

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.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
1	Product Name	Employee Compensation Insurance Policy	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN132RP0003V02201213	NA
3	Structure	Indemnity	NA
4	Interests Insured	Basic coverage provided under the policy protects clients from liability for death or disablement under the Employees Compensation Act and Common Law. Extensions: <ul style="list-style-type: none"> • Coverage for Occupational Diseases • Coverage for Contractors Workers/ Employees • Coverage for Medical Expenses 	NA
5	Sum Insured / Motor Insured Declared Value Scope	<<< INR XXXX >>>	NA
6	Policy Coverage	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 upto 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.	NA
7	Add-on Cover / Optional Cover	No Add-ons available under this product.	NA
8	Loss Participation	NA	NA
9	Exclusions	This Policy shall not cover liability of the Insured <ol style="list-style-type: none"> 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. 	Section II

		<p>b) 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.</p> <p>c) For Occupational Diseases contracted by an Employee</p> <p>d) For interest and/or penalty imposed on the Insured under any law or otherwise.</p> <p>e) Under any Law for medical expenses in connection with treatment of any Injury sustained by an Employee</p> <p>f) For persons employed in the Business under a Contractor or Sub-Contractor of the Insured unless specifically covered in the Schedule.</p> <p>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.</p> <p>h) Assumed by agreement which would not have attached in the absence of such agreement</p> <p>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.</p> <p>j) For any accident occurring whilst the Employee is under the influence of intoxicating liquor or drugs.</p> <p>k) For any incapacity or death of an Employee resulting from his/her deliberate self-injury or the deliberate aggravation of an accidental Injury.</p>																
10	Special Conditions and warranties (if any)	<<< To be fetched from policy schedule >>>	NA															
11	Admissibility of Claim	<p>1. Broad principle of Admissibility or Denial of claim</p> <ul style="list-style-type: none"> Insurance is a contract between 2 entities & loss governing contracts as well as tort shall be underlying guideline for admission or denial of claim. Further specific terms and conditions as well as warranties incorporated in the contract shall also play a major role Insured is expected to exhibit reasonable duty of due care and diligence failing with a claim may get rejected. Insurance is a contract of utmost good faith and any mis-declaration or omission to state material facts can prejudice a claim. <p>2. Typical compensation for death claim</p> <table border="1"> <thead> <tr> <th>Particulars</th> <th>Claim Details</th> <th>As per policy declared</th> <th>Value</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Wages</td> <td>Considered as per WC Act</td> <td>15,000</td> <td></td> </tr> <tr> <td>B</td> <td>Age</td> <td>Complete Age *</td> <td>25</td> <td>* to be calculated as</td> </tr> </tbody> </table>	Particulars	Claim Details	As per policy declared	Value	Remarks	A	Wages	Considered as per WC Act	15,000		B	Age	Complete Age *	25	* to be calculated as	NA
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					DOB- Date of Death
	C	Compensation factor	Factor As per WC Act **	216.91	**define in the act as per the age
	Sub total		50% of A X C X 100% (for death)	1,626,825	
	Add:	Funeral expense		5,000	*only applicable for death
	Gross Total			1,631,825	
	Add: Medical expense, if any			-	
	Less: Underinsurance if applicable			-	
	Net claim payable			1,631,825	

12	Policy Servicing – Claim Intimation and Processing	<ul style="list-style-type: none"> Toll free / IVRS number: 1800 220 233 / 1860-500-3333 / 022-67837800 Website: https://general.futuregenerali.in/ Email: fgclaims@futuregenerali.in Details of designated company officials to be contacted in time of claim – <<< Branch Policy - Branch Manager & Policy Servicing Office address and contact details For example – <i>Branch Manager</i> <i>Address - Off Code- 3N, 3rd Floor, No. 310, Radhe Arcade, Near Diwan Ballubhai High School, Maninagar, Maninagar, Gujarat Pincode:380008.</i> <i>Phone: +91 079-25464166 >>></i> <<<Direct Policy – <i>Future Generali India Insurance,</i> <i>Ph: 1800 220 233 / 1860-500-3333 / 022-67837800</i> <i>Email: fgclaims@futuregenerali.in</i> <i>Address: Future Generali India Insurance Co Ltd., Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400 083>>></i> Details of procedure to be followed for reimbursement of claim <ul style="list-style-type: none"> - Intimate claims immediately upon occurrence of any event. - To intimate claim, send email to fgclaims@futuregenerali.in or call at our helpline number 1800-220-233/1860-500-3333. - Customer to use the same claim number for all communications. - Surveyor appointment as per regulatory guidelines. - Preserve all records of damages, purchases invoices, reinstatement invoices, reports of police and other authorities concerned, photographs & any other documents may be called for. 	NA
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		<ul style="list-style-type: none"> - Do not take any actions that may compromise your claim as well as deny any opportunity to assess the claim. - Upon completion of all formalities, Insurance company shall confirm decision on acceptance of liability. - If claim is admissible and KYC/AML documents are already available with Insurer; claims payment shall be processed by NEFT mode of payment. <p>• Turn Around Time (TAT) for claims settlement</p> <table border="1"> <thead> <tr> <th>S. No</th> <th>Stages of claim</th> <th>Times lines for settlement of claims</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Appointment of surveyor, if applicable.</td> <td>Immediately, in any case within 24 hours of the receipt of intimation from the insured</td> </tr> <tr> <td>2.</td> <td>Submission of survey report</td> <td>within 15 days of appointment subject to all documents required to conclude assessment being submitted on the same day of intimation. If else, 15 days from the receipt of last document</td> </tr> <tr> <td>3</td> <td>Settlement of claim</td> <td>Within 7 days of receipt of survey report or 22 days from submission of all documents required to assess a claim.</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Escalation Matrix when TAT is not satisfied: Grievance Redressal Future Generali 	S. No	Stages of claim	Times lines for settlement of claims	1.	Appointment of surveyor, if applicable.	Immediately, in any case within 24 hours of the receipt of intimation from the insured	2.	Submission of survey report	within 15 days of appointment subject to all documents required to conclude assessment being submitted on the same day of intimation. If else, 15 days from the receipt of last document	3	Settlement of claim	Within 7 days of receipt of survey report or 22 days from submission of all documents required to assess a claim.	
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13.	Grievance Redressal and Policy holders Protection	<ul style="list-style-type: none"> • State the brief details of Protection of Policyholder's Interest - Policies Future Generali • Details of Grievance Redressal Officer of the Insurer - fgcare@futuregenerali.in • Bima Bharosa Portal - bimabharosa.irdai.gov.in • Ombudsman - https://www.cioins.co.in/Ombudsman 	NA												
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>Material information is very subjective and below are few examples:</p> <ul style="list-style-type: none"> • Business Description • Skilled and Unskilled employees • Contract Employees • Salary /Wages 	NA												

Declaration by the Policyholder.

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

Place:

Date:

(Signature of the Policyholder)

(Authorized Signatory, where policyholder is a juridical person)

(Stamp of the legal entity)

Note:

- i. Website link for documents: - <https://general.futuregenerali.in/customer-service/downloads>
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.