

**WORKMEN'S COMPENSATION - DATA SHEET**

<b><u>CONTACT DETAILS</u></b>					
Company Name	:				
Address	:				
Business	:				
Telephone No	:		Fax No.		Email
Contact Person	:			Designation	

	No.	Annual Basic Wages (Dhs.)		No.	Annual Basic Wages (Dhs.)
Administration & Managerial			Manual		
Technical					
Marketing / Sales / Drivers			Others (Please Specify)		
Are all employees being insured on the residence visa and under the sponsorship of your company?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none"> <li>• If No Please attach names with salary details and terms of employment.</li> </ul>					

Extension	:	<input type="checkbox"/> Employers Liability <input type="checkbox"/> 24 hours extension			
Geographical Area	:				

Current Insurance	
Preference of Insurance Co. for this Enquiry	
Claims experience for last 3 years	