

digit INSURANCE

# YOU ARE MAKING A SMART CHOICE

Your Personalised Quote



Digital Insurer  
of the Year  
Award<sup>1</sup>



Most Innovative  
General InsurTech  
Company<sup>2</sup>

TRUSTED BY

**2 CRORE+ INDIANS\***

FOR ALL INSURANCE NEEDS

\*Includes cumulative count of all policies/members/lives on-boarded from inception till 31st March 2022. 1. Brand Awards-2021, 2. 24th Asian Insurance Industry Awards-2020. Go Digit General Insurance Ltd, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095, Toll Free- 18002585956, www.godigit.com, CIN: U66010PN2016PLC167410, IRDAI Regn No: 158, please read policy terms and conditions carefully before concluding sale.



## Proposal Form/Transcript



### Digit Employees Compensation Insurance Policy

UIN: IRDAN158RP0020V01201920

Go Digit General Insurance Ltd

## Disclaimer

- a. This proposal will be the basis of the insurance policy that we issue. You must disclose all facts relevant to all employee(s) proposed to be insured that may affect the Company's decision to issue a policy or its terms. Non-compliance may result in avoidance of the policy.
- b. Please note that policy issuance is subject to receipt of premium and successful completion of KYC requirements.
- c. If there is insufficient space for you to provide information, whether as requested or otherwise, please attach a separate sheet duly signed or affixed with thumb impression.
- d. If you are in doubt, you can get in touch with your agent/intermediary or call us at 1800-258-5956 or e-mail at hello@godigit.com.
- e. If at any time during the Period of Insurance any Employee of the Insured so declared shall sustain Injury by accident arising out of and in the course of his employment in the Business, Indemnity shall be under Law(s) opted for, subject to the terms, exceptions and conditions contained in the Policy wordings or endorsed hereon, upto the Limit of Indemnity against all sums for which the Insured shall be so liable which is agreed by the Insurer and mentioned on the Policy Schedule.

*For Office Use only:			*For Partner Use Only:		
Scrutiny No	Receipt No	Policy No	Partner Code	Partner IMD Code	Partner Name
D100673365			1000158		POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED

## Personal Details

Proposer Name	V TECH SOLUTION	Proposer's Business (Correspondence) Address:	Avas Vikas, Near Brahaspati Dev Mandir, Rudrapur Udham Singh Nagar 263153
Pincode	263153	Mobile Number	+917830000191
Year of Incorporation		Email Id	vtech.solutions@live.in
PAN	AINPB9558P		
GST Number	05AINPB9558P1ZI	Paid Up Capital	
Annual Turnover		Address of the Premises to be Insured	U.S Nagar Nainital 244713
Pincode	263153	Policy to be Issued In favor of (List of all Parties who have Insurable Interest Including Financial Institutions):	
Nature of Business / Occupation / Activity Carried Out at the Premises Proposed to be Insured	Electric Cables, Makers and suppliers of incl. Cablelaying, installation and Erection work	Detailed Description of the Premises(s) (Whether used Residential / Non-Industrial Commercial / Industrial / Non-Manufacturing Industrial/ Utilities):	CCTV camera installation with cable Laying

## Risk Period

Policy Period	From	17-Apr-2023	00:00:01	To	16-Apr-2024	23:59:59
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## Coverage Details

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coverage Options [Yes/No]
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act	Yes
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 Employee for any number of accidents during Period of Insurance b. Limit Per Accident for any number of Employees c. Aggregate Limit for all accidents and claims arising there from during the Period of Insurance	Yes

## Endorsement Details

Medical Expenses Cover	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	a. Limit Per Employee for any number of accidents during Period of Insurance INR b. Aggregate liability for all accidents during the Period of Insurance INR	No
Occupational Diseases Cover		a. Limit Per Employee INR b. Aggregate liability of the company for all employees during the Period of Insurance INR	No
Contractors Employees		Limit: As per Employees Compensation Act	Yes

## Endorsement Applicable

- Endorsement No 177 :- The within policy does not indemnify the Insured in respect of any death due solely and directly to working in or being released from compressed air or disablement of any kind arising from caisson disease otherwise called compressed air sickness.

## All Persons Employed Must Be Included

**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 a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment;

## Own Employee Details

Job Description of Employees	Declared Number of Employees	Maximum Estimated Monthly wages	Classification Number	work category
CCTV camera installation with cable Laying	3	15000.00	135	Electric Cables, Makers and suppliers of incl. Cablelaying, installation and Erection work

## Contractors Employee Details [if the coverage has been opted for]\*\*

Contractor Name & Registered Address	Declared Number of Employees	Total Declared Wages/Contract Value During the Policy Period	Place/Places of Employment
As per the Annexure			
** Please attach additional sheets if required.			

## Other Details:

1. Does the above, schedule include- i. All persons in your service? ii. All your contractors/ subcontractors?	
2. Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business? If Yes, please provide the below details: i. Is there documented SOP of Employee Safety in Place? ii. Is there Compliance Procedure in Place? iii. Is there SOP for corrective measure against Breach in SOP? iv. Is there a Periodic Review of these SOP(s)?	
3. Are there any precautionary measures which can be carried out in case of accident/ fire: If Yes, please provide the below details: i. Are there any Fire Extinguishers in the Premises?	

ii. Is there any hydrant system in place?	
iii. Are there any smoke detectors in place?	
iv. Is there 24 X 7 Security in the Premises? If No, please share the details of any other Security in the premises.	
4. Is there a Safety Training Programme for the Employees? If Yes, what is the frequency of Safety Training?	
5. What is the distance of the nearest hospital from the workplace of the employees?	
6. Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements?	
7. Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.	
8. Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	

State the total Wages paid and particulars of accidents to your employees during the past three years.**		
Year [Past 3 years from this date]	Wages Paid	Amount of Loss
State the total wages paid and particulars of accidents to your contractors employees during the past three years.**		
Year [Past 3 years from this date]	Wages Paid	Amount of Loss
** Please attach additional sheets if required.		

## Special Terms and Conditions

- Any change in "location" or "nature of employment", if any during the policy period should be informed to the insurer mandatorily and the same shall be covered at the discretion of the Insurer. Where additional premium is required the same shall be charged.
- Occupational diseases shall only mean diseases listed in Part "C" of Schedule III to W.C. Amendment Bill 1989.
- Warranted that attendance and wage register is maintained at the place of employment by the Insured as per statutory requirements/compliance and to be submitted when required by insurer.
- Warranted that at any point in time the total No. of workers on the site Should not exceed No. of employees mentioned in the policy.
- Warranted that employees working at a height, especially exceeding 9 meters should be harnessed using adequate and well maintained fall arrest equipment with personal protective equipment, including harness, ropes, safety helmets, gloves, etc.
- Exclusion: Any work involving blasting, tunnelling, work on high tension live wires, off shore work, underground/ under water work, subaqueous work or any related services in connection therewith.
- Exclusion: Workers predominantly engaged in wrecking or demolition and/or Standalone demolition only Projects and/or collection or removal of scrap metal and any related activities including Loading and unloading. However, demolition in conjunction with re-construction/construction/alteration will be covered.
- Exclusion: Workers involved in maintenance of towers, steeples, bridges, Dams, chimney shafts and excavation > 3mts unless specifically agreed and mentioned on this schedule.
- Exclusion: Any interest and/or penalty imposed on the insured on account of his /their failures to comply with the requirements laid down under the Employee's Compensation ACT, 1923.
- Work Description-
- Work Description warranty:**
  - Nature of work in which employees are involved during policy period shall be clearly mentioned on work description.
  - Nature of work shall have correlation with work description for which policy has been issued and rates shall be charged in accordance with the same.
  - Work description shall not fall under any of the policy exclusions mentioned on policy schedule as well as wording.

Notwithstanding any provision to the contrary within this insurance, the above-mentioned Work description (if any) will be read together with the terms & conditions of this policy and in no instance shall supersede the policy provisions and exclusions stated, unless specifically agreed and endorsed on the policy by the underwriter."
- Word Order / Contract Reference No:-

## Premium and Payment Details

Total Net Premium	1641.60	
CGST rate and amount		0.00
SGST/UTGST rate and Amount		
IGST rate and Amount	18%	295.49
Final Premium	1937.09	

Cheque No/NEFT Ref No	
Bank Name	
Date	
Amount (Including applicable taxes)	1937.09

## Declaration

- I/We the undersigned desire to effect an insurance in terms of the Policy to be issued by the Company against my/our Statutory, Common Law liability and other covers above mentioned.
- I/We also agree to inform Company any changes in any respect of any material matter to the grant of a cover in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form.
- I/We hereby declare that all the above statements and particulars, which I/We have read over, checked, are true that I/We have not suppressed misrepresented or mis-stated any material fact, that I/We have fairly declared my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and the Go Digit General Insurance Ltd.
- I/We also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realizing [in case of payment by cheque/DD/PO] of prescribed premium amount, failing which Company's risk is void ab initio.
- I/We undertake to exercise all statutory, ordinary and reasonable precautions for safety of all the Employees as if they were uninsured.

Date:  
Place:

Signature of the Proposer

Declaration from Person filling the form in case proposer is unable to sign or signs in vernacular:

I hereby certify that the contents of the proposal form and/or any other documents used towards solicitation have been fully explained to the Proposer and that he/ she/they have fully understood the said contents. I hereby confirm that the responses have been recorded to the best of my ability

Date:  
Place:  
Name & Relationship with Proposer:  
\* **Indicates optional fields**

Signature (on behalf of the Proposer)

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**This proposal form has been electronically accepted**

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## Insurance ACT 1938 Section 41- Prohibition of Rebates

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

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**Go Digit General Insurance Ltd.** Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5 Block, Bengaluru, Karnataka 560095, IRDAI Reg No. 158 CIN U66010PN2016PLC167410, GST Reg. No: 29AACCO4128Q1ZW, GSTIN Address: Go Digit General Insurance Ltd, Bengaluru Online Website Business, Atlantis 95 4th B Cross Road Koramangala Industrial Layout 5th Block, Bengaluru, Karnataka, PIN-560095. Website: [www.godigit.com](http://www.godigit.com)

# digit INSURANCE

ALMOST

# 5-STAR

CUSTOMER-RATED INSURANCE

TRUSTED BY

# 1.5CR CUSTOMERS



5/5



4.7/5



**YOU ARE NOW  
A PART OF THE  
DIGIT FAMILY**

## POLICY SCHEDULE

Everything you need to know about your Policy

\*Rated 5/5 on Facebook as on 18th March 2021 and 4.7/5 on Google as on 21st May 2021

\*\*Across all line of business since inception till 22nd April 2021

GoDigit GI Ltd, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095,

Toll Free- 18002585956, www.godigit.com, CIN: U66010PN2016PLC167410, IRDAI Regn No: 158, T&C\*



## Policy Schedule



### Digit Employees Compensation Insurance Policy

UIN: IRDAN158RP0020V01201920

Go Digit General Insurance Ltd

Validate your Policy Copy





## Insured & Policy Details

Insured Details		Policy Details			
Name	V TECH SOLUTION	Policy Number	D100673365		
Address	Avas Vikas, Near Brahspati Dev Mandir, Rudrapur 263153	Receipt Number	RA103980871	Policy Issue Date	17-Apr-2023
GST State Code	5	Policy Period	From	17-Apr-2023	00:00:01
City / Location	Udham Singh Nagar		To	16-Apr-2024	23:59:59
Contact No	+917830000191	Partner Code and Name	1000158 POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED		
Email ID	vtech.solutions@live.in	Partner Contact and Email ID	crtmotor@policybazaar.com		
GSTIN Number	05AINPB9558P1ZI	Address of Insured Premises / Location covered	U.S Nagar Nainital 244713		
Policy Form	Table A				
Nature of Business / Occupation / Activity	Electric Cables, Makers and suppliers of incl. Cablelaying, installation and Erection work	Description	CCTV camera installation with cable Laying		

## Coverage Details

Work Description	No. of Employees	Maximum Estimated Monthly wages	Classification No.	work category
CCTV camera installation with cable Laying	3	540000	135	Electric Cables, Makers and suppliers of incl. Cablelaying, installation and Erection work
Total	3	540000		

### Scope of Cover:

- Coverage as per Employee's Compensation Act, 1923 and subsequent amendments thereof prior to the date of issue of this Policy
- Liability under the Fatal Accidents Act & Common Law

## Endorsement

	Opted/ Not-Opted	Limit	Aggregate Limit
Medical Expenses Cover	Not-Opted	NA	NA
Occupational Disease Cover	Not-Opted	NA	NA
Coverage for Contractors and/or SubContractors Workers/ Employees	Opted	The amount of liability incurred by the Insured as per Employee's Compensation Act, 1923 and subsequent amendments.	

## Special Terms and Conditions

- Any change in "location" or "nature of employment", if any during the policy period should be informed to the insurer mandatorily and the same shall be covered at the discretion of the Insurer. Where additional premium is required the same shall be charged.
- Occupational diseases shall only mean diseases listed in Part "C" of Schedule III to W.C. Amendment Bill 1989.
- Warranted that attendance and wage register is maintained at the place of employment by the Insured as per statutory requirements/compliance and to be submitted when required by insurer.
- Warranted that at any point in time the total No. of workers on the site Should not exceed No. of employees mentioned in the policy.
- Warranted that employees working at a height, especially exceeding 9 meters should be harnessed using adequate and well maintained fall arrest equipment with personal protective equipment, including harness, ropes, safety helmets, gloves, etc.
- Exclusion: Any work involving blasting, tunnelling, work on high tension live wires, off shore work, underground/ under water work, subaqueous work or any related services in connection therewith.

7. Exclusion: Workers predominantly engaged in wrecking or demolition and/or Standalone demolition only Projects and/or collection or removal of scrap metal and any related activities including Loading and unloading. However, demolition in conjunction with re-construction/construction/alteration will be covered.
8. Exclusion: Workers involved in maintenance of towers, steeples, bridges, Dams, chimney shafts and excavation > 3mts unless specifically agreed and mentioned on this schedule.
9. Exclusion: Any interest and/or penalty imposed on the insured on account of his /their failures to comply with the requirements laid down under the Employee's Compensation ACT, 1923.
11. Work Description-
12. **"Work Description warranty:**
  - Nature of work in which employees are involved during policy period shall be clearly mentioned on work description.
  - Nature of work shall have correlation with work description for which policy has been issued and rates shall be charged in accordance with the same.
  - Work description shall not fall under any of the policy exclusions mentioned on policy schedule as well as wording. Notwithstanding any provision to the contrary within this insurance, the above-mentioned Work description (if any) will be read together with the terms & conditions of this policy and in no instance shall supersede the policy provisions and exclusions stated, unless specifically agreed and endorsed on the policy by the underwriter."
13. Endorsement No 177 :- The within policy does not indemnify the Insured in respect of any death due solely and directly to working in or being released from compressed air or disablement of any kind arising from caisson disease otherwise called compressed air sickness.

## Premium and Payment Details

Total Net Premium	1641.60	
CGST rate and amount		0.00
SGST/UTGST rate and Amount		
IGST rate and Amount	18%	295.49
Final Premium	1937.09	

## Endorsement Details

Invoice Number	Invoice Date	Net Premium	Igst	Cgst	Sgst	Utgst	Cess	Gross Premium
IA093901200	2023-04-17	1641.60	295.49	0.00	0.00	0.00	0.00	1937.09

### Important Notice

1. **\*Cheque dishonor / Non-receipt of payment:** If premium paid through Cheque, the policy is void ab-initio in case of dishonor of Cheque or non-receipt of payment.
2. This policy is subject to the standard policy wordings, warranties, exclusions and conditions as per Digit Employees compensation insurance Policy Wordings
3. The Coverage has been provided basis information provided by you/proposer to us and the policy is not valid, if any of the information provided is incorrect.
4. The Policy Wording attached herewith includes all the Standard Coverage offered by Go Digit General Insurance Ltd. to its Customers. For any clarification please call our Call Center Number [1800 258 5956](tel:18002585956).

For & On Behalf of Go Digit General Insurance



Praveen Bhat  
Senior Vice President - Customer Experience  
Authorized Signatory  
praveen.bhat@godigit.com  
DDMMYYYY  
Printed, Signed, and Executed at Bengaluru  
Hey, our document is now digitally signed.  
Click [here](#) to view the certificate

Consolidated Stamp Duty has been paid as per Letter of Authorization No.67-B/04/2017-18 Date: 30th May 2017 issued by Department of Stamps and Registration, Bengaluru- 560009 - KARNATAKA.

Validate your Policy Copy



Wish to go through your detailed policy, [click here](#).

In case of any claim, please contact 24-Hour Call Centre at [1800 103 4448](tel:18001034448) or email us at [hello@godigit.com](mailto:hello@godigit.com)

Go Digit General Insurance Ltd. Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5 Block, Bengaluru, Karnataka 560095, IRDAI Reg No. 158 CIN U66010PN2016PLC167410, GST Reg. No: 29AACCO4128Q1ZW, GSTIN Address: Go Digit General Insurance Ltd, Bengaluru Online Website Business, Atlantis 95 4th B Cross Road Koramangala Industrial Layout 5th Block, Bengaluru, Karnataka, PIN-560095. Website: [www.godigit.com](http://www.godigit.com)

# digit

INSURANCE

**LET US DO THE WORK  
OF PROTECTING YOUR EMPLOYEE!**



**Digit Employees Compensation Insurance Policy (Commercial):**

UIN: IRDAN158CP0116V01201819

Visit us at [www.godigit.com](http://www.godigit.com) or call **1800-258-5956**, anytime, for more information.

Reading an insurance policy doesn't have to be a drag. It should be easy to understand and accessible to everyone.

While we advise you to go through the policy terms and conditions in detail when you have the time, here's a quick summary of the policy.

Zero jargon. Simple English.

Now, over to your benefits.

## What does this Insurance Cover?

The policy provides coverage to protect workmen in case of any accident or injury while working in the organization within working hours.

Every employee (including those employed through a contractor but excluding casual employees), engaged for employer's business purpose suffers an injury in any accident arising out of and in the course of his employment, shall be entitled for compensation under the policy.

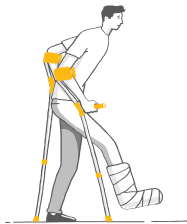
### What's covered?



**Medical Bills**



**Loss of Pay**



**Disability Benefit**



**Death Benefit**

This policy is a statutory requirement that protects employers and employees, along with contractors working for the company from any of the above stated concerns. The above benefits are covered as per **Employee's Compensation Act 1923, Liability as per Common Law, Fatal Accidents Act 1855.**

### Exclusions \*

- Deliberate self-injury or the deliberate aggravation of an accidental Injury.
- Any Accident occurring whilst the Employee is under the influence of intoxicating liquor or drugs.
- Any accident that occurred out of employment premises.
- Occupational diseases contracted by an Employee, unless specifically agreed and mentioned in Your Policy Schedule
- Penalty imposed on the Insured under any law or otherwise.
- Injury sustained by person whilst in the employment of the Insured in business other than what is mentioned in the policy.
- Any injury caused by accident directly or indirectly caused by or arising from or in consequence of or attributable to war or similar reasons or acts of terrorism.

\* For any further information, refer to the policy wordings.

# Product USP

- Medical expenses is an optional cover with additional payment.
- Table A and Table B option, where Table A includes EC ACT 1923 along with Table B covers of Fatal Accidents Act 1855, and Common Law.
- Policy also gives an optional occupational disease cover.

## Claims Process for Non-Motor Business

SFSP | Employee Compensation | My Business | Miscellaneous Products



### 1. Intimation

By registering a claim yourself or via your partner with primary details, you will receive a claim number



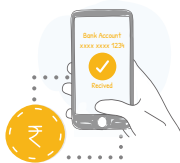
### 2. Pre-Admissibility Verification

Basic verification of the policy document Based on the complexity of the claim we estimate the loss amount.



### 3. Surveyor Inspection

Remote Survey for claim amount less than 1 Lakh. IRDAI appointed Surveyor will take forth process for claims more than 1 Lakh\*



### 4. Assessment and Settlement

Post Verification and Documentation, any admissible claim amount will be settled via NEFT

\*Submitted documents will be verified along with the surveyor reports. Surveyor gives a report within 7 Days of survey. Intimation for document submission will be given on the day of survey or the next 2 working days. For major claims the process might take an additional 7 days.

**Go Digit General Insurance Limited** | Atlantis, 95, 4th B Cross Rd, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095  
CIN: U66010PN2016PLC167410 | Toll-free No.: **1800-258-5956** | Website: [www.godigit.com](http://www.godigit.com) | IRDAI Reg. No.: 158

In case of any claim, please contact our 24-hour Call Centre at **1800-258-5956** or email us at [hello@godigit.com](mailto:hello@godigit.com)

This communication is only for educational purpose only. Terms under policy wordings shall prevail in case of conflict.

