insurance: From: D D / M M / Y Y Y Y To: Midnight D D / M M / Y Y Y Y

Number of person to be insured :

Name & Address of the Risk Location : (Please leave a space after each part of address and attach separate sheet for multiple locations).

City/Town: State: Pin Code:

SCHEDULE

Description of Employees 1	Estimated Number of Employees 2	Cash 3	Living or (other allowances if any) 4	Total 5	Insurance required. State Table A or B of prospectus 6	Rate % PREMIUM (For office use) 7
Workmen drawing monthly wages up to ₹ 8000/-						
Workers drawing monthly wages over ₹ 8000/-						

Note : Company Workers, Sub-Contractors workers & All Employees are covered under the Policy.

State the total amount of wages salaries and other earnings paid by me during the past twelve months was ₹_____

Particulars	Amount Rs.
Clerical Staff	
Commercial Travellers	
Others	

Do you wish to insure your liability under the Workmen's Compensation Act, 1923 and subsequent amendments of the said Act prior to the date of the issue of the Policy to the workmen of contractors?

Names of Contractors	Full details of work subject (Specify exact, nature of work)	In cases for which the contract is for labour only, state total amount of contract or wages paid	In case for which the contract is for labour and materials state estimated amount of contract.	In case for which contract is for labour materials and equipment, state estimated amount of contract.
		₹	₹	₹
		₹	₹	₹
		₹	₹	₹
		TOTAL PREMIUM		

ADD-ON Covers Required (Note- All employees are to be covered):-

1. Medical Expenses Extension ☐ Yes ☐ No If yes, please specify the limits _____
2. Occupational Diseases Extension ☐ Yes ☐ No
3. Compressed Air Disease Extension ☐ Yes ☐ No
4. Terrorism Cover Extension ☐ Yes ☐ No

Is there any insurance in force covering the same workers for the same period of insurance being proposed? ☐ Yes ☐ No

If yes, please state _____

Name of Insurer _____ Estimated Annual Earnings _____

1. Does the above, schedule include-	
(a) All persons in your service?	(a)
(b) All your contractors / subcontractors?	(b)
2. Are your premises a Factory within the meaning of the Factories Act?	
3. (a) Nature of Work carried out by Workmen - _____ Contractor / Sub-Contractor - _____	(a)
(b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?	(b)
4. (a) Is your Boiler registered under the Indian Boiler Act, 1923?	(a)
(b) If not under what conditions is it exempted from such registration	(b)
5. State what acids, gases chemicals or explosives will be used and to what extent?	
6. Are you at present insured or have your ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.	
7. Has any proposal for an insurance in respect of your liability to your employees or renewal thereof even been declined or withdrawn?	(a) Declined _____ (b) Withdrawn.
8. State the total wages paid and particulars of accidents to your employees during the past three years excluding the expiring policy period.	
9. Are any workers involved in manual works in connection with installation, erection, repair, maintenance, testing, demolition or construction outside insured's premises?	
10. Are any workers involved in works at height of more than 30 feet above floor or ground level? If yes, will there be any scaffolding works &/or other related activities?	
11. Are any workers involved in excavation works, work in manholes or tunnels, etc?	
12. Are any workers involved in using heavy industrial machines that involve cutting, pressing, grinding, etc?	
13. Are any workers involved in lifting or hoisting operations especially in public areas?	
14. Are any workers required to work onboard vessels? If yes, what is the maximum no. of employees on board any vessel any one time?	
15. Wiil there be any diving &/or related underwater activities pertaining to your business?	
16. Does the building any adjoin any other premises? If yes, please state its nature of business _____	

Year	Total Wages	Fatal		Permanent Disablement		Temporary Disablement	
		No.	Cost	No.	Cost	No.	Cost
	₹		₹		₹		₹
	₹		₹		₹		₹
	₹		₹		₹		₹

Any additional information relevant to the policy applied for

Company Workers, Sub-Contractors workers & All Employees are Covered under the Policy.

Note : Please use additional sheets if space is not sufficient to complete details.

PAYMENT INFORMATION

MODE OF PAYMENT

☐ Cheque/ DD Cheque No.: ☐☐☐☐☐☐☐☐☐☐☐☐ Demand Draft No.: ☐☐☐☐☐☐☐☐☐☐☐☐

Drawn No.: ☐☐ Dated: D D / M M / Y Y Y Y

Bank A/C No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Amount in Figures: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Amount in Words: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DECLARATION BY PROPOSER

I/We, the undersigned this _____ day of _____20 _____ desire to effect an insurance in terms of the Policy to be issued by the Company against my / our Statutory and Common Law liability as above-mentioned. I / We agree to render, at the end of each period of Insurance, a statement in the form required by the Company of all wages actually paid, and to pay premium on any wages paid in excess of the amount estimated above, I/We hereby declare that all the above statements and particulars, which I/We have read over checked, are true that I/We have not suppressed, misrepresented or mis-stated any material fact, that I/We have fairly estimated my/our total wages, salaries and expenditure and value on Board. I/We agree that this declaration shall be the basis ot the contract between me/us and the _____Company.

Place : _____ Date: D D / M M / Y Y Y Y

_____
Client's Signature and Stamp

Name : _____ Designation : _____

STATUTORY WARNING

PROHIBITION OF REBATES.

(Under Section 41 of Insurance Act 1938)

1. 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.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to ten lakh rupees

Referred by : _____ Agent Code : _____

Agent Name : _____ Sector : Urban ☐ Rural ☐ Social ☐

(FOR OFFICE USE ONLY)

VERTICAL INFORMATION

1) Agent Name : _____

2) MO Name : _____

Received date & time by MO. Date : D D / M M / Y Y Y Y Time : H H / M M

ICICI Lombard
Nibhaye Vaade

ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.

Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com

Toll Free No.: **1800 2666** • Chargable No.: **+91 92236 22666**

Insurance is the subject matter of solicitation. IRDA Reg. No. 115. Misc 10.

016072PF/SC

NEFT/EFT MANDATE FORM

(Payment through EFT Mechanism)

CORPORATE DETAILS

Group/ Network Name:

Address:

Landmark:

City: State:

Pincode: Pan Card No.:**

PAN Card Holder's Name:

ACCOUNT DETAILS

Bank Name:

Branch Name:

Payee Name:

MIRC No.: IFSC Code:

Account Type: Full Account No.:

Name as per Bank Records:

Cancel cheque No.**:

(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Signature & Stamp of the Payee

Verified By

(Bank Official Stamp and Authorized Signature)

Terms and Conditions for Payments through RTGS/NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
4. The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
6. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
7. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
8. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website www.icicilombard.com or by sending them by post to the last address of the Customer.
9. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
10. I/ We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
11. I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Customer.
12. Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard.

Signature and Stamp of Customer

ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.

Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com

Toll Free No.: **1800 2666** • Chargable No.: **+91 92236 22666** • Insurance is the subject matter of solicitation.

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