Go Digit General Insurance Ltd

Digit Employees Compensation Insurance Policy (Commercial)

Add-ons

Below mentioned are the add-on covers available under Digit Employees Compensation Insurance Policy (Commercial). The add-on(s) applicable to Your Policy are mentioned in Your Policy Schedule/ Certificate of Insurance.

1. Personal Accident Cover (UIN: IRDAN158CP0116V01201819/A0124V01202021)

In consideration of the payment of additional premium, it is hereby agreed and declared that the insurance under this policy shall, subject to terms, conditions, warranties and exclusions of this Policy, be extended to cover Death, Permanent Total Disability or Permanent Partial Disability arising out of any accidental bodily injury sustained by any Employee(s) of the Insured due to an accident which is not in the course of employment.

Conditions applicable to Personal Accident Cover

- i. Employee(s) should sustain the accidental bodily injury during the Policy Period.
- ii. Death, Permanent Total Disablement or Permanent Partial Disablement of the Employee(s) of the Insured should happen within 12 months from the date of accident.
- iii. The benefit under this add-on will be as per Schedule I Part I & Part II of Employee Compensation Act 1923 and subsequent amendments unless otherwise specified in the Policy Schedule.
- iv. Claim under this add-on will be accepted only in case the Court verdict clearly states that the claim is not accepted under Table A/Table B provisions of Employee Compensation Act, 1923 and subsequent amendment to the said act prior to the date of issuance of the Policy, the Fatal Accidents Act, 1855 and at Common Law.

Where Employees State Insurance is notified and employees are covered under the Employees State Insurance act, 1948 and subsequent amendments till the date of issuance of the policy, claim under this add-on will be accepted only in case the Court verdict clearly states that the claim is not payable under Employees State Insurance act, 1948 and subsequent amendments. Same will be applicable where a Table B policy has been issued.

v. If You have opted for this cover, Point no. 3 provided under "3. Exclusion" in the base policy shall stand deleted.

2. Communicable Disease Cover (UIN: IRDAN158CP0116V01201819/A0125V01202021)

In consideration of the payment of additional premium, it is hereby agreed and declared that the insurance under this policy shall, subject to terms, conditions, warranties and exclusion of the policy, extended to cover death of employee(s) of the Insured solely/directly due to communicable disease/illness as opted by the Insured from the below list of communicable diseases/ illness and mentioned in the Policy Schedule.

List of Communicable Disease/Illness:

- 1. Tuberculosis
- 2. Plague
- 3. Diphtheria
- 4. Typhus
- 5. Nipah Virus
- 6. EBOLA

- 7. Swine Influenza Virus
- 8. H1N1 Virus
- 9. COVID-19

10.SARS

11.MERS

Provided always that Our liability under this cover shall be limited to the amount mentioned in Your Policy Schedule for each employee (against "each employee limit") and Our aggregate liability for all Employees during the Policy Period shall be limited to amount as mentioned in Your Policy Schedule (against "aggregate limit of all Employees").

Conditions applicable to Communicable Disease Cover

- i. Employee(s) should contract the communicable disease, for the first time during the Policy Period.
- ii. Fixed benefit per named employee will be paid provided death happens either during the hospitalization for opted communicable disease/illness treatment or within 30 days of discharge from hospital after treatment of opted communicable disease/illness.
- iii. The Insured and its employee(s) shall take all reasonable precautions including compliance with government directives/guidelines.

Specific Exclusion applicable for this add on:

- 1. All the occupational diseases listed under Schedule III of Employment Compensation Act, 1923 and subsequent amendments till date of issuance of the policy.
- 2. Death due to any other medical reasons, except for the communicable disease/ illness as covered in the policy.
- 3. We will not make any payment if Employee(s) is/are diagnosed as suffering from opted disease/illness within 30 days from the date of inception of policy with us.
- 4. Any claim in relation to Communicable disease where it has been diagnosed prior to Policy Start Date.
- 5. Benefit will cease to exist for the named employee in case of Natural or accidental death of the named employee.
- 6. Intentional self-injury, Suicide or attempted suicide by named employee(s) is not covered.