

The Oriental Insurance Company Limited Head Office: A 25/27, Asaf Ali Road, New Delhi -110002. CIN: U66010DL1947GOI007158

EMPLOYEES COMPENSATION INSURANCEPROPOSAL FORM

If at any time during the Period of Insurance any Employee of the Insured so declared shall sustain Injury by accident arising out of and in the course of his employment in the Business, Indemnity shall be under Law(s) opted for, subject to the terms, exceptions and conditions contained in the Policy wordings or endorsed hereon, upto the Limit of Indemnity against all sums for which the Insured shall be so liable which is agreed by the Insurer and mentioned on the Policy Schedule.

Proposer's names in full
Proposer's business [Correspondence] address
Proposer's trade or occupation
Particulars of work to be covered in Detail:

Risk Location address(s)

Policy Period: From: To _____

COVERAGE'S REQUIRED

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coveage
			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	
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. b) Limit Per Accident for any number of Employees Rs. c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs. 	-

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Medical Expenses :		d) Limit Per Employee for any number of accidents during Period of Insurance Rs.
Occupational Diseases	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	 e) Limit Per Employee Rs
Contractors Employees		Limit: As per Employees Compensation Act

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;

OWN EMPLOYEE DETAILS**

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

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

	-	-	• •	
Contractors	Registered Address	Declared	Total Declared	Place/Places of
Name		Number of	wages during the	Employment
		Employees	period of insurance.	

** Please attach additional sheets if requried.

Does the above, schedule include-	
(a) All persons in your service?	(a)
(b) All your contractors/ subcontractors?	(b)
Do you comply with all statutory obligations, manufacturer's	
recommendations and other safety regulations in conduct of the	
Business.	

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Do you maintain an accurate reco	rd of the Employees and Wages	3
in respect of the Business in comp		
Are you at present insured or have		
insurance in respect of your liability		
the name of the Company or Com		
Has any proposal for an insurance	e in respect of your liability to your	(a) Declined
employees or renewal thereof eve	(b) Withdrawn	
State the total Wages paid and pa	rticulars of accidents to your employees	during the past three
years.**		
Year [Past 3 years from this	Wages Paid	Amount of
date]	wages i alu	Loss
	rticulars of accidents to your contractors of	employees during the past
three years.**	I	1
Year [Past 3 years from this	Wages Paid	Amount of
date]		Loss

** Please attach additional sheets if required.

DECLARATION

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, Common Law liability and other covers above mentioned.

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 declared my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and The Oriental Insurance Co. Ltd.

I/We also agree to inform Company any changes in any respect of any material matter to the grant of a cover in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form.

I/we also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realizing [in case of payment by cheque/DD/PO] of prescribed premium amount, failing which Company's risk is void ab initio.

I/We undertake to exercise all statutory, ordinary and reasonable precautions for safety of all the Employees as if they were uninsured.

Date.....

Signature of Proposer.....

PROHIBITION OF REBATES (Section 41 of the Insurance Act 1938 provides)

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 prospectus or tables of the Insurer.

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.

The Oriental Insurance Co. Ltd EMPLOYEES COMPENSATION INSURANCE POLICY UIN: OIC-OT-A00-00-02-V01-15-16 Proposal Form