## CUSTOMER INFORMATION SHEET

**This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.**

| Sl. No. | Description<br>(Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
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| 1 | **Product Name**<br><br>Employee's Compensation Insurance | |
| 2 | **Unique Identification Number (UIN) allotted by IRDAI**<br><br>IRDAN115RP0010V02200607 | |
| 3 | **Structure**<br><br>Benefit Policy | |
| 4 | **Interests Insured**<br><br>This product covers the legal liability against employer towards its employees as per mentioned in the policy schedule. | |
| 5 | **Sum Insured / Scope**<br><br>As per Policy Schedule | Policy Schedule |
| 6 | **Policy Coverage**<br><br>Table A:<br>Indemnity against legal liability to all employees under the E. C. Act 1923 and subsequent amendment to the said Act prior to the date of issue of the policy, the Fatal Accidents Act, 1855 and at Common Law." | Policy Schedule |
| 7 | **Add-On Cover**<br><br>Below are the standard add on covers under the policy, will be available as opted by you:<br>- Medical Expenses Cover<br>- Occupational Disease Cover<br>- COVERAGE FOR CONTRACTORS WORKERS/ EMPLOYEES | Policy Schedule |
| 8 | **Loss Participation**<br><br>Nil Deductibles | Policy Schedule |
| 9 | **Exclusions**<br><br>Underground/Underwater works/Blasting/Demolition/Offshore | Policy Schedule and Part II |

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| | Rigs/Aircraft Crews/Ship Crews/Fire Brigades/Armed Force/Railways/ USA Canada employees/Professional Sports Team/Fire crackers manufacturing/ Pandemics/epidemics/Medical expenses above 12 months/ War/ Hostilities/ Terrorism/Accident in the place not specified/Occupational Disease/ Interest/penalty/medical expenses/Sub-Contractor/ Accidents under the influence of intoxicating liquor or drugs/Suicide/ Employees engaged in unspecified business/Absence of agreement.<br><br>For detailed exclusions, please refer the policy document. | |
| 10. | **Special Condition\s and Warranties (if any)**<br><br>Please refer to the policy schedule for special conditions applicable. | Policy Schedule and Part II |
| 11. | **Admissibility of Claim**<br><br>Immediate notice to us:<br><br>a. As soon as any loss occurs to any employees/Insured due to workplace hazard, you must immediately give notice to us of the loss. This is necessary so that we can survey/investigate the loss or damage.<br>b. Admissibility of claim: Any accident because of work will be covered. As per Section 3 of the Act, the employer is liable to pay compensation if the worker is injured by accident that:<br>1. Arises out of (i.e. while engaged in work)<br>2. In the course of his employment (i.e. during work hours)<br>c. Rejection of claim: Any claim arising out of work is not admissible. Any claim arising under influence of alcohol is not covered. Death /Accident due to self-injury or suicide shall not be admissible.<br>d. You can give notice to any of our offices or call centers.<br>e. You may be asked to submit:<br>i. . claim form,<br>ii. details of report to the police that You made, FIR<br>iii. PM report<br>iv. Worker age proof, wage register, attendance record<br>v. Number of employees working in company as on date of accident<br>In case of disability claim - Disability certificate in place of PM report.<br><br>Compensation will calculated as per below: | Part II |

| Scenarios | Compensation |
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| Death resulting from an injury | Amount equal to 50% of the monthly wages of the deceased employee multiplied by the relevant factor. |

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| | | OR<br>An amount of Rs 1.2 lakhs, whichever is more | |
| | Permanent total disablement from injury | An amount equal to 60% of the monthly wages of the injured employee multiplied by the relevant factor.<br>OR<br>An amount of Rs 1.4 lakhs, whichever is more | |
| | Permanent partial disablement result from the injury | In the case of an injury specified in Part II of Schedule I, Percentage of the loss of earning capacity caused by that injury (I)<br>In the case of an injury not specified in Schedule I, Proportionate to the loss of earning capacity as assessed by the qualified medical practitioner permanently caused by the injury. | |
| | Temporary disablement whether total or partial results from the injury | A half monthly payment of the sum equivalent to 25% of monthly wages of the employee to be paid in accordance with the provisions of sub-section (2) section 4 of Employee's Compensation Act, 1923. | |
| 12. | **Policy Servicing - Claim Intimation and Processing**<br><br>For policy servicing and claim intimation you can contact us via our:<br><br>Toll-free no.: 1800 2666,<br>Email ID: customersupport@icicilombard.com,<br>Mobile App: IL TakeCare App, or<br>WhatsApp: Send "Hi" to RIA @**7738282666**<br>Website: ICICI Lombard Website<br><br>**Reimbursement Claim Process:**<br><br>Follow these steps for a smooth and hassle-free claim experience:<br><br>**Intimate the Claim:** Notify us by submitting the claim form (download here) or by calling 1800 2666. Our claims associate will contact you and assign a surveyor.<br><br>**Survey of Loss:** The surveyor will assess the loss and request any documents, which you can upload here. Our team will verify and submit the final report.<br><br>**Verification and Processing:** Our claims department will verify the report and process your claim request.<br><br>**Offer for Settlement:** If your claim is approved, we will send you | | Part III |

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| | a settlement offer for your consent.<br><br>**Claim Payment:** Once we have your consent and complete the KYC check, we will transfer the payment directly to your bank account.<br><br>**Explanation for Denial:** If your claim is not payable, we will personally explain the reasons to you in detail.<br><br>**Claim Settlement Time:** We aim to settle your claim within 7 days of receiving your claim notification or the final survey report, whichever comes later.<br><br>**Escalation Matrix and Details of Designated Company Official:** For details of the escalation matrix and designated company officials please click here.<br><br>**Cancellation Clause:**<br><br>**If You Decide to Cancel:** You can cancel your policy anytime with written notice. It will end as soon as we receive it.<br><br>**If We Need to Cancel:** If fraud is detected, we may cancel your policy with at least 7 days' notice before the cancellation takes effect.<br><br>**Refund of Premium upon Cancellation:**<br>▪ For policies up to one year with no claims, we will refund the premium for the remaining period proportionally, based on your policy terms.<br>▪ For policies longer than one year, we will refund the premium for the remaining portion if coverage has not started.<br><br>**Policy Renewal Date:** Refer to the **Period of Insurance** section of the policy schedule. | |
| 13. | **Grievance Redressal and Policyholders Protection**<br><br>We are committed to giving you fair treatment and clear, timely information about your coverage, so you can make informed decisions. We also ensure efficient service and uphold high standards throughout the sale and servicing of your policy.<br><br>**Grievance Redressal:** If you have a concern, click here to understand our grievance redressal process or scan this QR code. If the issue persists, contact our Grievance Redressal Officer here.<br><br>If the issue remains unresolved, you can approach the Insurance | Part III (Refer Grievance Clause) |

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| | Ombudsman here or visit the Bima Bharosa Portal at bimabharosa.irdai.gov.in | |
| 14. | **Obligations of the Policyholder**<br><br>Here are a few important things to keep in mind:<br><br>▪ To disclose all information correctly sought by the insurer at time of filling the proposal form<br>▪ In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately<br>▪ Non-disclosure of material information may affect the claim settlement.<br>▪ Disclosure of other material information during the policy period.<br>▪ Ensure you provide accurate information when completing your proposal.<br>▪ Notify us right away of any changes, modifications, or additions to the declared information, as failure to disclose material details may impact your claim settlement. | Part III |

Declaration by the Policyholder:

I have read the above 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. *You can click here to download policy documents.*