

EMPLOYEE'S COMPENSATION INSURANCE POLICY

Customer Information Sheet

This document provides key information about your policy. You are advised to go through your policy document and policy schedule.

Sr No	Title	Description (Please refer to the Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/ Policy	Employee's Compensation Insurance Policy	
2	Policy Number	XXXX	
3	Type of Insurance Product/Policy	☐ Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.)	
4	Sum Insured (Basis) (Along with the amount)	☒ Individual Sum Insured- Where each member has a separate sum insured under the policy)	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Benefit in respect of: If at any time during the Period of Insurance any Employee of the Insured shall sustain Injury by accident arising out of and in the course of his employment in the Business, for which the Insured is liable to pay compensation under any Law(s) specified in the Schedule, then the Company shall indemnify the Insured up to the Limit of Indemnity against all sums for which the Insured shall be so liable, including costs and expenses for defending any claim for such compensation incurred with the Company's consent.	
6	Exclusions (What the policy does not cover)	This Policy shall not cover liability of the Insured : a) For Injury caused to Employee by accident directly or indirectly caused by or arising from or in consequence of or attributable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, mutiny, insurrection, rebellion, revolution or military or usurped power, nuclear weapons material, ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. b) Accidents occurring at any other place than the Place or Places of Employment specified in the Schedule , unless the Employee was at such other place whilst on duty for the purpose of Business and on the directions of the Insured or any of its official authorised to exercise control and supervision over the Employee . c) For Occupational Diseases contracted by an Employee d) For interest and/or penalty imposed on the Insured under any law or otherwise.	EXCLUSIONS

		e) Under any Law for medical expenses in connection with treatment of any Injury sustained by an Employee f) For persons employed in the Business under a Contractor or Sub-Contractor of the Insured unless specifically covered in the Schedule g) For Injury sustained by person whilst in the employ of the Insured otherwise than in the Business and/or who has is not declared for insurance under this Policy. h) Assumed by agreement which would not have attached in the absence of such agreement. i) For any sum which the Insured would have been entitled to recover from any party but for an agreement between the Insured and such party. j) For any accident occurring whilst the Employee is under the influence of intoxicating liquor or drugs. k) For any incapacity or death of an Employee resulting from his/ her deliberate self-injury or the deliberate aggravation of an accidental Injury.	
7	Claims/ Claims Procedures	• In the event of any occurrence which may give rise to a claim under this Policy the Insured shall as soon as possible, and in any case within a period of thirty days of such occurrence, give notice thereof to the Company in writing with full particulars. • Every letter claim writ summons and process shall be notified to the Company immediately on receipt. • Notice shall also be given to the Company immediately the Insured shall have knowledge of any impending prosecution inquest or fatal enquiry in connection with any such occurrence as aforesaid • The claim form is available on our website www.magmainsurance.com for ready reference. The same may be also obtained from any of our offices on request. • Toll Free No- 1800 266 3202 • Claim will be settled latest within 15 days	CONDITIONS. 6. CLAIM INTIMATION
8	Policy Servicing	Call us at: 1800 266 3202 Address: Any of Our branch offices or corporate office during business hours. List of branch offices can be found at www.magmainsurance.com	

9	Grievances/Complaints	In case of any grievance including senior citizen, the insured person may contact the Company through Website: www.magmainsurance.com Toll free: 1800 266 3202 Email address: customercare@magmainsurance.com For senior citizens Email address - namaskar@magmainsurance.com Dedicated helpline exclusively for senior citizens - 022-62605766 Customer can also reach out to Branch GRO Email address: Gro@magmainsurance.com IRDAI (IGMS/Call Centre): Toll Free Number: 155255 (or) 1800 4254 732 Timings: 8 AM to 8 PM -- (Monday to Saturday) Ombudsman: In case You/Insured Person are not satisfied with Our decision/resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure I of the Policy document	CONDITIONS 16. REDRESSAL OF GRIEVANCE Annexure I
10	Things to remember	SAFEGUARDS: The Insured shall take reasonable precautions to prevent accidents and disease and shall comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business. COMPANY'S RIGHTS AFTER LOSS: No admission offer promise or payment shall be made by or on behalf of the Insured without the consent of the Company which shall be entitled, without being obliged to do so, if it so desires to take over and conduct in his name the defense or settlement of any claim or to prosecute in his name for its own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim and the Insured shall give all such information and assistance as the Company may require.	CONDITIONS
11	Your Obligations	MISREPRESENTATION/ NON-DISCLOSURE: This Policy shall be void in the event of any misrepresentation or non-disclosure in the Proposal and the Insured is deemed to warrant the truth and accuracy of the statements and answers in the Proposal which form the basis of this Policy.	CONDITIONS

Declaration by the Policy Holder

☐ I have read and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.