

digit INSURANCE

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Your Personalised Quote



Digital Insurer
of the Year
Award¹



Most Innovative
General InsurTech
Company²

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. Liability of the Company does not commence until the Proposal has been accepted and the Premium Paid.
- 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
D078701054			1042688		DIGIT DIRECT

Personal Details

Proposer Name	SHREE SAI ENTERPRISES	Proposer's Business (Correspondence) Address:	GUT NO - 105 GOPIRATNA BUILDING FLAT NO - 5 SATARA PARISAR BEED BY PASS AURANGABAD Aurangabad AD 431001
Pincode	431001	Mobile Number	+918275702585
Year of Incorporation		Email Id	shreesainew.enterprises@gmail.com
PAN			
GST Number	27DDRPP0882G1Z0	Paid Up Capital	
Annual Turnover		Address of the Premises to be Insured	CAN PACK INDIA PVT LTD WALUJ MIDC AURANGABAD Aurangabad 431001
Pincode	431001	Policy to be Issued In favor of (List of all Parties who have Insurable Interest Including Financial Institutions):	

Risk Period

Policy Period	From	10-Oct-2022	00:00:01	To	09-Jan-2023	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 25000 b. Aggregate liability for all accidents during the Period of Insurance INR 0	Yes
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

1. Classification 157 Endorsement No 237 :- It is hereby understood and agreed that any work in connection with the erection fitting up or repair of plant or installations in a generating stations, cinemas collieries, factories, mines quarries, ships theaters music halls, public halls and on the roofs, of railway stations over 9 Metres in height is expressly excluded from the indemnity granted under this Policy.

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	Monthly Wage per Person	Classification Number
Fabrication	4	8000.00	157

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
		0.00
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-
- Word Order / Contract Reference No:-

Premium and Payment Details

Total Net Premium	1373.40	
CGST rate and amount	9%	123.61
SGST/UTGST rate and Amount	9%	123.61
IGST rate and Amount		0.00
Final Premium	1620.62	

Cheque No/NEFT Ref No	
Bank Name	
Date	
Amount (Including applicable taxes)	1620.62

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)

This proposal form has been electronically accepted

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.

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: 27AACCO4128Q1Z0, GSTIN Address: Go Digit General Insurance Ltd, Aurangabad Business centre, 1st to 6th Flr, Ananta One, Pride Hotel Lne, Narveer Tanaji Wadi, Pune, Maharashtra, PIN-411005. Website: www.godigit.com