



SINDH INSURANCE LIMITED

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WORKMEN'S COMPENSATION INSURANCE PROPOSAL FORM

THE PROPOSER:	
NAME IN FULL:	
TRADE OR OCCUPATION:	
PARTICULARS OF WORK:	

SCHEDULE

ALL PERSONS EMPLOYED MUST BE INCLUDED									
DESCRIPTION OF	ESTIMATED		1ATED ANNUAL W IES & OTHER EAR	INSURANCE REQUIRED	FOR OFFICE USE ONLY				
EMPLOYEES 1	NUMBER OF EMPLOYEES 2	CASH 3	LIVING OR OTHER ALLOWANCES (if any) 4			STATE TABLE A, B, OR C of prospectus 6			
Clericle Staff									
Commercial Travellers									
Employees Engaged with Wood Working machinery, including • Machinists and Machinist's Labourers									
The Total Amount of Twelve Months was F Do you wish to Insur subsequent amendm workmen of contract									
Name of Contractor	Total Premium Rs								
		F	S	Rs					
			S	Rs					
	Rs			Rs					

1.	Does the above Schedule Included?				(a)					
	(a) All person in your service?									
2		Il your sub-Contra			(b)					
	Are your premises a Factory within the meaning of the Factory Act?									
3.	 (a) Have your any circular saws or other machinery driven by steam gas, water electricity or other mechanical power? 					(a)				
	(b) Are your machine, plant and ways properly fenced and guarded, and otherwise in good order and condition?				(b)					
4.	(a) Is your Boiler registered under the Boiler Act 1923?				(a)					
	(b) If not, under what conditions is exempted from such Registration?				(b)					
5.	State what acids, gases, chemicals or explosive will be used and to what extent?									
6.	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.									
7.	Has any proposal of insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?									
8.	State the total wages paid and particulars of accidents to your employees during the past three years.					(a) Declined (b) Withdrawn				
9.	What Medical Service, if any, is provided for your employees									
10.	0. Have your any other Insurance with this Company? If so, please state Particulars									
Y	ear	Total Wages		Fatal	P	ermanent Disablement	Tem	porary Disablement		
			No.	Cost	NO	Cost	NO.	Cost		
		RS		RS		RS		RS		
		RS		RS		RS		RS		
		RS		RS		RS		RS		

I/We the undersigned, this ______ Day of ______20____ Warrant that the above statements and Particulars are true; that I/We have withheld no information whatever that might tend in any way to increase the Company's risk or to influence the decision of the Directors regarding this proposal, and /We hereby agree that this declaration shall be held to be promissory and shall form the basis of the Contract between me/us and the CGU International Insurance Plc. and I/We agree to accept a Policy, subject to the terms and conditions prescribed by the Company therein and to pay the premium thereon. I/We have lead understood Section 41 of the Insurance Act of 1938 printed on the back hereof

Signature of Proposer:_____

The Workmen's Compensation Act 1923, states, that where any person (the "Principal) in the course of the purposes of this trade or business contracts with any other person (the "Contractor") for the execution by or under the Contractor of the whole or any part of the work which is ordinary part of trade or business of the principal the latter is liable in respect of accidents to the Contractor's Workmen reopening control or managements. In such cases the Principal is entitled to be indemnified by the Contractor.