RAHEJA QBE GENERAL INSURANCE COMPANY

Employee's Compensation Insurance Policy

Proposal Form

Note:

1) Liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.
2) Attach additional sheets if space given is insufficient.

Intermediary Details

Name of the intermediary _____Code _____

Indemnity under the Employee's Compensation Act 1923 and subsequent amendments of the said Act prior to the date of the issue of the Policy; the Fatal Accidents Act, 1855; and at Common Law.

Proposer's name in full _____

Proposer's business address _____

Proposer's trade or occupation _____

Particulars of work _____

_____

Email id of the Proposed Insured :_____

Mobile no. of the Proposed Insured :_____

Bank account details :

Account no. _____

Account Type(Saving/Current) _____

Name of the Bank & Branch _____

MICR Code(9 digit) _____

IFSC Code (11 character code) _____

Nomination details:

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Name of Nominee				
Date of Birth of Nominee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	_____%	_____%	_____%	_____%
Relation with the Insured				
Mobile No.				
Email ID				
Present Address				
Permanent Address				

Details of authorised person in case if the nominee is a minor-				

Bank account details of the nominee

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Account no.:				
Account Type- Saving/Current:				
Name of the Bank & Branch:				
MICR code(9 digit)				
IFSC code(11 character code):				

Note: In case of more than 1 nominee, please attach a separate annexure mentioning all the detail of the nominees with their share in %:

- Do you wish to avail a physical copy of your policy documents? ☐ Yes ☐ No.

SCHEDULE

ALL PERSONS EMPLOYED MUST BE INCLUDED

(A) Details of Employees earning wage up to Rs. 15,000/- per month

(Estimated Annual Wages, Salaries and other Earnings)

Description of Employees	Estimated Number of Employees	Cash	Living or other allowances if any)	Total	Insurance required. State Table A or B of Prospectus	Rate %o	Premium
1	2	3	4	5	6	7	8
						Total Premium	

(B) Details of Employee earning wages in excess of Rs. 15,000/- per month

(Estimated Annual Wages, Salaries and other Earnings)

Description of Employees	Estimated Number of Employees	Cash	Living or other allowances if any)	Total	Insurance required. State Table A or B of Prospectus	Rate %o	Premium
1	2	3	4	5	6	7	8
						Total Premium	

Do you wish to insure your liability under the Employee'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?

If so please state:-

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.
		Rs.	Rs	Rs.
		Rs.	Rs.	Rs.
		Rs.	Rs.	Rs.

1. Does the above, Schedule include- (a) All persons in your service? (b) All persons in service of your contractors/sub-contractors engaged on your contract work?	 (a) (b)
2. Are your premises a Factory within the meaning of the Factories Act?	
3. (a) Have you any circular saws or other machinery driven by steam gas, water electricity or other mechanical power? If so give full particulars. (b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?	(a) (b)
4. (a) Is your Boiler registered under the Indian Boiler Act, 1923? (b) If not under what conditions is it exempted from such registration	(a) (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 and the policy numbers.	
7. Has any proposal for insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	(a) Declined (b) Withdrawn
8. State how close is nearest nursing home or hospital to your place of employment?	
9. List down the safety precautions given to your workers.	

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

Year	Total Wages	Fatal		Permanent Disablement		Temporary Disablement		Premium
		No.	Cost	No.	Cost	No.	Cost	
			Rs.		Rs.		Rs.	
			Rs.		Rs.		Rs.	
			Rs.		Rs.		Rs.	

Declaration for compliance with anti money laundering regulations

I/We the undersigned authorised **Insured**, after enquiry declare as follows:

(1) I am / We are authorised by each of the other Applicants to make this Proposal.

(2) I/We have read and understood the Notice to the Proposed Insured on the front of this Proposal.

(3) I/We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.

(4) I/We understand that, up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform Raheja QBE of any change in the particulars or statements contained in this Proposal or in the accompanying documents.

(5) I/We hereby declare and warrant on my behalf and on behalf of all those to be insured and after enquiry that to the best of my knowledge and belief that the answers given above are complete and accurate in all respects and that I have not withheld any information material to this Proposal. I agree that this proposal, the declarations and accompanying documents or papers and any information provided hereafter shall form the basis of the contract proposed with Raheja QBE.

(6) I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

(7) I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

(8) I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the

personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

(9) I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and the Company.

(10) Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*? YES / NO

If yes, please give details:……..

*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate:

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Raheja QBE GIC Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers give by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Data protection requirement

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

Sharing of information clause:

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

RAHEJA QBE GENERAL INSURANCE COMPANY

Name of Proposer _____ Name of Witness_____

Signature of Proposer _____ Signature of Witness_____

Date: _____ Place: _____

Relationship with Proposer:_____

Address of Witness:_____

_____

Place:

Date: **Signature of Proposer**

Prohibition of Rebates - Section 41 of Insurance Act, 1938

1. No person shall offer or allow either directly or indirectly as an inducement to any person to take out or renew of continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of 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 punishable with fine, which may extend to Ten lakh Rupees.

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION