

Proposal 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, up to 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 Name 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 | Coverage Options (Yes/No) |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| The Employee's Compensation Act, 1923 | Subject otherwise, to the terms, conditions & exclusions of the Policy, the amount of liability incurred by the Insured. | Limit: As per The Employee's Compensation Act | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India
 24*7 Toll free No.: 1800 266 7780 • Email: customersupport@tataaig.com • Website: www.tataaig.com • IRDA of India Registration No.: 108
 CIN: U85110MH2000PLC128425 • Employees Compensation Insurance UIN: IRDAN108CP0011V02202122

| | | | |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <p>Fatal Accidents Act, 1855</p> | <p>Subject otherwise, to the terms, conditions & exclusions of the Policy, the amount of liability incurred by the Insured.</p> | <p>Limit: As per The Fatal Accidents Act</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Common Law</p> | <p>Subject otherwise, to the terms, conditions & exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:</p> | <p>a) Limit per Employee for any number of accidents during Period of Insurance ₹ _____</p> <p>b) Limit per accident for any number of Employees ₹ _____</p> <p>c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance ₹ _____</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Medical Expenses</p> | <p>Subject otherwise, to the terms, conditions & exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding</p> | <p>d) Limit per Employee for any number of accidents during Period of Insurance ₹ _____</p> <p>e) Aggregate liability for all accidents during the Period of Insurance ₹ _____</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Occupational Diseases</p> | | <p>f) Limit per Employee ₹ _____</p> <p>g) Aggregate liability of the company for all Employees during the Period of Insurance ₹ _____</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Contractors Employees</p> | | <p>Limit: As per The Employees Compensation Act</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

TATA AIG GENERAL INSURANCE COMPANY LIMITED

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 an Employee towards any pension or provident fund or a sum paid to an 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 Name | Registered Address | Declared Number of Employees | Total Declared Wages During the Period of Insurance | Place/Places of Employment |
|------------------|--------------------|------------------------------|-----------------------------------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Please attach additional sheets if required.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Does the above, Schedule include a) All Persons in your service? b) All your contractors/subcontractors? | a) b) |
| Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business. | |
| Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements. | |
| Are you at present insured or have you ever Proposed for an Insurance in respect of your liability to your Employees? If so, please give the name of the company or companies. | |
| Has any Proposal for an Insurance in respect of your liability to your Employees or renewal thereof ever been declined or withdrawn? | a) Declined _____ b) Withdrawn _____ |

State the Total Wages Paid and Particulars of Accidents to Your Employees During the Past Three Years:**

| Years [Past 3 Years From this Date] | Wages Paid | Amount of Loss |
|----------------------------------------|------------|----------------|
| | | |
| | | |
| | | |

State the Total Wages Paid and Particulars of Accidents to Your Contractors Employees During the Past Three Years:**

| Years [Past 3 Years From this Date] | Wages Paid | Amount of Loss |
|----------------------------------------|------------|----------------|
| | | |
| | | |
| | | |

**Please attach additional sheets if required.

Do you want a physical copy of this Proposal Form? Yes No

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Payment Details:

| | |
|-----------------|--|
| Mode of Payment | |
| Payment Details | |
| Amount (In ₹) | |

| | | | |
|-----------------------|--|-----------|--|
| Bank Account No. | | | |
| Branch Name & Address | | | |
| IFSC Code | | MICR Code | |

Bank details for premium refund in case of cancellation and for payment of claims to be considered as above: Yes No

If No, Please Provide Additional Bank Details in Below Provided Space:

| | | | |
|-----------------------|--|-----------|--|
| Bank Account No. | | | |
| Branch Name & Address | | | |
| IFSC Code | | MICR Code | |

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 _____ Company.

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.

TATA AIG GENERAL INSURANCE COMPANY LIMITED



WITH YOU ALWAYS

Employees Compensation Insurance



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 realising (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.

Place: _____

Date: _____

Signature of Proposer: _____

Declaration by Proposer:

I/We hereby declare that the statements made by Me/Us herein and in the attachments hereto are true to the best of my knowledge and belief and I/We hereby agree that this Proposal shall from the basis of the Insurance Contract between Me/Us and TATA AIG General Insurance Company Limited (referred as the Company). I/We further confirm that if any additions or alterations are carried out in the Risk Proposed for Insurance hereinafter the submission of this Proposal then particulars of such shall be forthwith conveyed to the Company. I/We further agree that the submission of this Proposal to the Company and its receipt there of shall not constitute an acceptance of risk by the Company.

I/We authorise the Company to share information/data/details provided by Me to any other person in connection with the Proposal for the sole purpose of underwriting, Policy Servicing and/or claims servicing & settlement.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me.

I/We have understood these and confirm to abide by the Policy terms & conditions.

Signature of the Proposer: _____

Name & Signature of Agent/Intermediary: _____

Code: _____

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Vernacular Declaration (Certification in case the Proposer has signed in):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the Proposer who has understood and confirmed the same.

Signature/Thumb Impression of the Proposer: _____

Name & Signature of Agent/Intermediary: _____

AML Guidelines:

1. I/We hereby confirm that all premiums paid/payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I/We understand that the Company has the right to call for documents to establish sources of funds and to cancel the Insurance Policy in case I/We are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I/We are not Politically Exposed Persons* nor are their close relatives / family members / associates. I/We shall keep the Company informed if We subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.
*“Politically Exposed Persons” shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

Nationality: Indian Non-Indian

If Non-Indian, Please Specify Country: _____

Type of Organisation Making the Payment (Please Tick):

- | | |
|--------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Limited Company | <input type="checkbox"/> Government Organisation |
| <input type="checkbox"/> Society | <input type="checkbox"/> Trust |
| <input type="checkbox"/> International Organisation | <input type="checkbox"/> Cooperatives |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Section 25 Company |
| <input type="checkbox"/> Non-Governmental Organisation (NGO) | |

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Intermediary Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorised Employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form including Addendum(s), Affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the Company.

Licence No. (Intermediary/Corporate Agent/Broker/Relationship Officer): _____

Name of the Specified Person and Code: _____

Place: _____

Date: _____

Signature of Agent: _____

| | |
|-------------|--|
| GST Number | |
| GST Address | |

| | | | | | | | | | | |
|----------------------------|------------|------------------------------------------|---|---|---|---|---|---|---|---|
| Amount | | | | | | | | | | |
| Cheque/DD No. | | A) Total Premium (All Coverage Sections) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Date | DD/MM/YYYY | B) GST: () | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Valid Up To | DD/MM/YYYY | | | | | | | | | |
| Bank | | A + B Total Amount Payable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Debit Direct Authorisation | | Transaction ID: | | | | | | | | |

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WITH YOU ALWAYS

Employees Compensation Insurance



| | | | |
|------------------------------------------------------------|--|-------------------------------------------------------------------------------|--|
| Sources of Funds (Please tick where applicable): | | <input type="checkbox"/> Salary <input type="checkbox"/> Business | |
| | | <input type="checkbox"/> Others (Please Specify) _____ | |
| Insured's PAN Card No. | | In absence of PAN Card, please give details of any other authorised photo ID. | |
| Photo ID Type | | Number | |

Prohibition of Rebates – Section 41 of Insurance Act, 1938 as Amended by Insurance Laws (Amendment) Act, 2015:

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.

Section 64 VB of Insurance Act:

Commencement of the risk cover under the Policy is subject to receipt of Premium by TATA AIG General Insurance Company Limited.

Disclaimer: Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale. Trade logo displayed above belongs to Tata Sons Private Limited and AIG and used by TATA AIG General Insurance Company Limited under License.

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