



Occupational accident

This Agreement is established between [Insurance Company Name] ("Insurer") and [Policyholder Name] ("Policyholder"), collectively referred to as the "Parties."

Coverage Agreement

The Insurer agrees to provide Occupational Accident Insurance coverage, which is detailed in the accompanying Policy Document. This coverage is designed to protect the Policyholder against specified risks associated with occupational accidents, ensuring financial support and assistance according to the terms outlined.

Responsibilities of the Policyholder

The Policyholder commits to fulfilling several key responsibilities:

Timely payment of premiums at the agreed frequency and rates.

Immediate notification to the Insurer of any occupational accidents likely to result in a claim under this policy.

Submission of all necessary documentation and full cooperation during the claim processing period.

Obligations of the Insurer

The Insurer's duties include:

Efficient and equitable processing of all claims submitted under this policy.

Providing support and addressing any inquiries from the Policyholder concerning coverage details and claim status.

Ensuring that all personal and sensitive information of the Policyholder is kept confidential and secure.

Term and Termination

The term of this insurance coverage commences on [Start Date] and will remain effective until either party opts to terminate. Termination requires a written notice delivered by the terminating party to the other at least [number of days] days prior to the desired termination date.

Dispute Resolution

Should any disputes arise from this Agreement, the Parties agree to seek resolution through mediation prior to initiating any legal proceedings.

Signatures

This document, along with any attached schedules, constitutes the entire agreement between the Parties regarding the Occupational Accident Insurance. Any modifications to this Agreement must be made in writing and signed by both Parties.

By signing below, the Policyholder acknowledges their understanding of, agreement to, and acceptance of all terms and conditions described herein.

Date: DD/MM/YY

DocuSigned by:

Signature: 9FF3B05059ED442...