

CLAIM APPLICATION FORM FOR WORKMEN'S COMPENSATION INSURANCE

NOTE:

In the event of any occurrence which may give rise to a claim under the Policy for Workmen's Compensation Insurance, the Insured shall, as soon as possible, give notice thereof to the Company with full particulars in the Incident Reporting Form as prescribed by the Company. Notice shall also be given to the Company immediately upon the Insured having knowledge of any impending prosecution, inquest or enquiry in connection with any such occurrence as aforesaid in the Incident Reporting Form. Every letter, claim, writ, summons and process shall be notified or forwarded to the Company immediately on receipt by the Insured through the Claim Application Form as prescribed by the Company. Any proposal for settlement and/or recommendation by the concerned court/authority should be intimated through the Claim Settlement Form as prescribed by the Company.

All or any of the forms mentioned here are available on request by the Insured to the Company.

(The issuance of this form is not to be taken as an admission of liability)

•																					_												
	Add	ress to dispatch Claim Documents	::			C	Cove	r N	ote	/ P	oli	icy	No		:]_]_]_		
	ICICI Lombard Health Care				P	Period of Insurance :																											
	ICICI Bank Tower, Plot No.12,					[Date of Accident :																										
	Financial District, Nanakram Guda,				C	Claim Number :]_							J_					J_					
	Gacl	nibowli, Hyderabad, Andhra Prade	sh,																														
	PIN	No. 500032.																															
This Insu show as p	forr red : uld n ossi	be in continuation of the Incident Ron is only for the purpose of intimating shall not enter into settlement with ot be delayed even if any of the parable. FAILS OF INSURED Name:	ng the (Con ne p	npan orior v	y ab writ	out i	the peri	cla mis	ims sion	ma n of	ade f th	/ se	eek omp	ing can	the	pe he	rmi cor	ssic npl	on c eti	on a	anc	d re	tur	n o	f th	is f	orm	ı to	the	Coi	mpa	any
	(ii)	Address for correspondence :								J_	ال			J_					J_			J_]	J_				J_	J_		
									_]_	<u> </u>)_]_]_]_]_			_]_]_		
]_				J_]_				<u></u>]_				<u>]</u> _				J_	<u> </u>		
]_				J_					<u>]</u> _]_)_]_]_		
	(iii)	Contact Number:]]]																					
	(iv)	Email ID:		_]				_])]		_]]]]]]]]]
2.	Det	ails of the InsuredPerson																															
	(i)	Name:]]]]	
	(ii)	Age and Sex:			Yrs														Fei	ma	le]	M	ale								

	(iii) Residential Address:						J	J			J	J	J	J		J						
]		J		J	J			J		J]	J			J
																		J_	J_	<u></u>	_]	j
]_		_]_												J_	J_	J_]_	J
3.	Details of occupation																					
	(i) What is the occupation in	n which the ir	njured	pers	on is e	emplo	yed?										J_]	J			
	(ii) Was the injured person eng	gaged in this c	ccupa	tion v	when	the ac	ciden	t occı	irred?				Yes		No							
	(iii) If not state fully the nature	of the work h	e was d	loing	at the	time	of the	accid	ent? _]_	J_							
4.	Details of employment																					
	(i) Is the injured person in y	our direct e	mploy	ment	t? Y	'es	No															
	(ii) If not give name and addres	ss of Contract	or?					_]_					_]_]_]				
	(iii) When did the injured person	n enter your s	ervice	?	D	ate:	D) <i>I</i>	M]/	Y	Y	Y	Y								
5.	Details of the Accident																					
	(i) Date and time of accident			Date	D	D /	MM		YJY		J_Y	J			Time	е: Н	IJH	ı] :	MJ	٨		
	(ii) Place of accident]					J_]_							
	(iii) Give brief description of t	he accide <u>nt</u>]_														J]]	J	
		_]_		_ _		_ _			_]			_ _	_ _	_ _]_]_]_]		
		_	_ 	<u> </u>	J	_ _	ر_ ا ا ا	_ _	<u> </u>				_ _	_ا_ ا	_ _	_ _	<u> </u>	J 1	J I	J 1	J I)]
				<u> </u>)	_/_	السال	 nent	J_ Ifves	رسار stat.	ede:	 etail	/_ .s.		 Yes	ノー	J	<i>)</i>	┤ <u> </u>	/		ļ
	(iv) Was the claimant at the t	ime of accid	ent in	tnec	ourse	ofem	iptoyi	iiciic.	, c	,					162		No	· _	J			
	(v) Was the injured person	under the ir													Yes		No No)			
	(v) Was the injured person the time of the accident:	under the ir ?	ıfluend	ce of	alco	hol or	othe	r into	xican	nt					Yes		No)				
	(v) Was the injured person	under the ir ? conduct or d	isobec	ce of	alco	hol or	othe	r into	xican	nt)				
	(v) Was the injured person the time of the accident(vi) Was he guilty of any miss	under the ir ? conduct or d	isobec	ce of	alco	hol or	othe	r into	xican	nt					Yes		No)]		I
	(v) Was the injured person the time of the accident? (vi) Was he guilty of any miss which incident occurred.	under the ir? conduct ord ? If so, plea	isobec	ce of	te to	hol order	others / ru	r into	lue to	nt)					Yes		No)]]) 	J J]	
6.	(v) Was the injured person the time of the accident(vi) Was he guilty of any miss	under the ir? conduct ord ? If so, plea	isobec	ce of	te to	hol order	others / ru	r into	vicar	nt)					Yes		No)]]) 	J J		
6.	(v) Was the injured person the time of the accident: (vi) Was he guilty of any miss which incident occurred: (vii) Are you satisfied that the	under the ir? conduct or d ? If so, plea line injured p	isobec	ce of	te to	hol order	others / ru	r into	vicar	nt)				nt :	Yes		No)]])]]]			
6.	(vi) Was the injured person the time of the accident: (vi) Was he guilty of any miss which incident occurred the property of	under the ir? conduct or d ? If so, plea line injured p	isobec	ce of	te to	hol order	others / ru	r into	vicar	nt)					Yes		No)]]				
6.	(vi) Was the injured person the time of the accident: (vi) Was he guilty of any miss which incident occurred the property of	under the ir? conduct or d? If so, plea If so, plea ine injured p of injury? y if any?	isobec se give erson	cce office of full has r	te to	hol order	others / ru	r into	vicar	nt)				nt i	Yes		No)]]				
	(vi) Was the injured person the time of the accident? (vi) Was he guilty of any miss which incident occurred (vii) Are you satisfied that the Details of Injury (i) Give a brief description of Attach a certificate of doctor (iii) What is the probable periods.	under the ir? conduct or d ? If so, plea lif so, plea in injured p of injury? y if any? or confirming	isobed se give erson	cce of dilience full has r	te to	hol order	s / ru	r into	due to	nt)					Yes		No)]]				
 7. 	(vi) Was the injured person the time of the accident? (vi) Was he guilty of any miss which incident occurred (vii) Are you satisfied that the Details of Injury (i) Give a brief description of (viii) What is the % of disability Attach a certificate of doctor (viii) What is the probable periods.	under the ir? conduct or d ? If so, plea lif so, plea lif so, plea lif so, plea grif any? or confirming od of the dis	isobec se give erson	ce of dilience full has r	te to la part	order	s / ru	r into	due to	o o o o o o o o o o o o o o o o o o o		mplo		ent i	Yes		No)]]				
	(vi) Was the injured person the time of the accident? (vi) Was he guilty of any miss which incident occurred which is the your satisfied that the Details of Injury (ii) What is the % of disability Attach a certificate of doctor which is the probable period Details of Hospital	under the ir? conduct or d ? If so, plea he injured p of injury? y if any? or confirming od of the dis	isobec se give erson disabili	ce of dience full has r	te to la part	order cicular vith a	s / ru	r into	due to	o o o o o o o o o o o o o o o o o o o	of er	mplo		ont i	Yes		No)]]				
	(vi) Was the injured person the time of the accident? (vi) Was he guilty of any miss which incident occurred which is the you satisfied that the Details of Injury (ii) What is the % of disability Attach a certificate of doctor which is the probable period Details of Hospital (i) Has the injured person been accident?	under the ir? conduct or d ? If so, plea he injured p of injury? y if any? or confirming od of the dis	isobec se give erson disabili	ce of dience full has r	te to la part	order cicular vith a	s / ru	r into	due to	o o o o o o o o o o o o o o o o o o o	of er	mplo		ont :	Yes		No)]]				
	(vi) Was the injured person the time of the accident? (vi) Was he guilty of any miss which incident occurred which is the you satisfied that the Details of Injury (ii) What is the % of disability Attach a certificate of doctor which is the probable period Details of Hospital (i) Has the injured person been accident?	under the ir? conduct or d ? If so, plea he injured p of injury? y if any? or confirming od of the dis	isobec se give erson disabili	ce of dience full has r	te to la part	order cicular vith a	s / ru	r into	due to	o o o o o o o o o o o o o o o o o o o	of er	mplo			Yes		No)]]				

	(iii)	(iii) Date of admission in hospital Date: DD / MM / YYYYY	
	(iv)	(iv) Date of discharge from hospital. Date: DD / MM / YYYYY	
8.	(i)	(i) Whether injured person has returned to work? Yes No	
	(ii)	(ii) If yes, then the date of return and no. of days of absence? Date DD / MM / YYYYY	Days
9.	Cou	Court Procedure	
	(i)	(i) Has any case been filed in any court of law/tribunal against you, in relation to the accident? Yes No	
	(ii)	(ii) Have any notices / summons of the court been received by you? If yes, please provide copies of the same. Yes No	
	(iii)	(iii) Date and time of receipt of notice/summons from the authorities Date: DD / MM	/
		Time: :	
	(iv)	(iv) What is the present status of the proceedings? Also give the next date of hearing.	
	(v)	(v) Provide copies of all the documents that have been submitted to the Court either by you or the workmen/claimants, and copies of all the documents received with the notice from the court.	
	(vi)	(vi) Has the court passed any interim or final order? If yes, please provide copies of the same. Yes	No
	(vii)	(vii) Has the subject matter of the alleged claim/complaint been earlier reported to the Company by an Incident Reporting Form? If yes, please provide date of Incident Reporting Form, and append copy there of Date: DD / MM	No
	(viii)	(viii) If no, kindly submit a duly completed Incident Reporting Form / or set out here the Insured's views/comments on the alleged incident which has resulted in the alleged claim or compliant arising.	
	(ix)	(ix) The Insured's proposed response to the alleged claim/complaint?	
	(x)	(x) Does the insured propose to/has already availed of, any legal advise. Yes	No
	(xi)	(xi) If Yes, details of the lawyer/law firm together with their opinion.	
	(xii)	(xii) If No, the proposed steps by the Insured to evaluate the legal liability risk in the context of its response/proposed response and the facts having bearing on the matter.	
10.	Mis	Miscellaneous	
	(i)		
	(ii)		
		(iii) Give particulars of any other insurance, in respect of the same risk.	
	` '		
I/W	e agr	e, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in The agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, should not be absolutely forfeited, and the Policy shall be absolutely forfeited, and the Policy shall be	all make any false or
		eipt and/or acceptance of the "Consent / Claim Application Form" shall not constitute or deem to constitute an approval for a seclause and the Company reserves the right not to grant the permission.	ettlement in terms of
Plac	ce:	e:	
	_	· DDD/MM//YYYYY	

Statement of Wages

Month

IFSC Code No. of the Bank:

Permanent Account Number (PAN) of Payee

The object of this statement is to ascertain the injured person's average monthly earnings. Please therefore observe the following instructions very carefully. Failure to do so will entail unnecessary correspondence and cause undue delay in the settlement of the claim.

- 1. If the injured person has been in the service during a continuous period. (not broken by an absence of 14 or more consecutive days) of 12 months or more, then enter the wages etc. paid to him in each month during 12 months immediately preceding the accident.
- 2. If he has been in the service during a continuous period of less than 12 months but more than a month then enter the wages etc. paid to him in each month during such period immediately preceding the accident.
- 3. If he has been in the service during a continuous period of less than one month, than enter the wages paid to another workman employed on similar work during 12 months immediately preceding the accident i.e. accident to the workmen in respect of whom the claim is being submitted.
- 4. If you have no workman employed on similar work and for 12 months then enter the wages etc. paid to the injured workmen himself during whatever period of service he has put immediately preceding the accident.
- 5. Please specify the period for which wages have been entered in this statement by mentioning the date of the beginning of the period and the end of the period which should be the date prior to the date of accident.

Bonus

6. Please do not mention merely the rate of wages. Give full details as above.

Wages

		Value of Free Qua	Value of Free Quarters and Any Other									
Rs.	Р	Rs.	Р									
Total												
Total including all Allowamces												
(a) Were the above stated wages paid, or fallen due fo(b) Was the injured person absent from work at any time, doIf so, give the following particulars:-	uring the above stated	d period, for 14 or more consecutiv	ŕ									
Absent for days from DD / MM		to DD / MM / Y	YYY									
Date: DD / MM / Y Y Y Y	Signature of the	e Employer										
WC Claims - Claim No		bowli, Hyderabad, Andhra Prac Mandate Form	lesh, Pin Code: 500032									
A) Would you like to opt for Electronic Fund Transfer as mode of		A) Yes	B) No									
B) If yes, kindly provide the below mentioned details:	payment.	Α) 163	<i>b)</i> 110									
Payee Name (as per bank records): Days a Assay of Name (as per bank records):												
Payee Account No.:												
-	Others (specify):											
Name of the Bank												
Branch Name:												
Address of the Bank:												
Address of the balk [

1) Please attach an Original Blank Cancelled Cheque signed by the Payee.	Mandatory
2) Please attach a PAN Card copy of Payee	Mandatory

Terms and Conditions for Payments through RTGS / NEFT

- 1. The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
- 2. The RTGS / NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/orwithin such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS / NEFT facility.
- 3. The Customer agrees that under the RTGS / NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS / NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
- 4. The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- 5. ICICI Lombard General Insurance Company Ltd. may sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The Customer may discontinue or terminate the use of RTGS / NEFT facility by giving a minimum of 15 days prior written notice to ICICI Lombard General Insurance Company Ltd. The date of notice for ICICI Lombard will be the date of receipt of such notice by ICICI Lombard. The notice of such termination should be given to ICICI Lombard only at its corporate address and be addressed at ICICI Lombard GIC Ltd, ICICI Lombard House (Old Tata Press Building), 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025
- 6. A confirmation of the receipt of termination notice given by the Customer will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the Customer construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard to the Customer stating the date of receipt of such communication by the Customer.
- $7. \quad The Customer agrees that transaction (s) through RTGS/NEFT facility may attract inward RTGS/NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer's bank, shall be borne by the Customer's bank, and the customer's bank of the customer's ba$
- 8. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavor to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
- 9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or expressor suggest admission of liability by the company.
- 10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. website www.icicilombard.com or by sending them by post to the last address of the Customer.
- 11. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- 12. I / We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
- 13. I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Customer.

Signature of the Account Holder

