

To,
M/S SATYAM ENTERPRISES
SECOND FLOOR, E-2/253,, SHASTRI NAGAR,, EAST DELHI,
North West Delhi
Delhi - 110052,
India.
Contact details:

Date: 10/04/2024

Subject: Policy Number: 0000000038737517

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Employees Compensation Insurance Policy. We are delighted to have you as our esteemed Customer. We enclose the following documents pertaining to your Policy:

- Policy Schedule
- Policy Clauses & Wordings
- Grievance Redressal Letter
- Premium Receipt

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

Your Customer ID : 0000000073470823

Your Policy Number : 0000000038737517

The Postal Address of your SBI General Branch that will service you in future is:

SBI General Insurance Company Limited
Narain Manzil, Fifth Floor, 23,
Barkhamba Road, Delhi,
Delhi-110001,
India.

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number **1800-102-1111, 1800-22-1111**

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory



Please scan the code to view the policy details

SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products

SBI General Insurance Company Ltd., Registered Office: & Corporate Office: SBI General Insurance Company Ltd. 9th Floor, A&B Wing, Fulcrum Building, Sahar Road, Andheri East, Mumbai - 400099.

Company Identity Number - U66000MH2009PLC190546, IRDAI Registration No.144 UIN - SBG-WC-P12-43-V01-11-12

EMPLOYEES COMPENSATION INSURANCE POLICY
UIN - SBG-WC-P12-43-V01-11-12

SCHEDULE

Policy No: 0000000038737517	Servicing Branch Office : SBI General Insurance Company Limited, Fifth Floor, Narain Manzil, 23, Barkhamba Road, Delhi - 110001.	Issue Date : 10/04/2024
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Intermediary Details :

Intermediary Name	Shalini Sikarwar	
Intermediary Code	0046550	
Intermediary Contact Details	+91-9899103314	Land Line No :

Insured Details:

Name and Address of the Insured	M/S SATYAM ENTERPRISES SHASTRI NAGAR,,EAST DELHI Delhi,North West Delhi Delhi - 110052 India.
Business/Occupation of the Insured	ELECTRICAL ENGINEERS - ELECTRICAL WORK
Policy Period	From 08/04/2024 (00:00 Hrs) to Midnight of 07/04/2025
Coverage Territory	India
Risk Location Address	Details of Risk Location covered under the policy - Annexure "A"
Details of Employees covered	As per Annexure "A"
Coinsurance Details	Own Share(100%)

Law

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.		
Sr. No.	Law	Covered
1.	Employees Compensation Act, 1923 and subsequent amendments thereof prior to the date of inception of this policy.	Yes
2.	Common Law	Yes
3.	Fatal Accidents Act 1855	Yes

Add On Cover:

Sr. No	Particulars	Covered	Limit of Indemnity (INR)
•	Coverage of Medical Expenses	Yes	ME Per Person: - 100000

EMPLOYEES COMPENSATION INSURANCE POLICY

Attached to and forming part of the Schedule to the Policy No. 0000000038737517

Clauses Applicable:

- Radioactive Exclusion Clause
- Political Risk Exclusion Clause
- Coverage For Medical Expenses

Endorsements Applicable : All other endorsement are as per Employees Compensation Insurance Policy Wording as attached.

Warranties Applicable:

- It is warranted that any change in actual wages should be intimated to the company in writing in advance by the insured and it may be covered at the option of the company subject to payment of additional premium.
- All other as per Employees Compensation Insurance Policy Wording as attached.

Exclusions :

- Blasting Activity and use/handling of explosives
- Losses in connection with asbestos and/or asbestos products / asbestos containing products
- Known losses, incidents or circumstances likely to give rise to a loss prior to inception date of this Policy exclusion
- Any employment compensation in excess of the actual limit for employee compensation ordinance (not to apply in respect of Common law awards)
- Underground and / or Underwater mines and /or underground services thereof
- Subaqueous work
- All other as per Employees Compensation Insurance Policy Wording as attached
- Communicable Disease Exclusion
- Cyber Loss Exclusion
- Sanctions Limitation and Exclusion Clause
- Political Risks Exclusion Endorsement
- Radioactive Exclusion Clause
- Information Technology Clarification Clause

Special Conditions (If any):

- Proper register recording the attendance and wage disbursement must be maintained and to be produced as and when required.
- Any interest and/ or penalty imposed on the Insured on account of his/ their failure to comply with the requirements laid down under WC Act 1923 and subsequent amendments there of prior to the date of Inception of this Policy" is excluded
- Occupational diseases listed in part C of the schedule III of the Act unless specifically covered by an endorsement to the policy is excluded.
- Compressed Air Diseases listed in Part A of the Schedule III of the Act unless specifically covered by an endorsement to the policy is excluded.
- COVERAGE FOR MEDICAL EXPENSES

Premium Computation:

Particulars	Amount (Rs)
Gross Premium	17,270.00
Taxes as Applicable	3109.00
Final Premium	20,379.00

Collection Details: System Receipt No. 39852438 Receipt Date: 10/04/2024

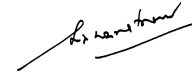
P.S. If premium paid through cheque, the policy is void ab initio in case of dishonour of cheque.

Consolidated Stamp Duty paid Rs. 0.5 towards Insurance Policy Stamps vide Order No.LOA/ENF-2/CSD/12/2023/(Validity Period Dt.04/01/2024 to Dt.05/12/2025)/136 Date:- 04/01/2024 Dated 2024-01-04 17:50:25.0 of General Stamps Office,Mumbai.

Signed at : Mumbai

For SBI General Insurance Company Limited

Date: 10/04/2024



GSTIN : 07AAMCS8857L1ZE

Signatory

EMPLOYEES COMPENSATION INSURANCE POLICY

Attached to and forming part of the Schedule to the Policy No. 0000000038737517

Important Note:

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy please contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

Please refer the Claims Settlement & Grievance Redressal procedure document attached herein for ready references.

INTIMATING A CLAIM

For Intimating a Claim with us please contact us through the following channels:

Phone : 1800-102-1111/1800-22-1111(Toll Free 8:00 am to 8:00 pm (Monday to Saturday)

E mail - customer.care@sbigeneral.in

Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

CLAIM SETTLEMENT

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the Survey Report or the additional Survey Report, as the case may be, in accordance with the provisions of Protection of Policyholders' Interest Regulations 2017.

EMPLOYEES COMPENSATION INSURANCE POLICY

Attached to and forming part of the Schedule to the Policy No. 0000000038737517

ANNEXURE “ A ”

Details of Employees covered under the policy

Sr. No.	Description	No of Employees	Declared Wages (In Rs)	Risk Location Address
1	Category of Worker - Electricity - Light and/or Power Supply All employees inside and out - Worker Type - Semi-Skilled	10	2280000.00	SECOND FLOOR, E-2/253, SHASTRI NAGAR, EAST DELHI, East Delhi, Delhi, 110052
	Total : No of Employees and Wages	10	2280000.00	

EMPLOYEES COMPENSATION INSURANCE POLICY

Attached to and forming part of the Schedule to the Policy No. 0000000038737517

CLAUSE WORDINGS

Radioactive Exclusion Clause

Notwithstanding any provision to the contrary contained within this Policy or any endorsement thereto, it is hereby understood and agreed that this Policy excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:

- i) Ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel;
 - ii) The radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof;
 - iii) Any weapon or device of war employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.
- Subject otherwise to the terms and conditions of this Policy, except for the specific terms, conditions and exclusions made applicable herein.

Political Risk Exclusion Clause

Notwithstanding any provision to the contrary contained within this Policy or any endorsement thereto, it is hereby understood and agreed that this Policy excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:

- i) War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, Permanent or temporary dispossession resulting from confiscation, commandeering or requisition by any lawfully constituted authority, Mutiny, civil commotion assuming the proportions of or amounting to a particular rising, tribal rising, military rising, insurrection, strike, riot, rebellion, revolution, military or usurped power, martial law or state of siege or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege; or
- ii) Any act of terrorism, including but not limited to the following:
 - a. Biological or chemical contamination;
 - b. Missiles, bombs, grenades, explosives.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Contamination” means the contamination, poisoning, or prevention and/or limitation of the use of objects due to the effects of chemical and/or biological substances.

This endorsement also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to i) And ii) above.

Subject otherwise to the terms and conditions of this Policy, except for the specific terms, conditions and exclusions made applicable herein.

EMPLOYEES COMPENSATION INSURANCE POLICY

Attached to and forming part of the Schedule to the Policy No. 0000000038737517

Clauses Applicable :

- **Communicable Disease Exclusion**

1. Notwithstanding any provision to the contrary within this insurance agreement, this insurance agreement excludes all actual or alleged loss, liability, damage, compensation, injury, sickness, disease, death, medical payment, defence cost, cost, expense or any other amount incurred by or accruing to the Insured, directly or indirectly and regardless of any other cause contributing concurrently or in any sequence, originating from, caused by, arising out of, contributed to by, resulting from, or otherwise in connection with a Communicable Disease or the fear or threat (whether actual or perceived) of a Communicable Disease.

2. As used herein, a Communicable Disease means any disease which can be transmitted by means of any substance or agent from any organism to another organism where:

2.1. the substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not, and

2.2. the method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms, and

2.3. the disease, substance or agent can cause or threaten bodily injury, illness, emotional distress or damage to human health, human welfare or property damage.

- **Cyber Loss Exclusion**

Liability arising out of Cyber liability stands excluded. For the purpose of this endorsement Cyber Liability event means any:

a. Hacking attack or virus attack;

b. malicious damage to the Insured's Computer Systems by an Employee;

c. accidental damage to or destruction of the Insured's Computer Records because of an operational error, an error while establishing the parameters, or an involuntary error by an Employee or a service provider; or

d. failure of a service provider hosting the Insured's Computer Systems as a direct result of a) to c) above

e. failure of a direct or back-up power supply or under/ over voltage but only if such power supply is owned, managed or controlled by the Insured or by their service provider;

f. electrostatic build-ups or electromagnetic disturbances.

- **Sanctions Limitation and Exclusion Clause**

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

• **Political Risks Exclusion Endorsement**

Notwithstanding any provision to the contrary within this Insurance or any endorsement thereto, it is agreed that this Insurance excluded loss, damage, cost or expenses of whatsoever nature, directly or indirectly, caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:

War, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), civil war, permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction of or damage to property by order of the government d jure or de facto or by any public authority, Mutiny, civil commotion assuming the proportions or amounting to a popular rising, tribal rising, military rising, insurrection, rebellion, revolution, military or usurped power, martial law or state of siege or any of the events or cause which determine the proclamation or maintenance of martial law or state of siege.

This endorsement also excluded loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to above.

If the Company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this Insurance then the burden of proving the contrary shall be upon the Insured. In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

• **Information Technology Clarification Clause**

Property Damage covered under this agreement shall mean physical damage to the Substance of property.

Physical Damage to the substance of property shall not include damage to data or software, in particular any detrimental change in data, software or compute programs that is caused by a deletion, a corruption or a deformation of the original structure.

Consequently the following are excluded from this agreement:

- Loss of or damage to date or software, in particular any detrimental change in data, software or computer programs that is caused by a deletion, a corruption or a deformation of the original structure, and any business interruption, losses resulting from such loss or damage. Notwithstanding this exclusion, loss of or damage to data or software, which is the direct consequence of insured physical damage to the substance of property, shall be covered.

- Loss or damage resulting from impairment in the function, availability, range of use of accessibility of data, software or computer programs, and any business interruption losses resulting from such loss or damage.

• **COVERAGE FOR MEDICAL EXPENSES**

COVERAGE FOR MEDICAL EXPENSES

In consideration of the payment of an additional premium as agreed, it is hereby understood and agreed that this Policy subject to its terms provisions and conditions is extended to indemnify the Insured in respect of the reasonable medical surgical and hospital expenses (including cost of conveyance to hospital) incurred by the Insured in connection with any case of injury to which the indemnity granted under this policy applies or would have applied had disablement exceeded three days. Provided always that the liability of the Company under this endorsement shall be limited to Rs.as agreed .in respect of any one case of injury.

Subject to otherwise to the terms, provisions and conditions of the within Policy

• **Coverage For Medical Expenses**

In consideration of the payment of an additional premium as agreed, it is hereby understood and agreed that this Policy subject to its terms provisions and conditions is extended to indemnify the Insured in respect of the reasonable medical surgical and hospital expenses (including cost of conveyance to hospital) incurred by the Insured in connection with any case of injury to which the indemnity granted under this policy applies or would have applied had disablement exceeded three days. Provided always that the liability of the Company under this endorsement shall be limited to Rs. As agreed .in respect of any one case of injury.

Subject to otherwise to the terms, provisions and conditions of the within Policy.

Warrantied Applicable

All other Warranties are as per Employees Compensation Insurance Policy Wording as attached.

Special Condition:

1 COVERAGE FOR MEDICAL EXPENSES

COVERAGE FOR MEDICAL EXPENSES

In consideration of the payment of an additional premium as agreed, it is hereby understood and agreed that this Policy subject to its terms provisions and conditions is extended to indemnify the Insured in respect of the reasonable medical surgical and hospital expenses (including cost of conveyance to hospital) incurred by the Insured in connection with any case of injury to which the indemnity granted under this policy applies or would have applied had disablement exceeded three days. Provided always that the liability of the Company under this endorsement shall be limited to Rs.as agreed .in respect of any one case of injury.

Subject to otherwise to the terms, provisions and conditions of the within Policy

Attached to and forming part of the Schedule to the Policy No. 0000000038737517

Branch Office Address: SBI General Insurance Company Limited Narain Manzil, Fifth Floor, 23, Barkhamba Road, Delhi, Central Delhi, Delhi - 110001, India	Reference No:	000053438989	
	OF Receipt No:	39852438	
	Date:	10/04/2024	
	Branch Code:	00142	
	Party/Depositor ID:	0000000073470823	
RECEIPT			
Received with thanks from M/S SATYAM ENTERPRISES an amount of Rs.20379 (Rupees Twenty Thousand Three Hundred and Seventy Nine) by EFT No: 338338122 Dated: 06/04/2024 Drawn on Bank: STATE BANK OF INDIA Branch:			
Party ID	Quote/Policy/Claim No.	Name of Party	Amount(Rs.)
0000000073470823	0000000105596780	M/S SATYAM ENTERPRISES	20379
		TOTAL	20379

Disclaimer

- 1) Receipt subject to realisation of instrument submitted
- 2) Kindly refer to the policy document for time of commencement of cover

For and on behalf of
SBI General Insurance Co. Ltd.



Authorized Signatory

SBI General Insurance Company Limited

Registered and Corporate office: 9th Floor, A&B Wing, Fulcrum Building, Sahar Road, Andheri East, Mumbai - 400099.

Company Identity Number - U66000MH2009PLC190546, IRDAI Registration No.144 UIN - SBG-WC-P12-43-V01-11-12

Attached to and forming part of the Schedule to the Policy No. 0000000038737517

GST INVOICE										
GST Invoice No:		105548495			GST Invoice Date:		10/04/2024			
GST No. (SBI General)		07AAMCS8857L1ZE			SBI General State		Delhi			
SBI General Branch Address:		SBI General Insurance Company Limited Narain Manzil, Fifth Floor, 23, Barkhamba Road, Delhi, Central Delhi, Delhi - 110001, India								
Details of Policy Holder:										
Name:		M/S SATYAM ENTERPRISES								
Address:		SECOND FLOOR, E-2/253,,SHASTRI NAGAR,,EAST DELHI,Delhi,North West Delhi,Delhi-110052,India.								
Policy Holder State		Delhi			Place of Supply:		Delhi			
					Whether Invoice under Reverse Charge:		No			
GST No./ISD No.		07ABSF57003G1ZZ			Policy Number		0000000038737517			
Insurance Product Name	HSN Code	Premium (without Taxes)	KFC		CGST		SGST/ UTGST		IGST	
			Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount
Generic Product	997137	17,270.00	1%	0.00	9%	1,554.30	9%	1,554.30	0%	0.00
Total Invoice Value (In Figures)		20,379.00			 Authorized Signatory					
Taxes Applicable		3,108.60								

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare e-invoice in view of exemption provided to insurance companies under Notification no. 13/2020-Central Tax dated March 21, 2020"

EMPLOYEES COMPENSATION INSURANCE POLICY

Attached to and forming part of the Schedule to the Policy No. 0000000038737517

Policy Wordings

WHEREAS the Insured by a Proposal which shall be the basis of this Contract and deemed to be incorporated herein, has applied to SBI 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 of the Insured shall sustain Injury by accident arising out of and in the course of his 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 against all sums for which the Insured shall be so liable, including costs and expenses for defending any claim for such compensation 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.

DEFINITIONS

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

- a) "Business" means the Business of the Insured as specified in the Schedule in respect of which this Policy is issued.
- b) "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.
- c) "Insured" means the person or organization specified in the Policy Schedule but does not include their Contractors or Sub Contractors.
- d) "Occupational Disease" means any occupational disease or illness including but not limited to the diseases listed under Schedule III of the Employees' Compensation Act. 1923 contracted by an Employee due to employment in the Business.
- e) "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 traveling allowance or the value of any traveling concession or a contribution paid by the employer of a 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;
- f) "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.
- g) "Schedule" means the Schedule attached to and forming part of this Policy.
- h) "Period of Insurance" means the period for which this insurance is availed by the Insured as specified in the Schedule, unless cancelled earlier.
- i) "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.

EMPLOYEES COMPENSATION INSURANCE POLICY

Attached to and forming part of the Schedule to the Policy No. 0000000038737517

EXCLUSIONS

This Policy shall not cover liability of the Insured:

- a) For Injury caused to Employee by accident 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, ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- b) Accidents occurring at any other place 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 Business and on the directions of the Insured or any of its official authorised 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.
- e) Under any Law for medical expenses in connection with treatment of any Injury sustained by an Employee
- 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 employ of the Insured otherwise than in the Business and/or who has is not declared for insurance under this Policy.
- 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. **MIS-REPRESENTATION/NON-DISCLOSURE:** This Policy shall be void in the event of any mis-representation 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.
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 claim writ summons and process shall be notified to the Company immediately on receipt. Notice shall also be given to the Company immediately 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 name for its own benefit any claim for indemnity or damages or otherwise and shall have full descretion 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 & 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.

In case of increase in Employees or Wages subsequent to insurance, the Insured shall keep the Company intimated and obtain Endorsement by payment of necessary additional premium.

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 be 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.
- b) If the amount of Wages declared for this insurance for all Employees is less than the actual Wages paid until 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 commencement of this Policy until 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 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. **ARBITRATION:**

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 question be referred to the decision of a sole arbitrator to be appointed in writing by the parties to 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.

15. **LIMITATION PERIOD:** 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 raised a competent court of India. All claims shall be paid in Indian Rupees only.

EMPLOYEES COMPENSATION INSURANCE POLICY

Attached to and forming part of the Schedule to the Policy No. 0000000038737517

GRIEVANCE REDRESSAL PROCEDURE

Dear Customer

We value your relationship and are committed to offer you best in class customer service.

However if you are dissatisfied with the services rendered by us during any of your interactions with us or on resolution provided by us on your service request or complaint, we request you to register your concern with our Customer Care Team by following the steps mentioned below.

We will acknowledge receipt of your concerns within next 72 working hours & will respond to you as soon as possible upon completion of the investigation.

Step 1:

Call us at Toll free nos: 1800 - 102- 1111 & 1800-22-1111 from Monday to Saturday (08.00 am - 8.00 pm) or write to us at customer.care@sbgeneral.in. If you don't hear from us within 48 hrs please follow step 2

Step 2:

If you are dissatisfied with the resolution provided, please Email to Head - customer care at head.customercare@sbgeneral.in. If after having followed Steps 1 & Step 2 your issue remains unresolved for more than 30 days from the date of filing your first complaint, you may approach the Insurance Ombudsman for Redressal of your Grievance.

The list of Insurance Ombudsman offices along with their area of jurisdiction is attached herewith.

Ombudsman Offices	
Areas of Jurisdiction	Addresses of the Ombudsman Offices
State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.	AHMEDABAD 2nd Floor, Shree Jayshree Ambica Chambers, Nr. C U Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380014 Tel: 27546150, Fax: 079-27546142 Email: insombalhd@rediffmail.com
States of Madhya Pradesh and Chattisgarh.	BHOPAL Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Bhopal - 462 011. Tel:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- bimalokpalbhopal@airtelmail.in
State of Orissa.	BHUBANESWAR 62, Forest Park, BHUBANESWAR-751 009. Tel: 2535220, Fax: 0674-2531607 Email:susantamishra@yahoo.com, ioobbsr@vsnl.net
States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.	CHANDIGARH S.C.O No.101,102 & 103, 2nd Floor, Batra Building, Sector 17 D, CHANDIGARH-160 017 Tel: 2706196 EPBX:0172-2706468 Fax: 0172-2708274 Email: ombchd@yahoo.co.in
State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).	CHENNAI Fatima Akhtar Court , 4th Floor, 453 (Old 312) Anna Salai, Teynampet, CHENNAI-600018 Tel: 24333678, 24333668, 24335284 Fax: 044-24333664 Email:insombud@md4.vsnl.net.in
States of Delhi and Rajasthan.	DELHI 2/2 A, Universal Insurance Bldg, Asaf Ali Road, NEW DELHI-110 002 Tel: 23239611, Fax: 011-23230858 Email: nsombudsmandel@netcracker.com

States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.	HYDERABAD 6-2-46, Yeturu Towers, Lane Opp. Saleem Function Palace, A C Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 Tel: 55574325, Fax:040-23376599 Email:insombud@hd2.vsnl.net.in
State of Kerala and Union Territory of (a) Lakshadweep (b)Mahe-a part of Union Territory of Pondicherry.	KOCHI 2nd Floor, CC 27/2603 Pulinat Bldg, Opp. Cochin Shipyard, M G Road, ERNAKULAM-682 015 Tel: 2373334, 2350959, Fax:0484-2373336 Email:insuranceombudsmankochi@hclinfinet.com
States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.	KOLKATA Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072. TEL : 033-22124346/22124339 Fax : 033-22124341 Email:- insombudsmankolkata@gmail.com
States of Uttar Pradesh and Uttaranchal.	LUCKNOW Jeevan Bhavan, Phase 2, 6th floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226001 Tel: 0522-2201188, 2231330, 2231331 Fax:0522-2231310 E-mail: ioblko@sancharnet.in
States of Maharashtra and Goa.	MUMBAI 3rd Floor, Jeevan Seva Annexe (above MTNL), S V Road, Santacruz (W), Mumbai-400 054 Tel: 26106889, EPBX:022-26106889 Fax:022-26106052, 26106980 Email:ombudsman.i@hclinfinet.com
States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	GUWAHATI 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel:- 0361-2132204/2131307/2132205 Fax:- 0361-2732937 Email:- ombudsmanghy@rediffmail.com

Address and contact number of Governing Body of Insurance Council

Secretary General

Governing Body of Insurance Council

Jeevan Seva Annexe, 3rd Floor (Above MTNL)
S. V. Road, Santacruz (W), Mumbai - 400 054
Tel: 022-6106889
Fax: 022-6106980, 6106052
Email: inscoun@vsnl.net

Integrated Grievance Management System

IRDA has launched the Integrated Grievance Management System (IGMS). IGMS is a grievance redress monitoring tool for IRDA. Policyholders who have grievances should register their complaints with the Grievance Redress Channel of the Insurance Company first. If policyholders are not able to access the insurance company directly for any reason, IGMS provides a gateway to register complaints with insurance companies.

Complaints shall be registered with insurance companies first and only if need be, be escalated them to IRDA (Consumer Affairs Department).

Website: http://www.policyholder.gov.in/Integrated_Grievance_Management.aspx

Toll Free Number of IRDA Grievance Call Centre: 155255

Timings: 8 AM to 8 PM -- (Monday to Saturday)