

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)

Address to dispatch Claim Documents : ICICI Lombard Health Care ICICI Bank Tower, Plot No.12, Financial District, Nanakram Guda, Gachibowli, Hyderabad, Andhra Pradesh, PIN No. 500032.	Cover Note / Policy No : <input type="text"/> Period of Insurance : <input type="text"/> Date of Accident : <input type="text"/> / <input type="text"/> / <input type="text"/> Claim Number : <input type="text"/>
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This will be in continuation of the Incident Reporting Form dated : / /

This form is only for the purpose of intimating the Company about the claims made/ seeking the permission of the Company to enter into a settlement. Insured shall not enter into settlement without the prior written permission of the Company. The completion and return of this form to the Company should not be delayed even if any of the particulars required cannot be immediately given. They may be forwarded to the Company afterwards as soon as possible.

1. DETAILS OF INSURED

(i) Name :

(ii) Address for correspondence:

 Pincode:

(iii) Contact Number: Mobile Number:

(iv) Email ID :

2. Details of the Injured Person/ Deceased

(i) Name :

(ii) DOB, Age and Gender : / / Yrs. Male Female

(iii) Residential Address :

 Pincode:

3. Details of occupation

- (i) What is the occupation in which the injured person is employed?
- (ii) Was the injured person engaged in this occupation when the accident occurred? Yes No
- (iii) If not state fully the nature of the work he was doing at the time of the accident?

4. Details of employment

- (i) Nature of Employment: Skilled , Unskilled , Semi-Skilled
If not applicable, provide Department/Grade
- (ii) Is the injured person in your direct employment? Yes No
- (iii) If not? give name and address of Contractor?
- (iv) When did the injured person enter your service? Date: / /

5. Details of the Accident

- (i) Date and time of accident Date / / Time: : :
- (ii) Place of accident
- (iii) Give brief description of the accident
- (iv) Was the claimant at the time of accident in the course of employment. If no, state details and attach required documents Yes No
- (v) Was the injured person under the influence of alcohol or other intoxicant at the time of the accident? Yes No
- (vi) Was he guilty of any misconduct or disobedience to orders / rules, due to which incident occurred? Yes No
If so, please give full particulars.
- (vii) Are you satisfied that the injured person has met with a bonafide accident of employment? Yes No

6. Details of Injury

- (i) Give a brief description of injury?
- (ii) What is the % of disability, if any? Attach a certificate of doctor confirming disability? %
- (iii) What is the probable period of the disablement? Days

7. Details of Hospital

- (i) Has the injured person been removed to hospital or medically attended? Yes No
- (ii) If yes, give name and address of hospital attending to injured person?
- (iii) Date of admission in hospital: Date: / /
- (iv) Date of discharge from hospital: Date: / /

8. (i) Whether injured person has returned to work? Yes No
- (ii) If yes, then the date of return and no. of days of absence? Date / / Days

9. Court Procedure

(i) Has any case been filed in any court of law/tribunal against you, in relation to the accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Have any notices / summons of the court been received by you? If yes, please provide copies of the same.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(iii) Date and time of receipt of notice/summons from the authorities	Date : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Time : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
(iv) What is the present status of the proceedings? Also give the next date of hearing.	
(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) Has the court passed any interim or final order? If yes, please provide copies of the same.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(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	Yes <input type="checkbox"/> No <input type="checkbox"/> Date : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(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 complaint arising.	
(ix) The Insured's proposed response to the alleged claim/complaint?	
(x) Does the insured propose to/has already availed of, any legal advise.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(xi) If Yes, details of the lawyer/law firm together with their opinion.	
(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. Miscellaneous

(i) Details of claims if any preferred by the affected party / claimant for the same loss from another source.	
(ii) Any other evidence in support of claim.	
(iii) Give particulars of any other insurance, in respect of the same risk.	
(iv) Give name and address of witness if any?	

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

Receipt and/or acceptance of the "Consent / Claim Application Form" shall not constitute or deem to constitute an approval for a settlement in terms of this clause and the Company reserves the right not to grant the permission.

Place:

Date: / /

Signature of Employer

PPD/PTD

- 1. Duly filled claim form with company seal and signature.
- 2. Muster Roll for attendance check.
- 3. Wage Register.
- 4. Disability certificate reflecting disability percentage from authorized medical officer/civil surgeon of civil hospital/govt. hospital of the district/units concerned.
- 5. Colour Photograph reflecting disability.

- 6. Indemnity cum declaration bond on Rs. 50 stamp paper.
- 7. Covering letter from employer stating description of accident.
- 8. Valid age proof.
- 9. GAZETTED/NOTARY attested copy of FIR (If reported to police authority).
- 10. Reports like, X-rays and other reports essential for confirmation of the type and percentage of disability.
- 11. NOC from Injured/deceased if payment to be done in favour of Insured.

Death

- 1. Duly filled claim form with company seal and signature.
- 2. Muster Roll for attendance check.
- 3. Wage Register.
- 4. WC award copy (with payment details).
- 5. FIR copy (GAZETTED/NOTARY attested).
- 6. Death Certificate (GAZETTED/NOTARY attested).
- 7. Covering letter from employer stating description of accident.
- 8. Valid age proof.
- 9. Complete post mortem report (GAZETTED/NOTARY attested).
- 9. Spot Panchnama/Inquest Panchnama/Panchayatnama incase of panchayat (GAZETTED/NOTARY attested).
- 10. Viscera/Chemical/Histopathological report if viscera preserved mentioned in post mortem report.
- 11. NOC from Injured/deceased/legal heirs if payment to be done in favour of Insured (if already paid).

In case of railway accident:

- 1. Railway Police Panchnama.
- 2. Railway Station Master Report.

Injury/Death due to Electrocutation:

Certificate from State electricity board, Electricity Board's Panchnama (Optional).

Injury/Death due to Snake Bite/Poisonous Animal Bite:

The Forensic Science Laboratory (FSL) Report (If recommended in PM Report).

If Medicals covered under policy:

Original Medical Bills with Prescription, photocopy of Discharge Card, X-ray report in case of fracture. Original medical bills required if Medicals covered under policy.

Remarks by insured/employer

Direct Fund Transfer/EFT Mandate Form

A) Would you like to opt for Electronic Fund Transfer as mode of payment ?

A) Yes

B) No

B) If yes, kindly provide the below mentioned details :

- Payee Name (as per bank records):
- Payee Account No.:
- Type of Account: Savings Current Others (specify):
- Name of the Bank :
- Branch Name :
- Address of the Bank :
- IFSC Code No. of the Bank:
- MICR Code No. of the Bank:
- Permanent Account Number (PAN) of Payee :

1) Please attach an Original Blank Cancelled Cheque signed by the Payee.	Mandatory <input type="checkbox"/>
2) Please attach a PAN Card copy of Payee	Mandatory <input type="checkbox"/>

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/ or within 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. 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
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 express or 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

