RAHEJA QBE

**RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED**

# Claim Form

## Workmen's Compensation Insurance Policy

The issue of this form is not to be taken as an admission of liability

Claim No. _____ Date of Registration _____

Office _____

Intermediary's Name and Code _____

1. Name of the Insured _____
2. Customer ID _____
3. Address of the Insured _____

   _____

   _____ Pin Code _____
4. Phone No. _____
5. Contact Person _____
6. E-mail Id _____
7. Policy No. _____
8. Period of Insurance _____
9. Date of loss _____ Time of loss _____
10. Business / Occupation _____
11. Details of injured person:
    a) Name _____
    b) Local/Permanent Address _____
    c) Age/Sex _____
    d) State nature of work for which the injured person was employed. _____

       _____
    e) Was the injured person engaged in the occupation when the accident occurred? If not, state exactly nature of work done at that time. _____

       _____

f) Is the injured person in your direct employment? If so, state the date of appointment. If not, give name and address of Contractor under whom employed and nature of work entrusted to contractor. [Copy of the last voucher obtained from the injured person for the wages paid to be attached.] _____

_____

_____

g) Under what category in the policy is the injured workman covered? _____

_____

12. Details of accident

a) Premises at which accident occurred. _____

_____

b) Exact occupancy of the premises and general nature of work done _____

_____

c) Time and date of occurrence of accident _____

d) Time when reported and by whom _____

e) Time and date when the injured person actually ceased work. _____

f) Describe how the accident occurred. _____

_____

g) Are you satisfied that the accident occurred in the course of and arising out of employment? _____

h) Was the injured person under the influence of alcohol or drugs at the time of accident? __

i) Was the injured person guilty of misconduct or disobedience to orders or rules? _____

j) State whether the accident occurred as a result of negligence on the part of any employee. _____

k) Has the accident been reported to police or inspector of labour? _____

*(A copy of the report to be attached)*

13. Details of Loss

a) Describe nature of injury and part of body affected. _____

_____

b) Describe initial treatment offered. When was it offered? _____

_____

_____

c) State whether admitted in hospital. _____

d) How long is the injured person expected to be in hospital? _____

e) What is the medical opinion on nature and extent of disablement? _____

_____

*(A copy of the preliminary Medical Report to be attached)*

f) How long is the disablement expected to last? (*A copy of the fitness certificate from attendant doctor to be obtained after returning to work)* _____

_____

g) Have you any other insurance covering the workman against WC, Personal Accident, and E. S. I. Scheme? _____

h) If so, give details. _____

_____

_____

_____

14. Please give any other particulars relevant to the claim.

_____

_____

_____

**Declaration by Insured:**

I/We hereby declare that the statements made by me / us in this claim form are true to the best of my / our knowledge and belief.

**Date:**

**Place:** **Signature of Insured**

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## STATEMENT OF WAGES

(A) If the injured person has been in the Employer's service during a continuous period of more than one month immediately preceding the accident, then the wages that have been paid, or fallen due for payment to him in each month of such period (not exceeding twelve preceding months in all) must be entered in the statement.

(B) If the injured person has been in the Employer's service for less than one month, the wages paid to another workmen employed on the same kind of work by the Employer, during the twelve months immediately preceding the accident, must be entered in the statement.

(C) If worker is daily paid employee, give

i. daily rate of wages Rs_____

ii. number of days on an average that he/she works in a month _____

TABLE OF WAGES

Please fill in the Table of wages below as applicable to [A],[B] or [C]

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Month & Year | Basic Pay & D. A. (Rs) | Overtime, Bonus and Dearness Allowance (Rs) | Concession value of food-stuff (Rs) | Value of free Quarters (10% of basic Pay) (Rs) | **Total (Rs)** | ** ABSENCE |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

| |
|---|
| Total earning in the period - From dd/mm/yyyy to dd/mm/yyyy |
| Average monthly wages |

** In column "Absence" give date of going on leave or beginning of period of absence and also of subsequent resumption of work.

The above statement of earnings etc. is, to the best of my knowledge and belief, accurate.

**Place:**

**Date:** **Signature of employer**

[Please any additional information available regarding the accident on an additional sheet]