

GARGASH INSURANCE SERVICES

P. O. Box 50251, DUBAI, UAE

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WORKMEN'S COMPENSATION - DATA SHEET

CONTACT DETAILS					
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		
• If No Please attach names with salary details and terms of employment.					

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	