# EMPLOYEES COMPENSATION INSURANCE PROPOSAL FORM



### **IMPORTANT**:

- 1. Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.
- 2. Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.
- 3. It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.
- 4. Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium

FOR OFFICE USE: Intermediary Name:								Intermediary Code:																	
Business Channel: $\square$ Agency							☐ Banca ☐ Corporate/Broking					ng 🗆	□Dir	ect											
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RM/SP Contact No: GSTN: If applicable																									
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PRF\_ECIR\_Ver\_07

UIN No: IRDAN132RP0003V02201213

Proposal form\_ employees compensation insurance policy.

5.	Risk	k Loc	catio	n ac	ldre	ess															
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Tel	eph	one	no										Mol	oile l	No.						
6.	Part	icul	ars	of w	ork	to b	e co	vere	d in	Det	ail										

### CKYC Number (if available)

## 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	
Medical Expenses:	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	Rs  d) Limit Per Employee for any number of accidents during Period of Insurance Rs  e) Aggregate liability for all accidents during the Period of Insurance Rs	

Proposal form\_ employees compensation insurance policy.

UIN No: IRDAN132RP0003V02201213

Occupational Diseases				nit Per Emp	=				
			s during th	regate liability of the company for all during the Period of Insurance					
Contractors Employees ALL PERSONS EM	IDI OVED I	MUCT DE INCLU	Limit: As Employee		ration Act				
* Wages means the includes any privition or the value of ar pension or provide of his employmen	e remuner lege or ber ny travellir ent fund or t;	ation payable to a nefit which is cap ng concession or a sum paid to a e	an Employe able of bei a contribu	ng estimate ition paid l	ed in money othe by the employer	r than a tra	avelling allov oyee toward	vance s any	
Description of E			mber of		Place/Place/Place/Place				
CONTRACTORS EN	MPLOYEE I	DETAILS [if the co	overage has	s been opte	d for]**				
Contractors Nam	ne Regi	stered Address	Declared Employee	Number of s	Total Decl wages during period of insura	the Em	ace/Places of nployment		
** Please attach ad	lditional sh	neets if requried.							
Does the above, s (a) All persons in (b) All your con	n your serv			(a) (b)					
Do you comply recommendation Business.									
Do you maintain in respect of the requirements.			_						
Are you at prese insurance in res please give the n	pect of yo	ur liability to yo	ur employe						

PRF\_ECIR\_Ver\_07 Page 3 | 7

UIN No: IRDAN132RP0003V02201213

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Has any proposal for an insura your employees or renewal withdrawn?										
State the total Wages paid and particulars of accidents to your employees during the past three years.**										
Year [Past 3 years from this date]	Wages l	Paid	Amount of Loss							
State the total wages paid and p	particulars	s of accidents to your con	tractors employees during the past three							
Year [Past 3 years from this date]	Wages l	Paid	Amount of Loss							
** Please attach additional sheets  PAYMENT DETAILS:	** Please attach additional sheets if requried.									
Mode of Payment										
Payment Details										
Amount in (₹)										
Date of Payment (DD/MM/YY)										
PAN (If premium is 1 Lac and Al	bove.)									
GSTIN (If more than one GSTIN, attach an annexure with details	kindly									
<b>Note:</b> Please fill up the request fo bank account through NEFT if the Bank details of proposer for refu	e premiun	n paid is more than Rs 10	im/Refund payments, if any, directly into your 0,000/-							
Name of bank account holder (m	ention spe	ecifically, if different from	n name of policyholder):							
Bank Name & Branch: Bank Account Number: FS Code:										
Nominee Details: Name: Date of Birth: Relationship with the proposer: Mobile Number: Address of Nominee: Present address: Permanent address: ((if left blank, will be construed as being same as Present Address))										

PRF\_ECIR\_Ver\_07 Page 4 | 7

UIN No: IRDAN132RP0003V02201213

Proposal form\_employees compensation insurance policy.

Bank Account Details of Nominee: Name of Account holder: Bank Name & Branch: Bank Account Number: IFS Code: Authorized person details (in case nominee is a minor):
DECLARATION:
i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
iii. I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law. OR
"I/We hereby confirm that the premium payment have been paid by, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."
<ul> <li>iv. I/we am/are (please tick all that are applicable)</li> <li>☐ High Net Worth Individual/s ☐ Non-Residential Indian/s ☐ Politically Exposed Person/s</li> <li>☐ Non-Governmental Organization</li> </ul>
v. I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/

vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I also consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records

or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted

Proposal form\_ employees compensation insurance policy. UIN No: IRDAN132RP0003V02201213

information/data.

PRF\_ECIR\_Ver\_07 Page 5 | 7

viii.	FGII hereafter. In case of any not the CKYC Registry Records.  I/We/Proposer agree(s) that purposes related to this prop	nodification, the applica the information/data, posal and the insurance nformation/data will be	ble information v contained in thi policy that may	f this proposal, and can be used by vill be provided to FGII for updating s proposal, shall be processed for be issued hereon. I/We/Proposer the FGIICL Privacy Policy, available
	Proposer's Signature:	Place:	Date:	
you'v the d you	ve mentioned in this proposa	ıl, where available/ch	osen, your eIA a	ess and/or mobile number, as nd you may download and save ou still wish for a physical copy,
I,Person content propos contract is/are of thereon	, in my capacity as an In of the Broker/IMF, declare the s of this proposal form, includer. It has been, further, informe to finsurance between FGIICL contained in this proposal form	at I have explained the ing the nature of the que do to the proposer that the and the proposer. It has nor there has been any	e product feature lestions and the restions and the restions and the resting provides, also, been explay non-disclosure	of the Corporate Agent/Authorized is, including its suitability, and the responses submitted thereto, to the red herein shall form the basis of the sined that if any untrue response(s) of material facts, the policy issued ium amount against the policy may
Name o	f Insurance Agent/POSP/Spec	ified Person of the Corp	orate Agent/Aut	horized Person of the Broker/IMF:
Interm	ediary's Code:ediary's Signature:	_		

### **ANTI MONEY LAUNDERING**

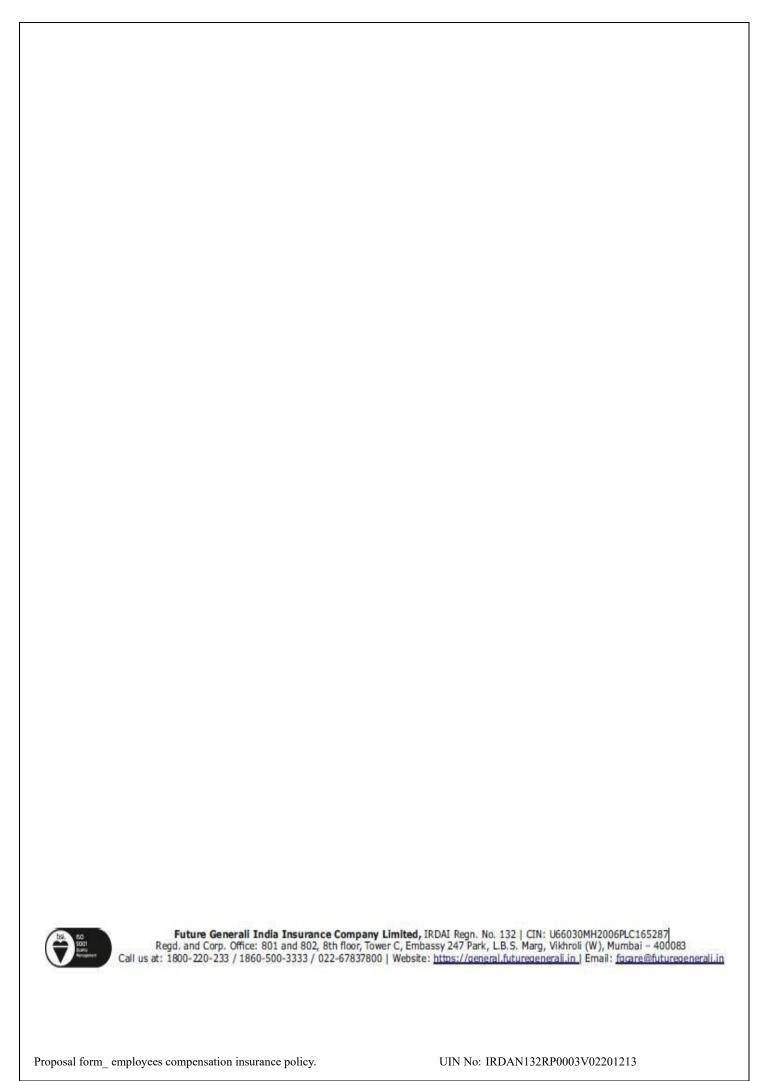
FGIICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

### **SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:**

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 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. 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.

Proposal form\_employees compensation insurance policy. UIN No: IRDAN132RP0003V02201213

PRF\_ECIR\_Ver\_07 Page 6 | 7



PRF\_ECIR\_Ver\_07 Page 7 | 7