

Customer Information Sheet

Employee Compensation Insurance (Workman Compensation)

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

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
1	Product Name	Employee Compensation Insurance (Workman Compensation)	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125RP0017V02201112	NA
3	Structure	Basis of Sum Insured << Benefit Basis>>	NA
4	Interests Insured	Employees of the Insured	NA
5	Sum Insured	<<as stated in the policy schedule>>	Refer Policy Schedule
6	Policy Coverage	Subject to the terms exceptions and conditions contained herein or endorsed hereon, that if at any time during the Period of Insurance any Employee or Employees 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 such claim incurred with the Company's consent.	Operative Clause
7	Add-on Cover	<<coverage & limits as stated in the policy schedule under add on section>>	Policy schedule
8	Loss Participation	<<as per policy schedule>>	Policy schedule
9	Exclusions	This Policy shall not cover liability of the Insured: <ul style="list-style-type: none"> 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. 	Exclusions

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		<ul style="list-style-type: none"> • Accident 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 the Business and on the directions of the Insured or any of its official authorized to exercise control and supervision over the Employee. • For Occupational Diseases contracted by an Employee • For interest and/or penalty imposed on the Insured under any law or otherwise. • Under any Law for medical expenses in connection with treatment of any Injury sustained by an Employee • For persons employed in the Business under a Contractor or Sub-Contractor of the Insured unless specifically covered in the Schedule • 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. • Assumed by agreement which would not have attached in the absence of such agreement. • 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. • For any accident occurring whilst the Employee is under the influence of intoxicating liquor or drugs. • For any incapacity or death of an Employee resulting from his/her deliberate self-injury or the deliberate aggravation of an accidental Injury. • Specific exclusions as per policy schedule. 	
10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy schedule
11.	Admissibility of Claim	<ol style="list-style-type: none"> 1. Intimation of a claim or any circumstances which may give rise to any claim should be reported immediately. 2. No admission, offer, promise or payment of liability without Insurer consent. 3. Provide all such information and assistance to company which is required. 4. Company has right to defend the claim against Insured. 5. Liability of Interest and penalty are not covered <p><u>Compensation:</u></p> <ol style="list-style-type: none"> 1. Compensation as per Employee Compensation act or under common law 2. Medical expenses, if opted under policy 	NA

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12.	Policy Servicing - Claim Intimation and Processing	<ul style="list-style-type: none"> • Contactus- 0226158 2020/ 02262346234 • Website - www.hdfcergo.com Email- care@hdfcergo.com • Details of designated company officials to be contacted in time of claim Liability Claims Manager – email ID - care@hdfcergo.com • Turn Around Time (TAT) in working hours/ days for claims settlement <ol style="list-style-type: none"> 1. Surveyor appointment- 24 hours from claim intimation 2. Survey report- 15 days from allotment of survey 3. Decision of claim to insured - 7 days from survey report • Escalation Matrix when TAT is not satisfied Email to – liabilityclaims@hdfcergo.com 	NA
13.	Grievance Redressal and Policyholders Protection	<p>If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:</p> <p>1. Our Grievance Redressal Officer</p> <p>If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:</p> <ul style="list-style-type: none"> • Contactus- 0226158 2020/ 02262346234 • Emails – grievance@hdfcergo.com • Contact Details for Senior Citizens: 022 6242 6226 Email ID: seniorcitizen@hdfcergo.com Designated Grievance Officer in each branch. • Company Website – www.hdfcergo.com • Courier - Any of our Branch office or corporate office <p>You may also approach the Complaint & Grievance (C&G) Redressal Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.</p> <p>If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at</p> <p style="text-align: center;">The Complaint & Grievance Redressal Cell, HDFC ERGO General Insurance The Company Ltd. D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra</p> <p>In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address</p>	Redressal of grievance

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<p>To the Chief Grievance Officer HDFC ERGO General Insurance The Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078, Maharashtra e-mail: cgo@hdfcergo.com</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://bimabharosa.irdai.gov.in</p> <p>You may also approach the nearest Insurance Ombudsman for resolution, if your grievance is not redressed by the Company. The contact details of Ombudsman offices are below if your grievance pertains to:</p> <ul style="list-style-type: none"> • Insurance claim that has been rejected or dispute of a claim on legal construction of the policy • Delay in settlement of claim • Dispute with regard to premium • Non-receipt of your insurance document <p>You may also refer Our website www.hdfcergo.com https://www.hdfcergo.com/customer-voice/grievances for detailed grievance redressal procedure.</p>	
14.	Obligations of the Policyholder	<ul style="list-style-type: none"> • To disclose all information correctly sought by the insurer at time of filling the proposal form • In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately • Non-disclosure of material information may affect the claim settlement. <p>Disclosure of other material information during the policy period.</p>	NA

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of the Policyholder)

Note:

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