

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

Email: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**CUSTOMER INFORMATION SHEET**

This document provides key information about your policy. You are also advised to go through your policy document

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Product Name	EMPLOYEES' COMPENSATION INSURANCE	
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN123RP0032V02200203	
3	Structure	Indemnity is provided as determined by WC Commissioner/ Asst. Commissioner in WC Court. However, insurer's liability is limited by provisions of the EC Act. (Fines / penalties, interest for delay are not paid by the insurer).	
4	Interests Insured	This Policy provides your liability as an employer for employment injury of any of your employees who is an "Employee" defined under Employees Compensation Act. All eligible employees are to be insured without any selection. (Employees covered under ESI(Employee State Insurance) are not covered under WC. Outside the purview of ESI, rest of the employees are to be insured without selection. Onus of proof at the time of claim is on the Insured company /employer)	
5	Sum Insured	Total Estimated Wages/salary is the sum insured. The Sum Insured is calculated on the basis of monthly wages of employees. Definition of "monthly wages" for calculation of indemnity as per latest amendment as of now stands at Rs15000. This is a variable and declared in official Gazette from time to time by The Ministry of Labour	
6	Policy Coverage	The Employee's Compensation Insurance provides for payment of compensation to Employer on behalf of its employees in case of accidental injury to at workplace arising out of and in the course of employment against the following Death Permanent Total Disablement Permanent Partial Disablement Temporary Total Disablement Legal expenses and cost incurred with the Company's consent The policy covers legal liability of an employer under: • The Employees' Compensation Act, 1923, and subsequent amendments to the said Act prior to the date of issue of the policy • Common Law	
7	Add-on cover	Medical Expenses	
8	Loss Participation	Nil deductible	
9	Exclusions	The Company shall not be liable under the Policy in respect of : War group and nuclear group of perils Contractual employees - Employees belonging to the contractors of the Principal are not covered under the policy.(unless specifically declared) Liability of the Insured assumed under an agreement any sum which the Insured would have been entitled to recover from any party but for an agreement between the Insured and such party.	
10	Special conditions and warranties (if any)	Employer and employee relationship is an important prerequisite for issuance of Employee's compensation (EC) policy	
11	Admissibility of Claim	In addition to claim form the scrutiny of following documents is required in all W/C claims : a) Medical Certificate b) Wages Statement c) Proof of age – as recorded by the employer	

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		<p>The name of every employee together with the amount of wages salary and other earnings shall be properly recorded and the Insured shall at all times allow the Company to inspect such records and shall supply the Company with a correct account of all such wages salaries and other earnings paid during any period of Insurance with one month from</p> <p>In the event of any occurrence which may give rise to a claim under this Policy the Insured shall as soon as possible give notice thereof to the Company with full particulars</p>	
12	Policy Servicing - Claim Intimation and Processing	<p>For queries related to policy / claim servicing, please contact us at our Toll free number 1800-208-9100 or write to us at customercare@cholams.murugappa.com. Claim intimations be sent to notifyclaim@cholams.murugappa.com</p> <p>Documents required for Claim processing:</p> <p>Claim form, Wage Register / Attendance Register, Statement of the insured/claimant describing the cause of loss along with witness statement, FIR in support of accident, Post Mortem Report in case of Death Claim, Disability certificate in case of Disability claims, All Original Medical Bills / Receipts, Birth certificate for age proof, KYC documents PAN, ROC certificate, Aadhar, GST Registration Cert Etc., Any other Document, based on nature of claim, Turn Around Time for claims settlement is 7 Days from receipt of Award / Last Document</p>	
13	Grievance Redressal and Policyholders Protection	<p>GRIEVANCES</p> <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>You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address: In case of any grievance the insured person may contact the company through Website: www.cholainsurance.com Toll free: 1800 208 9100 E-Mail: customercare@cholams.murugappa.com Courier: Manager, Customer Care Chola MS General Insurance Company Limited. Hari Nivas Towers First Floor, #163, Thambu Chetty Street, Parry's Corner, Chennai - 600 001.</p> <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at GRO@cholams.murugappa.com For details of grievance officer, kindly refer the link www.cholainsurance.com</p> <p>If Insured Person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management system https://bimabharosa.irdai.gov.in/</p>	

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		<p>2. Consumer Affairs Department of IRDAI</p> <p>a. In case it is not resolved within 15 days or if You are unhappy with the resolution You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number 155255 (or) 1800 4254 732 or sending an e-mail to complaints@irdai.gov.in. You can also make use of IRDAI's online portal – Bima Bharosa Portal by registering Your complaint at https://bimabharosa.irdai.gov.in/</p> <p>b. You can send a letter to IRDAI with Your complaint on a Complaint Registration Form available by clicking here. You must fill and send the Complaint Registration Form along with any documents by post or courier to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad- 500032.</p> <p>c. You can visit the portal https://bimabharosa.irdai.gov.in/ for more details.</p> <p>3. Insurance Ombudsman</p> <p>You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at https://www.cioins.co.in/ombudsman, or on company website www.cholainsurance.com.</p>	
14	Obligations of Policyholder	The Insured shall take reasonable precautions to prevent accidents and disease and shall comply with all statutory obligations.	
Declaration by the Policyholder:			
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.