

Group Personal Accident Insurance Policy

1. Benefits Covered per person:

Benefits	Category of Insured Person	Total Sum Insured (Rs)
Accidental Death	Employee	As per the Annexure
Permanent Disablement – Table D	Employee	100% on Accidental Death Section Sum Insured
Temporary Total Disablement – Accident Only Amount Payable per Week Maximum Number of Weeks: 104 Weeks	Employee	1% of the Accidental Death Sum Insured or Rs. 20,000.00 whichever is lower
Last Rites Costs – Accident Only	Employee	Rs. 5,000.00
Dependent Child Education Benefit Amount Payable per Year Number of Years Payable: 1 Year Number of Children Covered: 2 Children	Employee	Rs. 10,000.00

2. Special Conditions:

- a. The Sum Insured for Accidental Death and Permanent Disablement Section shall not exceed 70 times the Gross Monthly Salary of the Employee.
- b. The Weekly Compensation under the Temporary Total Disablement Section shall not exceed the Gross Weekly Salary of the Employee.
- c. It is hereby agreed and declared that the exclusion under Section 5 (21) as mentioned below is deleted:
(i) for Bodily Injury sustained as the result of Terrorism.
- d. It is hereby agreed and declared that the exclusion under Section 5 (8) as mentioned below is deleted:
(i) for Bodily Injury sustained whilst or as the result of riding or driving a motorcycle or motor scooter over one hundred and fifty (150) cc.
- e. The policy has been issued on a named basis
- f. The following risk / perils have been explicitly excluded under the policy:
(i) Injury caused by surgery
(ii) Nuclear energy risk
(iii) Professional activities of military personnel
(iv) Offshore activities
- g. The following documents shall be mandatory in the event of a claim:
(i) Appointment letter from the employer
(ii) Salary slips of the employee
(iii) Proof of leave application
(iv) Letter from Head -Human resource for not present in the office
(v) ID - Proof - Election Card / Pan Card / Driving License / Passport copy
- i. The Persons engaged in or as Military Servicemen, Professional Sportsmen, Mine Worker, Fire-Fighters, Water Vessel or Airlines Crew, Oil Field & Oil Rig Workers, Structural Steel Workers, Laborers in Civil Works, Window Cleaners, Junk/Salvage Workers, Saw-Mill Workers and similar hazardous occupations are specifically excluded under the plan. Subject to otherwise the terms, conditions and exclusion of the Policy.
- j. It is hereby agreed between the Proposer and the Company that any addition / deletion to the list of insured members shall be communicated to the Insurer in writing within a reasonable time but not later than 30 days from the date of the employee joining or being relieved from the organization.
- k. Additions deletions of employee will be done on prorata basis from day 1 for additions subject to sufficient CD balance being maintained.

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- l. The **Named Insured / Policyholder** shall immediately notify the **Company** of any and all changes during the **Policy Period** to the **Insured's** professional activity or occupation as stated in the policy schedule.
- m. All supporting documents relating to the claim must be submitted to the company within sixty (60) days from the date of loss & the claim intimation should be within Thirty (30) days from the date of Loss.

Check List of Documents GPA

General Documents – (Applicable for all types of Claims) –

- ✓ Duly filled and signed Claim Form
- ✓ Photocopy of ID card / photocopy of current year policy

Specific Documents – Benefit Wise

In Accidental Death Cases

- ✓ Copy of post mortem examination report
- ✓ Copy of the first information report from police department / copy of the medico-legal certificate
- ✓ Original death summary from the hospital
- ✓ Copy of the legal heir certificate, if the claim is for the death of the principle insured
- ✓ Viscera Report for death due to poisoning OR snake bite
- ✓ Death certificate from Municipal Authority OR Gram Panchayat (Applicable for claim reported from rural areas)
- ✓ Salary slip prior to accident

In Permanent Disablement Cases

- ✓ Original detailed discharge summary / day care summary from the hospital
- ✓ Treating doctor's certificate giving details of injuries (How, when and where injury sustained)
- ✓ Copy of the first information report from police department / copy of the medico-legal certificate
- ✓ First consultation letter and subsequent treatment papers
- ✓ Disability certificate from a concerned specialist affiliated with government hospital confirming the extent and nature of disability

In Temporary Total Disablement Cases

- ✓ HR letter stating leave period
- ✓ Salary slip prior to accident
- ✓ Fitness Certificate by the treating doctor
- ✓ Medical / Hospital documents if any

In Emergency Medical Expenses (Accident Only)

- ✓ Original consolidated hospital bill with breakup of each item, duly signed by the insured
- ✓ Original payment receipt of the hospital bill
- ✓ Original bills, original payment receipts and reports for investigation
- ✓ Original medicine bills and receipts with corresponding prescriptions
- ✓ Original invoice/bills for implants (viz. Stent /PHS Mesh / IOL etc.) with original payment Receipts
- ✓ Treating doctor's certificate giving details of injuries (How, when and where injury sustained) including whether claimant was under the influence of any intoxicating material.
- ✓ Copy of the medico-legal certificate

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