



**Policy Schedule:**

**Employees Compensation Insurance Policy**

**SCHEDULE**

(Forming part of Policy No. \_\_\_\_\_ whose terms are attached herewith)

1.Name of the Insured:			
2.Address:			
3.Customer ID No:		Business:	
4.Law(s) The policy covers Liability of the Insured under the following Law(s) shown as covered, subject to claim being otherwise admissible as per terms, conditions and exclusions of the policy and subject to limit of Indemnity as stipulated against each Law			
	LAW	LIMIT OF INDEMNITY	COVERAGE
4(a)	Employee Compensation Act, 1923 and subsequent amendments thereof prior to the date of issue of this policy	Subject otherwise, the the terms, conditions & Exclusion of the policy, the amount of liability incurred bt the <b>Insured</b>	Yes/No
4(b)	Common Law	Subject otherwise, to the terms, conditions & Exclusions of the policy, the amount of liability incurred by the insured, but not exceeding	
		a) Limit per <b>Employees</b> for any number of accidents during the <b>Period of Insurance</b> Rs. _____	
		b) Limit Per Accident for any number of <b>Employees</b> Rs. _____	
		c) Aggregate Limit for all accidents and claims arising therefrom during the <b>Period of Insurance</b> Rs. _____	
5.Period of Insurance From: _____ To: _____			
6.Premium (subject to adjustment of the estimated amount of wages, salaries and other earnings on which the premium is based, in terms of condition no. 6)			Rs: _____
7. Details of Employees Covered			



Description of work done by Employees	Declared Number of Employees	Declared Wages during the period of Insurance	Place /Places of Employment

**8. Subject to Following clause**

**Special Conditions**

**Extension**

1. Medical expenses. ( Yes/No)
2. Occupational Diseases. (Yes/No)
3. Inclusion of employees of contractors and sub-contractors (Yes/No)

Subject to terms and conditions of Employee Compensation Insurance Policy attached herewith.

In witness whereof the undersigned acting on behalf and under the authority of the Company has hereunder set his hand at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_.

**For Bharti AXA General Insurance Company Limited**

**Authorized Signatory**



Policy Schedule – Employees Compensation Insurance Policy

UIN of Product: IRDAN139RP0021V01200809

CIN : U66030KA2007PLC043362

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road. Vasanth Nagar

Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Wesbite: www.bharti-axagi.co.in; IRDA Reg.

No: 139, Email: customer.service@bhartiata.com

**Policy Wording:**

**Employees Compensation Insurance Policy**

**Employee Compensation Insurance**  
**Policy Wording**

**I. Preamble**

WHEREAS, the **Insured** by a Proposal which shall be the basis of this Contract and deemed to be incorporated herein, has applied to Bharti Axa General Insurance Company Limited (hereinafter called "the Company") for the insurance hereinafter contained for the **Business** described in the **Schedule** and has paid or agreed to pay the premium stated in the **Schedule** as consideration for such insurance.

NOW THIS **POLICY** WITNESSETH, 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/her 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** specified in the schedule 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.

PROVIDED ALWAYS that, in the event of any change in the Law(s) or the substitution of other legislation therefor, this **Policy** shall remain in force but the liability of the Company shall be limited to such sum as the Company would have been liable to pay if the Law(s) had remained unaltered.

**II. Definitions:**

This Policy, the **Schedule** and any Clauses thereon shall be considered one document and any word or expression to which a specific meaning has been attached in Definitions bears that specific meaning wherever it appears in this Policy in bold typeface.

1. **Business** means the Business of the **Insured** as specified in the **Schedule** in respect of which this Policy is issued.
2. **Injury** means physical bodily injury including death resulting from such injury, arising out of an accident but does not include any mental sickness, disease, **Occupational Disease**, unless caused by such physical bodily injury.
3. **Insured** means the person or organization specified in the Policy **Schedule** but does not include their Contractors or Sub-Contractors, unless specifically agreed.
4. **Occupational Disease** means any occupational disease or illness including but not limited to the diseases listed under Schedule III of the Employee's Compensation Act, 1923 contracted by an



**Policy Wording – Employees Compensation Insurance Policy (Retail)**

UIN of Product: IRDANI39RP0021V01200809CIN : U66030KA2007PLCo43362

Bharti AXA General Insurance Company Limited, 19th Floor, Parinee Cresenzo, G-Block, BKC, Bandra East, Mumbai - 400051.

Telephone: 080 4901 0222

www.bharti-axagi.co.in

IRDAI Reg No: 139.

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**Employee** due to employment.

5. **Wages** means the remuneration payable to an **Employee** by the **Insured** for the employment in the **Business** and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of an employee towards any pension or provident fund or a sum paid to an employee to cover any special expenses entailed on him by the nature of his employment;
6. **Employee** or **Employees** means such person or persons in direct employment under the **Insured** in the Business, but shall not include any person employed under a Contractor or Sub-Contractor of the Insured unless specifically shown as covered in the **Schedule** and by an endorsement.
7. **Schedule** means the **Schedule** attached to and forming part of this Policy.
8. **Period of Insurance** means the period for which this insurance is availed by the Insured as specified in the **Schedule**, unless cancelled earlier.
9. **Limit of Indemnity** means the maximum amount of indemnity as specified in the **Schedule** that will be provided under this Policy by the Company in respect of
  - a. any particular claim by an **Employee** and
  - b. all claims arising out of all accidents for any number of **Employees** during the Period of Insurance.

### III. Exclusion

This Policy shall not cover liability of the Insured in respect of or related to,

- a) For Injury caused to **Employee** by accident, either 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, ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- b) Accident occurring at any place other 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 authorize to exercise control and supervision over the **Employee**
- c) For Occupational Diseases contracted by an **Employee**.
- d) For interest and/or penalty imposed on the **Insured** under any law or otherwise.



### Policy Wording – Employees Compensation Insurance Policy

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- e) Under any Law for medical expenses in connection with treatment of any Injury sustained by an **Employee**, unless specifically opted by Insured and agreed and covered by the Company.
- f) For persons employed in the Business under a Contractor or Sub-Contractor of the Insured unless specifically covered in the **Schedule**.
- g) For Injury sustained by person whilst in the employment of the **Insured** in business other than what is mentioned in the policy or in respect of **employee/s** who are not specifically mentioned in the policy **schedule**.
- h) Assumed by agreement which would not have attached in the absence of such agreement.
- 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.
- j) For any accident occurring whilst the **Employee** is under the influence of intoxicating liquor or drugs.
- k) For any incapacity or death of an Employee resulting from his/her deliberate self-injury or the deliberate aggravation of an accidental Injury.

#### CONDITIONS

1. **The Contract:** This **Policy** and the **Schedule** shall be read together as one contract and any word defined herein and shown in bold shall bear such specific meaning wherever it may appear in the **Policy** or the **Schedule**.
2. **Due Observance:** The due observance and fulfilment of the terms, conditions and endorsements of this **Policy** so far as they relate to anything to be done or not to be done by the Insured shall be condition precedent to any liability of the **Company** to make any payment under this Policy.
3. **Misrepresentation/Non-Disclosure:** This Policy shall be void in the event of any misrepresentation or non-disclosure in the Proposal and the **Insured** is deemed to warrant the truth and accuracy of the statements and answers in the Proposal which form the basis of this Policy.

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4. **Written Communication:** Every notice or communication to be given or made under this **Policy** shall be delivered in writing to the Company.
5. **Safeguards:** The **Insured** shall take reasonable precautions to prevent accidents and disease and shall comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.
6. **Claim Intimation:** In the event of any occurrence which may give rise to a claim under this **Policy**, the **Insured** shall as soon as possible, and in any case within a period of thirty days of such occurrence, give notice thereof to the **Company** in writing with full particulars. Every letter, notice, claim, complaint, suit, petition, summons and process shall be notified to the Company immediately on receipt. Notice shall also be given to the Company immediately after the **Insured** shall have knowledge of any impending prosecution, inquest or fatal enquiry in connection with any such occurrence as aforesaid .
7. **Company's Rights After Loss:** No admission, offer, promise or payment shall be made by or on behalf of the **Insured** without the consent of the Company which shall be entitled, without being obliged to do so, if it so desires to take over and conduct in his name the defence or settlement of any claim or to prosecute in his/her/their name for its own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim and the **Insured** shall give all such information and assistance as the Company may require.
8. **Declaration of Employees and Wages:** It is clearly agreed and Understood that the **Insured** shall be bound at all times to declare all **Employees** and **Wages** payable in respect of such **Employees** on the basis of which the Premium for this **Policy** is calculated.
  - i. In case of an increase in the **Employees** or **Wages** subsequent to insurance, the **Insured** shall keep the Company intimated and obtain an endorsement by payment of necessary additional premium.
  - ii. The **Insured** shall as and when required by the Company permit inspection of its records to verify the **Wages** and **Employees** and shall also provide duly authenticated copies thereof, if so required by the Company.
9. **Average :** Notwithstanding anything contained hereinabove,
  - i.
    - a) If the number of **Employees** (whether on duty or otherwise) employed by the **Insured** on the date of accident is higher than the number covered under this **Policy**, the Company shall indemnify **Insured's** liability arising out of such accident, only in such proportion that the number of **Employees** covered bears to the **Employees** found employed on the date of accident.

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- b) If the amount of **Wages** declared for this insurance for all **Employees** is less than the actual **Wages** paid until the date of accident, the Company shall be liable to indemnify on any claim only in proportion that the **Wages** declared bears to the **Wages** paid. For the purpose of this clause, the **Wages** declared shall be calculated proportionately for the period from the commencement of Policy, until the date of accident for comparison with the actual **wages** paid during such period to determine applicability of this clause .
- c) If the liability of the Insured for any claim by an Employee is determined on the basis of **Wages** higher than covered under this Policy, the Company shall be liable to indemnify only in proportion that the **Wages** covered under the Policy for the Employee/**Employees** bears to the **Wages** on the basis of which Insured is held liable. For the purpose of this clause, the **Wages** covered in respect of any Employee shall be deemed to be the average wage per Employee in the category under which the Employee falls as specified in the Schedule , unless actual **Wages** paid at the time of accident is substantiated by submission of documentary evidence to the company.
- II. If more than one of the above clauses is found applicable in respect of a claim, only such clause under which the liability of the Company is least shall be applied.
- 10. Maintenance of record of Employees/Wages:** The **Insured** undertakes to maintain an accurate record of the **Employees** and **Wages** in respect of the **Business** throughout the **Period of Insurance**, in compliance with all statutory requirements or otherwise, and allow the **Company** to inspect such records during or upon expiry of this **Policy**.
- 11. Contribution:** If at the time of the happening of an accident covered by this **Policy**, there shall be any other insurance covering the same risk in respect of the **Employee** whether or not effected by the **Insured**, then the Company shall not be liable to contribute more than its rateable proportion of the amount that would otherwise be payable under this Policy.
- 12. Cancellation:** The Company or the **Insured** may cancel this Policy by sending at least 15 days written notice to the other party at his/her/their last known address and in such event the premium shall be adjusted in accordance with Condition 8 above.
- 13. Forfeiture:** If the **Insured** shall make any claim or connive in the making of any claim, knowing the claim to be false or fraudulent, the Policy shall become void and all claims will stand forfeited.
- 14. Subrogation:** In the event of any payment under this **Policy**, the **Company** shall be subrogated to the extent of such payment to all the **Insured's** rights of recovery and the **Insured** shall execute all papers required and shall do everything necessary to secure and preserve such right, including the execution of such documents necessary to enable the Company effectively to bring suit in the name of each **Insured**.
- 15. Arbitration:**

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- a. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) in respect of any claim, such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to this agreement or if they cannot agree upon a single arbitrator to a panel of three arbitrators to be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The arbitration shall be governed by Indian law. The venue of arbitration shall be within India.
- b. It is clearly agreed and understood that no reference to arbitration can be made if the **Company** has either not admitted or has disputed liability in respect of any claim under or in respect of this **Policy**.
- c. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.
- d. It is further expressly agreed and declared that if the **Company** shall disclaim liability in respect of any claim and is not within 12 calendar months from the date of such disclaimer be made the subject matter of a suit or proceeding before a Court of law or any other forum, it shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**16. Law and Jurisdiction :** It is hereby declared and agreed that this contract of insurance and all claims thereunder shall be governed by Indian Law and any legal proceeding in respect thereof shall be instituted before a competent court of India. All claims shall be paid in Indian Rupees only .

**Observance of Terms and Conditions:**

The due observance and fulfilment of the terms, provisions, warranties and conditions of and endorsements to this Policy insofar as they relate to anything to be done or complied with by the **Insured** shall be a condition precedent to any liability of the Company to make any payment under this Policy.

**Sanction/Embargoes**

The Company shall not be deemed to provide cover and the Company shall not be liable to pay for any Loss or provide any benefit hereunder to the extent that the provision of such cover, payment of such Loss or provision of such benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom United States of America and/or any other applicable national economic or trade sanction law or regulations.

**GRIEVANCES REDRESSAL PROCEDURE:**

The Company is committed to extend the best possible services to its customers. However, If

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Policyholder/**Insured** Person have a grievance that he/she wish us to redress, he/she may contact the Company with the details of their grievance via:

- Website: [www.bharti-axa.co.in](http://www.bharti-axa.co.in)
- Email: [customer.service@bharti-axa.com](mailto:customer.service@bharti-axa.com)
- Phone: 18001032292
- Courier: Any of the Company's Branch office or corporate office

Policyholder/**Insured/ Insured** Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.

#### Escalation Level 1

In case the Policyholder/**Insured/Insured** Person has not got his/her grievances redressed through one of the above methods (After 5 days of intimating of your complaint), Policyholder/ **Insured/ Insured** Person may contact the National Grievance Redressal Officer at :

Write to: Bharti AXA General Insurance, Spectrum Towers, 3rd floor, Malad Link Road, Malad (west), Mumbai- 400064

Call: 022-48815939

Email: [NGRO@bharti-axa.com](mailto:NGRO@bharti-axa.com)

3rd floor, Spectrum Tower, Rajan Pada  
MindSpace, Malad (W), Mumbai - 400 064

#### Escalation Level 2

In case the Policyholder/ **Insured/Insured** Person has not got his/her grievances redressed through any of the above methods (After 5 days of approaching National Grievance Redressal Officer), Policyholder/ **Insured/ Insured** Person may contact the Chief Grievance Redressal Officer at:

Email : [CGRO@bharti-axa.com](mailto:CGRO@bharti-axa.com)

#### Escalation Level 3

In case the Policyholder/ **Insured/Insured** Person has not got his/her grievances redressed by the Company within 14 days, or, If Policyholder/ **Insured/Insured** Person is not satisfied with Company's redressal of the grievance through one of the above methods, Policyholder/ **Insured/ Insured** Person may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are mentioned below. Policy holder may also obtain copy of IRDAI circular Ref No. F. No. IRDAI/Reg/8/145/2017, notification on Insurance Regulatory and Development Authority (Protection of Policy holders' interests) Regulations, 2017 from any of our offices.

#### Grievance Redressal Cell of the Consumer Affairs Department of IRDAI

The insurance company should resolve the complaint within a reasonable time. In case if it is not resolved within 15 days or if the **Insured/Insured** Person is unhappy with their resolution you can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI.

- Website: [igms.irda.gov.in](http://igms.irda.gov.in)
- Email: [complaints@irda.gov.in](mailto:complaints@irda.gov.in)
- Toll Free Number 155255 (or) 1800 4254 732

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### **LIST OF OMBUDSMAN**

#### **Office Details**

##### **AHMEDABAD - Shri/Smt.....**

Office of the Insurance Ombudsman,  
Jeevan Prakash Building, 6th floor,  
Tilak Marg, Relief Road,  
Ahmedabad – 380 001.  
Tel.: 079 - 25501201/02/05/06  
Email: bimalokpal.ahmedabad@ecoi.co.in

##### **BENGALURU - Smt. Neerja Shah**

Office of the Insurance Ombudsman,  
Jeevan Soudha Building, PID No. 57-27-N-19  
Ground Floor, 19/19, 24th Main Road,  
JP Nagar, 1st Phase,  
Bengaluru – 560 078.  
Tel.: 080 - 26652048 / 26652049  
Email: bimalokpal.bengaluru@ecoi.co.in

##### **BHOPAL - Shri Guru Saran Shrivastava**

Office of the Insurance Ombudsman,  
Janak Vihar Complex, 2nd Floor,  
6, Malviya Nagar, Opp. Airtel Office,  
Near New Market,  
Bhopal – 462 003.  
Tel.: 0755 - 2769201 / 2769202  
Fax: 0755 - 2769203  
Email: bimalokpal.bhopal@ecoi.co.in

##### **BHUBANESHWAR - Shri/Smt.....**

Office of the Insurance Ombudsman,  
62, Forest park,  
Bhubneshwar – 751 009.  
Tel.: 0674 - 2596461 /2596455  
Fax: 0674 - 2596429  
Email: bimalokpal.bhubaneswar@ecoi.co.in

##### **CHANDIGARH - Dr. Dinesh Kumar Verma**

Office of the Insurance Ombudsman,  
S.C.O. No. 101, 102 & 103, 2nd Floor,  
Batra Building, Sector 17 – D,  
Chandigarh – 160 017.  
Tel.: 0172 - 2706196 / 2706468  
Fax: 0172 - 2708274

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<b>Office Details</b>
Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>
<b>CHENNAI - Shri M. Vasantha Krishna</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>
<b>DELHI - Shri/Smt.....</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>
<b>GUWAHATI - Shri Kiriti .B. Saha</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>
<b>HYDERABAD - Shri I. Suresh Babu</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a>
<b>JAIPUR - Smt. Sandhya Baliga</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005, Tel.: 0141 - 2740363

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**Office Details**

Email: [Bimalokpal.jaipur@ecoi.co.in](mailto:Bimalokpal.jaipur@ecoi.co.in)

**ERNAKULAM - Ms. Poonam Bodra**

Office of the Insurance Ombudsman,  
2nd Floor, Pulinat Bldg.,  
Opp. Cochin Shipyard, M. G. Road,  
Ernakulam - 682 015.  
Tel.: 0484 - 2358759 / 2359338  
Fax: 0484 - 2359336  
Email: [bimalokpal.ernakulam@ecoi.co.in](mailto:bimalokpal.ernakulam@ecoi.co.in)

**KOLKATA - Shri/Smt.....**

Office of the Insurance Ombudsman,  
Hindustan Bldg. Annexe, 4th Floor,  
4, C.R. Avenue,  
KOLKATA - 700 072.  
Tel.: 033 - 22124339 / 22124340  
Fax : 033 - 22124341  
Email: [bimalokpal.kolkata@ecoi.co.in](mailto:bimalokpal.kolkata@ecoi.co.in)

**LUCKNOW -Shri/Smt.....**

Office of the Insurance Ombudsman,  
6th Floor, Jeevan Bhawan, Phase-II,  
Nawal Kishore Road, Hazratganj,  
Lucknow - 226 001.  
Tel.: 0522 - 2231330 / 2231331  
Fax: 0522 - 2231310  
Email: [bimalokpal.lucknow@ecoi.co.in](mailto:bimalokpal.lucknow@ecoi.co.in)

**MUMBAI - Shri Milind A. Kharat**

Office of the Insurance Ombudsman,  
3rd Floor, Jeevan Seva Annexe,  
S. V. Road, Santacruz (W),  
Mumbai - 400 054.  
Tel.: 022 - 26106552 / 26106960  
Fax: 022 - 26106052  
Email: [bimalokpal.mumbai@ecoi.co.in](mailto:bimalokpal.mumbai@ecoi.co.in)

**NOIDA - Shri/Smt.....**

Office of the Insurance Ombudsman,  
Bhagwan Sahai Palace  
4th Floor, Main Road,  
Naya Bans, Sector 15,

**Policy Wording – Employees Compensation Insurance Policy**

UIN of Product: IRDAN139RP0021V01200809

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road, Vasanth Nagar Bangalore - 560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLCo43362; Website: [www.bharti-axa.co.in](http://www.bharti-axa.co.in); IRDA Reg. No: 139, Email: [customer.service@bharti-axa.com](mailto:customer.service@bharti-axa.com)

CIN : U66030KA2007PLCo43362





suraksha ka/  
naya nazariya

**Office Details**

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**PATNA - Shri/Smt.....**

Office of the Insurance Ombudsman,  
1st Floor, Kalpana Arcade Building,,  
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Patna 800 006.  
Tel.: 0612-2680952  
Email: bimalokpal patna@ecoi.co.in

**PUNE - Shri/Smt.....**

Office of the Insurance Ombudsman,  
Jeevan Darshan Bldg., 3rd Floor,  
C.T.S. No.s. 195 to 198,  
N.C. Kelkar Road, Narayan Peth,  
Pune – 411 030.  
Tel.: 020-41312555  
Email: bimalokpal pune@ecoi.co.in

**Policy Wording – Employees Compensation Insurance Policy**

UIN of Product: IRDAN139RP0021V01200809

CIN : U66030KA2007PLCo43362

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road, Vasanth Nagar Bangalore - 560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLCo43362; Website: www.bharti-axa.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com



**Endorsements Wording:****Employees Compensation Insurance Policy**Coverage for Medical Expenses

Policy No –  
Insured -

In Consideration of the payment of an additional premium, it is hereby understood and agreed that, this policy extended to cover **Insured's** liability towards medical expenses for treatment of injury arising out of accident in respect of which indemnity granted under this policy otherwise applies.

Provided always that the liability of the company under this endorsement shall be limited to Rs \* \_\_\_\_\_ in respect of each **Employee** per accident and aggregate of the company for all accidents including all employees during the **period of Insurance** to Rs \* \_\_\_\_\_

*Subject to terms, provisions and conditions, otherwise provided in the Policy*

*\*If the Underwriter wants to give complete coverage for actuals incurred the last paragraph of the endorsement can be deleted*

**Endorsements Wording – Employees Compensation Insurance Policy**

UIN of Product: IRDAN139RP0021V01200809

CIN : U66030KA2007PLC043362

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road, Vasanth Nagar Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Website: www.bharti-axa.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com





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### Coverage for Occupational Diseases

Policy No-  
Insured-

In consideration of the payment of additional premium, it is hereby understood and agreed that, the indemnity herein granted is extended to cover the legal liability of the **Insured to Employee** for **Occupational Diseases** solely and directly contracted due to employment under the **Insured** in the **Business** in respect of which the Policy is granted.

Provided always that the liability of the Company under this endorsement shall be limited to Rs. \*  
\_\_\_\_\_in respect of each **Employee** and the aggregate liability of the Company for all  
**Employees** during the **Period of insurance** to Rs. \_\_\_\_\_

*Subject to terms, provisions and conditions, otherwise provided in the Policy*

*\*If the Underwriter wants to give complete coverage for actuals incurred the last paragraph of the endorsement can be deleted*

Endorsements Wording – Employees Compensation Insurance Policy

UIN of Product: IRDAN139RP0021V01200809

CIN : U66030KA2007PLC043362

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road, Vasanth Nagar Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Website: www.bharti-axa.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com





**Coverage for Contractors Workers/Employees**

Policy No -  
Insured -

In consideration of the payment of an additional premium, it is hereby understood and agreed that, the indemnity herein granted is extended to cover the legal liability of the Insured to Employees in the employment of Contractors performing work for the Insured while engaged in the Business in respect of which the Policy is granted, but only so far as regarding claims under the Employees Compensation Act, 1923, and subsequent amendments of the said Act prior to the date of the issue of this Policy.

1. Contractor's Name  
Registered Address

Sr. No.	Description of done by Employees	Declared Number of Employees	Declared Wages/Contract Value during the Period of Insurance	Place/Places of Employment
2				

2. Contractor's Name  
Registered Address

Sr. No	Description of work done by Employees	Declared Number of Employees	Declared Wages/Contract Value during the Period of Insurance	Place/Places of Employment
1				
2				
3				
4				

Subject to terms, provisions and conditions, otherwise provided in the Policy.

Endorsements Wording – Employees Compensation Insurance Policy

UIN of Product: IRDAN139RP0021V01200809

CIN : U66030KA2007PLC043362

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road, Vasanth Nagar Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Website: www.bharti-axa.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com

