

एचओ:बीआर:113/ 114

दिनांक 29.05.2021

बीमा विभाग, प्रधान कार्यालय, बड़ौदा द्वारा जारी
भारत में स्थित सभी शाखाओं/ कार्यालयों के लिए परिपत्र

प्रिय महोदय/ महोदया,

विषय: सभी निदेशकों एवं कर्मचारियों के लिए समूह वैयक्तिक दुर्घटना (जीपीए) बीमा पॉलिसी का नवीनीकरण.

सभी निदेशकों एवं कर्मचारियों के लिए समूह वैयक्तिक दुर्घटना (जीपीए) बीमा पॉलिसी का नवीनीकरण न्यू इंडिया इंश्योरेंस कंपनी लि. के साथ निम्नलिखित मौजूदा नियम एवं शर्तों के अनुसार दिनांक 01.04.2021 से 31.03.2022 तक 12 महीनों की अवधि के लिए किया गया है:

| | | |
|-------------------------------|--|------------|
| पॉलिसी नं. | 12140042210100000002 | |
| अवधि | 01.04.2021 to 31.03.2022 | |
| श्रेणी-वार बीमा कवरेज | श्रेणी | कवरेज ₹ |
| | निदेशक मंडल | 200.00 लाख |
| | मुख्य महाप्रबंधक टीईजी VIII | 175.00 लाख |
| | महाप्रबंधक टीईजी VII | 150.00 लाख |
| | उप महाप्रबंधक टीईजी VI | 100.00 लाख |
| | सहायक महाप्रबंधक एसएमजीएस V | 80.00 लाख |
| | मुख्य प्रबंधक एसएमजीएस IV | 50.00 लाख |
| | वेतनमान-III तक के सभी अन्य अधिकारी | 40.00 लाख |
| | व्यवसाय सहायक एवं अधीनस्थ स्टाफ | 25.00 लाख |
| | अधीनस्थ स्टाफ 1/3 | 8.00 लाख |
| | अधीनस्थ स्टाफ 1/2 | 13.00 लाख |
| | अधीनस्थ स्टाफ 3/4 | 19.00 लाख |
| स्थान | वैश्विक स्तर पर कवरेज | |
| कवर किया गया जोखिम | यह कवर कर्मचारी के साथ दुर्घटना होने पर निम्नानुसार उपलब्ध होगा: 1. मृत्यु -100% 2. स्थाई पूर्ण विकलांगता- आईआरडीए द्वारा निर्धारित किए गए अनुसार 3. स्थाई आंशिक विकलांगता- आईआरडीए द्वारा निर्धारित किए गए अनुसार | |
| अस्थायी पूर्ण विकलांगता (TTD) | यदि कोई कर्मचारी दुर्घटना होने के कारण कार्यालय नहीं आ पाता है, तो बीमा कंपनी की शर्तों को पूरा करने के अधीन, अस्थायी पूर्ण विकलांगता की अवधि के दौरान बीमा कंपनी द्वारा प्रति सप्ताह रु. 5000/- की राशि अधिकतम 52 सप्ताह तक प्रतिपूर्ति की जाएगी. | |

(Handwritten signature)

| | |
|--------------|---|
| अतिरिक्त लाभ | बीमा कंपनी मृत शरीर को लाने-ले जाने के लिए, अंतिम संस्कार का खर्च एवं एंबुलेंस प्रभार में से प्रत्येक के लिए रु. 5000/- प्रति दावे की अतिरिक्त राशि की प्रतिपूर्ति करेगी, बशर्ते बिल प्रस्तुत किए जाएं. 25 वर्ष से कम आयु के अधिकतम दो संतानों में से प्रत्येक को एक बारगी रु. 10,000 का शिक्षा अनुदान बीमा कंपनी की शर्तों को पूरा करने के अधीन दिया जाएगा. |
|--------------|---|

प्राथमिक सूचना:

हमें दावे की सूचना 48 घंटों के भीतर (मृत्यु के मामले में) और पीटीडी/पीपीडी/टीटीडी के मामले में 7 दिनों के भीतर निम्न विवरणों के अनुसार दी जानी चाहिए:

| | |
|---|--------------------------------------|
| 1 | कर्मचारी का नाम एवं क.कू.सं. |
| 2 | शाखा/ कार्यालय का पता पिन कोड के साथ |
| 3 | दुर्घटना की तारीख |
| 4 | दुर्घटना का स्थान |
| 5 | दुर्घटना का संक्षिप्त विवरण |

दावा करना: निम्नानुसार दस्तावेज हमें प्रस्तुत किए जाने चाहिए:

दुर्घटना से हुई मृत्यु के दावे:

| | |
|----|--|
| 1 | कानूनी उत्तराधिकारियों द्वारा विधिवत हस्ताक्षरित मूल दावा फार्म (शाखा/ कार्यालय द्वारा सत्यापित) |
| 2 | मृत्यु प्रमाणपत्र (शाखा / कार्यालय से मूल/ प्रमाणित प्रति) |
| 3 | पुलिस एफआईआर (पुलिस प्राधिकारी / शाखा / कार्यालय से प्रमाणित प्रति) |
| 4 | पोस्टमार्टम रिपोर्ट (डॉक्टर /शाखा/क्षेत्र द्वारा प्रमाणित) |
| 5 | पंचनामे की प्रति |
| 6 | कर्मचारी के विवरण को सत्यापित करनेवाला पत्र (एचआरएनईएस-एचआरएमएस-बायो डाटा) |
| 7 | दुर्घटना से पूर्व माह की वेतन पर्ची |
| 8 | कर्मचारी का पहचान-पत्र (कर्मचारी द्वारा ड्राइव करने के दौरान दुर्घटना की स्थिति में, ड्राइविंग लाइसेंस की प्रति अनिवार्य है) |
| 9 | कानूनी उत्तराधिकारियों (दावाकर्ता) का पहचान-पत्र |
| 10 | बच्चे के शैक्षणिक भत्ते का दावा किया गया हो तो बच्चे की आयु का प्रमाणपत्र |

दुर्घटना से हुई स्थाई/ आंशिक विकलांगता (पीटीडी/पीपीडी) हेतु दावे:

| | |
|---|--|
| 1 | विधिवत भरा गया दावा फॉर्म जो शाखा प्रमुख द्वारा सत्यापित हो. |
| 2 | विकलांगता प्रमाणपत्र जिसमें विलांगता का प्रतिशत दर्शाया गया हो (प्राधिकृत चिकित्सा अधिकारी/ जिले/ संबद्ध यूनिट के सरकारी अस्पताल के सिविल सर्जन द्वारा जारी) |
| 3 | एफआईआर/एमएलसी (मेडिको लीगल केस रिपोर्ट) |
| 4 | अस्पताल में उपचार के कागजात जो विकलांगता का प्रकार एवं प्रतिशत की पुष्टि के लिए आवश्यक हों (जैसे- एक्स-रे रिपोर्ट्स, डिस्चार्ज समरी, कंसल्टेशन नोट्स आदि) |

| | |
|---|---|
| 5 | घायल व्यक्ति का कलर फोटोग्राफ जिसमें विकलांगता दिखती हो |
| 6 | कर्मचारी के विवरण को प्रमाणित करने वाला पत्र (एचआरएनईएस-एचआरएमएस-बायो डाटा) |

दुर्घटना से हुई अस्थायी पूर्ण विकलांगता (टीटीडी) हेतु दावे:

| | |
|---|--|
| 1 | विधिवत भरा गया दावा फॉर्म जो शाखा प्रमुख द्वारा सत्यापित हो. |
| 2 | उपचार करने वाले चिकित्सक द्वारा मेडिकल-सह-फिटनेस प्रमाणपत्र, जिसमें चोटों का उल्लेख और आराम करने की अवधि "से" एवं "तक" की तारीख तथा वह तारीख जिस पर घायल व्यक्ति अपनी ड्यूटी पर आ सकता है, दर्शाई गई हो. |
| 3 | शाखा से छुट्टी का प्रमाणपत्र जिसमें छुट्टी की अवधि एवं उसके प्रकार का उल्लेख हो |
| 4 | एफआईआर/एमएलसी (मेडिको लीगल केस रिपोर्ट) |
| 5 | अस्पताल में उपचार के कागजात जो चोट तथा मेडिकल स्थिति की पुष्टि के लिए आवश्यक हैं (जैसे- एक्स-रे रिपोर्ट्स, डिस्चार्ज समरी, कंसल्टेशन नोट्स आदि) |
| 6 | घायल व्यक्ति का फोटो पहचान-पत्र |
| 7 | कर्मचारी के विवरण को प्रमाणित करने वाला पत्र (एचआरएनईएस-एचआरएमएस-बायो डाटा) |
| 8 | शाखा/ कार्यालय द्वारा जारी छुट्टी का प्रमाणपत्र |

उपरोक्त दस्तावेज़ सूचना के लिए हैं, बीमा कंपनी मामले-दर-मामले के आधार पर अन्य दस्तावेजों की मांग कर सकती है.

दावे से संबंधित दस्तावेज हार्ड एवं सॉफ्ट प्रति 30 दिनों के भीतर हमारे कार्यालय को निम्नलिखित पते पर प्रस्तुत किए जाने चाहिए ताकि बीमा कंपनी को आगे प्रस्तुत किए जा सके.

मुख्य प्रबंधक (बीमा)

बैंक ऑफ़ बड़ौदा, प्रधान कार्यालय, 7वां तल, बड़ौदा भवन, अलकापुरी

आर. सी. दत्त रोड, बड़ौदा – 390 007, ईमेल: insurance.ho@bankofbaroda.com

शाखाओं/ क्षेत्रों/अंचलों से अनुरोध किया जाता है कि हमारे कार्यालय से किए जाने वाले सभी पत्राचार के दौरान सिग्नेचर ब्लॉक में नाम, पदनाम और संपर्क नंबर का उल्लेख करें.

कृपया इस परिपत्र की विषयवस्तु को सभी स्टाफ सदस्यों के ध्यान में लाएं तथा सभी स्टाफ सदस्य इस योजना की जानकारी अपने परिवार के सदस्यों को दें .

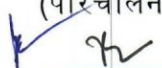
भवदीय



(पंकज मित्तल)

महाप्रबंधक

(परिचालन एवं सेवाएं)



HO : BR : 113 / 114

Date: 29.05.2021

Issued by Insurance Department, Head Office, Baroda
Circular to all Branches & Offices in India – Through Intranet

Dear Sir / Madam

Re: Renewal of Group Personal Accident (GPA) Insurance Policy for All Employees & Directors.

The group Personal Accident Insurance Policy for all Employees & Directors has been renewed for further period of 12 months from 01.04.2021 to 31.03.2022 with **New India Assurance Company Ltd.** as per existing terms & conditions mentioned as below:

| | | |
|--|--|-------------------|
| Policy No. | 12140042210100000002 | |
| Period | 01.04.2021 to 31.03.2022 | |
| Category wise Insurance Coverage | Category | Coverage ₹ |
| | Board of Directors | 200.00 lacs |
| | Chief General Manager TEG VIII | 175.00 lacs |
| | General Managers TEG VII | 150.00 lacs |
| | Deputy General Managers TEG VI | 100.00 lacs |
| | Assistant General Managers SMGS V | 80.00 lacs |
| | Chief Managers SMGS IV | 50.00 lacs |
| | All Officers up to Scale -III | 40.00 lacs |
| | Business Associates & Sub staff | 25.00 lacs |
| | Sub Staff 1/3 | 8.00 lacs |
| Sub Staff 1/2 | 13.00 lacs | |
| Sub Staff 3/4 | 19.00 lacs | |
| Location | Worldwide coverage | |
| Risk Covered | The cover is available due to accident of employee as below: 1. Death - 100 % 2. Permanent Total Disablement – As prescribed by IRDA 3. Permanent Partial Disablement – As prescribed by IRDA | |
| Temporary Total Disablement (TTD) | If any employee becomes unable to attend office due to an accident, amount of ₹5000/- per week will be reimbursed by insurance company during the period of temporary total disablement up to maximum of 52 week subject to fulfilment of terms & conditions of Insurance Company. | |
| Additional benefit | The Insurance Co. will reimburse an additional amount of ₹5,000/- each for carriage of dead body, funeral expenses & ambulance charges per claim subject to submission of Original Bills. One time children education grant for ₹ 10,000 each for maximum two children below the age of 25 years subject to fulfilment of terms & conditions of Insurance Company. | |

Primary Intimation:

Claim should be intimated to us **within 48 hours** (in case of death) and within 7 days in case of PTD / PPD / TTD as per details below:

| | |
|---|---------------------------------------|
| 1 | Name of Employee & E C Number |
| 2 | Branch / Office address with PIN code |
| 3 | Date of Accident |
| 4 | Location of accident |
| 5 | Brief details of accident |

Lodgment of Claim: The documents should be submitted to us as below:

Accidental Death Claims

| | |
|----|---|
| 1 | Original claim form duly signed by legal heirs (verified by Branch / Office) |
| 2 | Death Certificate (Original / certified copy from Branch / Office) |
| 3 | FIR (Copy certified by police authority / Branch / Office) |
| 4 | Post Mortem Report (Certified by Doctor / Branch/ Region). |
| 5 | Copy of Panchnama. |
| 6 | Letter certifying employee details (HRnes – HRMS – BIO data). |
| 7 | Copy of salary slip prior to the month of accident. |
| 8 | ID proof of employee. (In case of accident during driving by employee, copy of Driving License is compulsory) |
| 9 | ID proof of legal heir (claimant). |
| 10 | Age proof of child in case child education allowance claimed |

Accidental Permanent Total / Partial Disability (PTD / PPD) Claims

| | |
|---|--|
| 1 | Duly filled in claim form Verified by Branch Manager. |
| 2 | Disability Certificate stating percentage of disablement (issued by authorized medical officer/ civil surgeon of govt. hospital of the district / units concerned) |
| 3 | FIR/ MLC (Medico Legal Case Report) |
| 4 | Hospital treatment papers essential of confirmation of the type and percentage of disability (like X-Ray reports, discharge summary, consultation notes) |
| 5 | Color Photograph of the injured reflecting disability |
| 6 | Letter certifying employee details (HRnes – HRMS- BIO data). |

Handwritten signature/initials

Accidental Temporary Total Disability (TTD) Claims:

| | |
|---|--|
| 1 | Duly filled in claim form Verified by Branch Manager. |
| 2 | Medical Cum Fitness Certificate issued by the treating Physician mentioning the Injury and declaring the 'To' and 'From' date of the period of rest required and the date from which the injured can join back his duties. |
| 3 | Leave Certificate from Branch mentioning the period and type of leaves |
| 4 | FIR/ MLC (Medico Legal Case Report) |
| 5 | Hospital treatment papers essential of confirmation of the injury and medical condition (like X-Ray reports, discharge summary, consultation notes) |
| 6 | Photo ID proof of the injured. |
| 7 | Letter certifying employee details (HRnes – HRMS- BIO data). |
| 8 | Leave certificate issued by Branch / Office |

The documents mentioned above are indicative, insurance company may ask for other documents on case to case basis.

Claim documents Hard as well as Soft copy should be submitted within 30 days to our office at below mentioned address for onward submission to insurance company.

Chief Manager (Insurance)
Bank of Baroda
Head Office, 7th Floor, Baroda Bhawan, Alkapuri,
R C Dutt Road, Baroda 390 007
Email – insurance.ho@bankofbaroda.com

Branches / Regions / Zones are requested to mention name, designation and contact numbers in signature block during all correspondence with our office.

Please bring the contents of this circular to the notice of all staff members. All the employees are requested to inform their family members about this scheme.

Yours faithfully



(Pankaj Mittal)
General Manager
(Operations & Services)





The New India Assurance Co.Ltd.

DIVISIONAL OFFICE - 121400 (121400)

Tel. No.: 02222885624//

Email: //nia.121400@newindia.co.in/nodal.MAHARASHTRA@newindia.co.in

Personal Accident NA

Policy Number: 12140042210100000002

Period of Insurance

From: 01/04/2021 12:00:01 AM

To: 31/03/2022

Policy Holder's Details

BANK OF BARODA

To: BARODA BHAVAN, 7TH FLOOR,,RC DUTT
ROAD,ALKAPURI,,VADODARA,GUJARAT.,VADODARA ,GUJARAT, 390007

For Insurance Renewals contact

Tel. No.:// NA

Email: NA

For Claims contact Policy Issuing Office

Tel. No.:

Email:

Tax Invoice No : 12140021E0000237

IRDA Registration Number: 190



**Personal Accident Insurance ((Group(Unnamed)))
UIN Number -**

| | | | |
|--------------------------|--|-------------------------------|--|
| Insured Name | : BANK OF BARODA | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | : PO56580253 | Office Code | : DIVISIONAL OFFICE - 121400 (121400) |
| Address | : BARODA BHAVAN, 7TH FLOOR, RC DUTT ROAD, ALKAPURI, VADODARA, GUJARAT. VADODARA, GUJARAT, 390007 | Address | : 1ST FLOOR, NEW INDIA CENTRE, 17-A, COOPERAGE RD., MUMBAI, 400001 |
| Phone No | : 026523164, | Phone No | : 02222885624 |
| E-mail/Fax | : insurance.ho@bankofbaroda.com, / | E-mail/Fax | : nia.121400@newindia.co.in / 02222821927 |
| PAN No | : AAACB1534F | S. Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 24AAACB1534F2ZB / NA | GSTIN | : 27AAACN4165C3ZP |
| | | SAC | : 997139 (Other non-life insurance services excl RI) |

Policy Details

| | | | |
|----------------------------|--|--|----------------------------------|
| Policy Number | : 12140042210100000002 | Business Source Code | |
| Period of Insurance | : From:01/04/2021 12:00:01 AM To: 31/03/2022 11:59:59 PM | Dev. Off level./Broker/Corp. Agent/IMF/POS/Web Aggregator | : DIRECT BUSINESS - (2D10077207) |
| Date of Proposal | : 01-Apr-21 | Agent/Bancassurance/Specialized Person | : |
| Prev. Policy no. | : 12140042200100000001 | Phone No | : |
| Client Type | : Corporate | E-mail/Fax | : / / / |
| Staff Discount | : No | Type of Cover | : NA |

| | | | | | |
|-----------------|-------------|------------------|-------------------|--|-------------------------------------|
| Premium: | GST: | Total (₹) | Stamp Duty | Rupees (in words) | Receipt No. & Date: |
| ₹ 30000000 | ₹ 5400000 | ₹ 35400000 | ₹1000 | RUPEES THREE CRORE FIFTY-FOUR LAC ONLY | 1214008121000000 0225 - 09/04/21 |

Benefits under the Policy: GROUP UNNAMED

| Number of Persons | | | | | | | | War & Allied Cover opted | | |
|-------------------|--------------|--------------------|------------------------|-------------------|--------------|--------|-------------------|--------------------------|---------|----------------|
| Sl. No | No of Person | Cadre | Sum Insured per person | Total Sum Insured | Risk Group | Excess | Medical Extension | Sum Insured | Country | Type of Period |
| 1 | 10 | DIRECTOR | 20000000 | 200000000 | Risk Group I | 0 | No | 0 | NA | NA |
| 2 | 70 | GM's (TEGGS VII) | 15000000 | 1050000000 | Risk Group I | 0 | No | 0 | NA | NA |
| 3 | 190 | DGM [SMGS VI] | 10000000 | 1900000000 | Risk Group I | 0 | No | 0 | NA | NA |
| 4 | 595 | AGM [SMGS V] | 8000000 | 4760000000 | Risk Group I | 0 | No | 0 | NA | NA |
| 5 | 3631 | CMS [SMGS IV] | 5000000 | 18155000000 | Risk Group I | 0 | No | 0 | NA | NA |
| 6 | 7172 | SMS [MMGS III] | 4000000 | 28688000000 | Risk Group I | 0 | No | 0 | NA | NA |
| 7 | 11492 | MANAGERS [MMGS II] | 4000000 | 45968000000 | Risk Group I | 0 | No | 0 | NA | NA |
| 8 | 20159 | OFFICERS [JMGS I] | 4000000 | 80636000000 | Risk Group I | 0 | No | 0 | NA | NA |
| 9 | 29134 | CLERK | 2500000 | 72835000000 | Risk Group I | 0 | No | 0 | NA | NA |

Policy No. : 12140042210100000002 Document generated by 31591 at 09/04/2021 12:07:14 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



| | | | | | | | | | | |
|----|------|-----------------------|----------|------------|--------------|---|----|---|----|----|
| 10 | 9799 | SUB-STAFF [FULL TIME] | 2500000 | 2449750000 | Risk Group I | 0 | No | 0 | NA | NA |
| 11 | 265 | SUB-STAFF 1/3 | 800000 | 212000000 | Risk Group I | 0 | No | 0 | NA | NA |
| 12 | 165 | SUB-STAFF 1/2 | 1300000 | 214500000 | Risk Group I | 0 | No | 0 | NA | NA |
| 13 | 265 | SUB-STAFF 3/4 | 1900000 | 503500000 | Risk Group I | 0 | No | 0 | NA | NA |
| 14 | 14 | CGM's (TEGS VIII) | 17500000 | 245000000 | Risk Group I | 0 | No | 0 | NA | NA |

Table Details: (Group(Unnamed))

| SI.No | Table A | | Table B | | Table C | | Table D | |
|-------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|
| | Table A | Sum Insured | Table B | Sum Insured | Table C | Sum Insured | Table D | Sum Insured |
| 1 | Yes | 500000 | Yes | 19500000 | No | 0 | No | 0 |
| 2 | Yes | 500000 | Yes | 14500000 | No | 0 | No | 0 |
| 3 | Yes | 500000 | Yes | 9500000 | No | 0 | No | 0 |
| 4 | Yes | 500000 | Yes | 7500000 | No | 0 | No | 0 |
| 5 | Yes | 500000 | Yes | 4500000 | No | 0 | No | 0 |
| 6 | Yes | 500000 | Yes | 3500000 | No | 0 | No | 0 |
| 7 | Yes | 500000 | Yes | 3500000 | No | 0 | No | 0 |
| 8 | Yes | 500000 | Yes | 3500000 | No | 0 | No | 0 |
| 9 | Yes | 500000 | Yes | 2000000 | No | 0 | No | 0 |
| 10 | Yes | 500000 | Yes | 2000000 | No | 0 | No | 0 |
| 11 | Yes | 500000 | Yes | 300000 | No | 0 | No | 0 |
| 12 | Yes | 500000 | Yes | 800000 | No | 0 | No | 0 |
| 13 | Yes | 500000 | Yes | 1400000 | No | 0 | No | 0 |
| 14 | Yes | 500000 | Yes | 17000000 | No | 0 | No | 0 |

| SI.No | Special Conditions |
|-------|--|
| 1 | All Indian Employees (Regular & Contractual) & Directors, whether posted in India or Abroad as per details attached. |
| 2 | AS PER DETAILS ATTACHED. |
| 3 | AS PER DETAILS ATTACHED. |
| 4 | AS PER DETAILS ATTACHED. |
| 5 | AS PER DETAILS ATTACHED HEREWITH. |
| 6 | AS PER DETAILS ATTACHED. |
| 7 | AS PER DETAILS ATTACHED. |
| 8 | AS PER DETAILS ATTACHED. |
| 9 | AS PER DETAILS ATTACHED. |
| 10 | AS PER DETAILS ATTACHED. |
| 11 | AS PER DETAILS ATTACHED. |
| 12 | AS PER DETAILS ATTACHED. |
| 13 | AS PER DETAILS ATTACHED. |
| 14 | AS PER REP ATTACHED |

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 30000000.00 |
| SGST | 0 | 0 |
| CGST | 0 | 0 |
| IGST | 18 | 5400000 |

Policy No. : 1214004221010000002 Document generated by 31591 at 09/04/2021 12:07:14 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



The Policy Shall be subject to PERSONAL ACCIDENT INSURANCE ((Group(Unnamed))) policy clauses attached herewith IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:-

Date:-

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Mudrank_____Dt._____consolidated Stamp Fees Paid by Pay Order Number_____vide receipt
number_____dt._____.

Stamp Duty under the Policy is ₹

Tax Invoice No : 12140021E0000237

IRDA Registration Number: 190



ADJUSTMENT VOUCHER

Issuing Office : DIVISIONAL OFFICE - 121400 (121400)
Address : 1ST FLOOR, NEW INDIA CENTRE,
17-A, COOPERAGE RD., MUMBAI
.400001
MUMBAI
Phone : 02222885624
Email : nia.121400@newindia.co.in
Fax : 02222821927
Collection Number : 12140081210000000225
Collection Date : 09/04/2021
Business Source Code : 2D10077207
PAN No of Payer : AAACB1534F

Received with thanks from BANK OF BARODA.

The amount received/Adjusted is towards -

| Policy No. | A/C Description | Amount ₹ | A/C Code | Sub A/C Code |
|----------------------|--------------------------------|-------------|-------------|--------------|
| 12140042210100000002 | Cash Deposit Account-121400 | 35400000.00 | 5076.121400 | CD0001053760 |

Total = ₹ 35400000.00

Your Payment/Adjustment Details are as under -

| Mode | Amount ₹ | Cheque No. | Cheque Date | Drawee Bank | Drawee Branch | Reference No. | Scroll/BG/A PD Balance |
|-------------------------------|-------------|------------|-------------|-------------|---------------|------------------|---------------------------|
| Advance Premium Deposit | 35400000.00 | N.A. | N.A. | N.A. | N.A. | 1214002110000387 | 807596.00 |

Total = ₹ 35400000.00

Utilization details of the Collected Amount :

| Premium | GST | Stamp Duty | Excess Amount |
|-------------|-------------|-------------|-----------------|
| 30000000.00 | 5400000.00 | 0.00 | 0 |
| Sl no. | Agency Code | Agency Name | Department Code |
| 1 | NA | NA | 42 |

For The New India Assurance Company Limited



Date of Issue: 09/04/2021

Cashier's Initial

Authorized Signatory

Note -

- 1.Please note the Policy Number, Collection Number and date in all future correspondence. .
- 2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No : 12140021E0000237

IRDA Registration Number: 190



Form No.-AC-62(GR)

THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

UIN NO: IRDA/NL-HLT/NIA/P-P/V.I/351/13-14

PERSONAL ACCIDENT INSURANCE POLICY (GROUP)

WHEREAS the Insured named in the Schedule hereto (here in after called the 'Insured') has made and/or caused to be made to the The New India Assurance Company Ltd., (here in after called 'the Company') proposals and/or declaration dated as stated in the Schedule hereto which together with any statements and warranties contained there in shall be the basis of this contract and is/are deemed to be incorporate therein, for the insurance hereinafter set forth in respect of persons detailed in the Schedule of Insured Persons (hereinafter called the ('Insured Persons')).

Now this Policy witness that subject to and in consideration of the payment made to the Company the premium for the period stated in the Schedule or for any further period for which the Company may accept payment for the renewal of this Policy and subject to the terms, provisions, exceptions and conditions herein expressed or contained or hereon endorsed, the Company shall pay to the INSURED to the extent and in the manner hereinafter provided that if any of the Insured Persons shall :

DEFINITIONS

ACCIDENT

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

INJURY

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a MEDICAL PRACTITIONER

MEDICAL PRACTITIONER

A Medical practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

GRACE PERIOD

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods. Coverage is not available for the period for which no premium is received.

RENEWAL:

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

1. Sustain any bodily injury resulting solely directly from accident caused by external, violent and visible means, the sum hereinafter set forth in respect of any of the Insured persons specified in the Schedule.

- (a) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Schedule hereto, applicable to such insured person.
- (b) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
 - i) Sight of both eyes, or of the actual loss by “physical separation” of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Schedule herein applicable to such Insured person.
 - ii) Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Capital Sum Insured stated in the Schedule hereto, applicable to such Insured person.
- (c) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
 - i) the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the Schedule hereto, applicable to such Insured person.
 - ii) total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Schedule hereto, applicable to such Insured person.

NOTE

For the purpose of Clauses (b) and (c) above, physical separation of a hand means separation at or above the wrist and of the foot means at or above the ankle.

- (d) If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured, stated in the Schedule hereto applicable to such insured person.
- (e) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and/or partial irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the Capital Sum Insured applicable to such insured person in the manner indicated below :

| | Percentage of Capital Sum Insured % | | Percentage of Capital Sum Insured % |
|------------------------------------|---|--|---|
| i) Loss of toes - all | 20 | viii) Loss of middle finger | |
| Great - both phalanges | 05 | - three phalanges or | 06 |
| Great - one phalanx | 02 | two phalanges or one phalanx | |
| Other than great, if more than | 01 | ix) Loss of ring finger | |
| one toe lost each | | - three phalanges or | 05 |
| ii) Loss of hearing - both ears | 75 | two phalanges or one phalanx | |
| iii) Loss of hearing - one ear | 30 | x) Loss of little finger | |
| iv) Loss of four fingers and thumb | 40 | - three phalanges or | 04 |
| of one hand | | two phalanges or one phalanx | |
| v) Loss of four fingers | 35 | xi) Loss of metacarpals | |
| vi) Loss of thumb - both phalanges | 25 | - first or second | 03 |
| - one phalanx | 10 | third, fourth or fifth (additional) | |
| vii) Loss of index finger | | xii) Any other permanent partial disablement | |
| - three phalanges or | 10 | (Percentage as assessed by | |
| two phalanges or one phalanx | | the Company's Panel Doctor) | |

- (f) If such injury shall be sole and direct cause of temporary total disablement, then so long as the Insured person shall be totally disabled from engaging in any employment or occupation of any description whatsoever, a sum at the rate of one percent (1%) of the Capital Sum Insured stated in the Schedule hereto per week, but in any case not exceeding Rs. _____-- per week in all, under all personal accident policies covering such insured person. Provided that the compensation payable under the foregoing Sub-Clause (f) shall not be payable for more than 100 weeks in respect of any one injury calculated from the date of commencement of disablement and in no case shall exceed the Capital Sum Insured applicable to such insured person.

For the purpose of benefits applicable, Table D will cover of above Benefit (a) only, Table C will cover of above Benefit (a) to (d), Table B will cover of above Benefit (a) to (e) and Table A will cover of above Benefit (a) to (f). The applicable benefits with CSI for the same as more specifically described in the shedule will be considered for any liability under the Policy.

SPECIAL FREE BENEFIT

In the event of the death of the Insured person due to accident as defined in the Policy outside his/her residence, the Company shall pay in addition to the amount payable under Sub-Clause (a) (For transportation of Insured person's Dead Body to the place of residence) a lumpsum of 2% of Capital Sum Insured or Rs. 25000/- whichever is less.

EXCEPTIONS

PROVIDED ALWAYS THAT :

The Company shall not be liable under this Policy for :

1. Compensation under more than one of the foregoing Subclauses in respect of the same period of disablement of the Insured person.
2. Any other payment to the same person after a claim under one of the Sub-Clauses (a), (b), or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.
3. Any payment in case of more than one claim in respect of such insured person under the Policy during any one period of insurance by which the maximum liability of the Company specified in the schedule applicable to such Insured person would exceed the sum payable under sub-clause (a) of this Policy to such insured person. However , amount relating to medical expenses and carriage of dead body would be payable in addition if applicable.
4. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
5. Payment of compensation in respect of Death, injury of Disablement of the Insured person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal diseases, aids or insanity, (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.
6. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly of indirectly connected with or traceable to : War, Invasion, Act or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.
7. Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person -
 - (a) directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
 - (b) directly or indirectly caused by or contributed to by or arising from nuclear weapons material.

Provided also that the due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to any thing to be done or not to be done by the Insured and/or Insured person be a condition precedent to any liability of the Company under this Policy.

8. Pregnancy Exclusion Clause : The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

CLAIMS PROCEDURE

CONDITIONS

1. Upon the happening of any event which may give rise to a claim under this Policy, written notice with all particular must be given to the Company immediately. In case of death, written notice also for the death must, unless reasonable cause is shown, be so given before internment cremation, and in any case, within one calendar month after the death, and in the event of loss

of sight or amputation of limbs, written notice thereof must also be given within one Calendar month after such loss of sight or amputation.

2. Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any Medical or other agent of the Company shall be allowed to examine the insured person on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company and in the event of death, to make a postmortem examine of the body of the insured person. Such evidence as the Company may from time to time require shall be furnished and a postmortem examination report, if necessary, be furnished within the space of fourteen days after demand in writing and in the event of a claim in respect of loss of sight the Insured person shall undergo at the Insured's expense such operation or treatment as the Company may reasonably deem desirable provided that all sums payable :-
 - i) In case of death or PTD only after deleting by an endorsement the name of the insured person in respect of whom such sum shall become payable without any refund of premium.
 - ii) In case of PTD only after reducing by an endorsement CSI by amount admissible under the claim in respect of person to whom such sum shall become payable.
 - iii) TTD after termination of such disablement.

No sum payable under this policy shall ordinarily carry interest. In case of any extra ordinary delay on the part of insurer, such claims shall be paid by the insurer as specified in IRDA (Protection of Policyholders' Interest) Regulations 2002 dated 26/04/2002

3. Fraud/Misrepresentation: The Company shall not be liable to make any payment under this policy in respect of any claim, if such claim be in any manner fraudulent or supported by any fraudulent statement or device, whether by the Insured or by any person on behalf of the Insured.

4.
 - (a) The Insured shall give immediate notice to the Company of any change in his business or occupation.
 - (b) The Insured shall be tendering any premium for the renewal of this Policy give notice in writing of the Company of any disease, physical defect or infirmity with which any of the insured person have become affected since payment of last preceding premium.

5. Renewal: This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. The Company shall not however, be bound to give notice that such renewal premium is due.

6. Cancellation :The Company may at any time, by notice in writing, determine this Policy, provided that the Company shall in that case return to the Insured the then last paid premium less a prorata part thereof for the portion of the current insurance period which shall have expired. Such notice shall be deemed sufficiently given if posted and addressed to the Insured at the address last registered in the Company's books and shall be deemed to have been received by the Insured at the time when the same would be delivered in the ordinary course of post.

OR the policy may be canceled at any time by the Insured by a notice in writing under a Certificate of posting or a Regd. A.D. Such notice shall be deemed to be effective from the date of despatch of the same by the Insured.

PROVIDED no claim has arisen under the within mentioned Policy prior to the despatch of such notice by the Insured to the Company, the Insured would be entitled to the return of premium less premium at Company's short period rates for the period the policy has been in force.

7. The Company shall not be bound to take notice or be affected by any notice of any trust, charged, lien, assignment or other dealing with or relating to this Policy but the receipt of the Insured shall in all cases be an effective discharge to the Company.

8. Arbitration: If any dispute or difference shall arise to the quantum to be paid under the policy liability being otherwise admitted such difference shall independently all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to of if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of Law, the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**ENDORSEMENT TO COVER MEDICAL EXPENSES APPLICABLE UPON THE PAYMENT OF EXTRA PREMIUM &
SPECIFIC COVERAGE AS SHOWN IN THE POLICY SCHEDULE**

MEDICAL EXPENSES: Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Injury on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

OPD TREATMENT: OPD treatment is one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner following an accident. The Insured is not admitted as a Day Care or Inpatient. All other medical expenses that does not merit hospitalization or OPD, but necessarily and actually incurred for medical treatment on account of Injury on the advice of a Medical Practitioner

In consideration of the payment of an additional premium as shown in the policy schedule it is hereby agreed and declared that notwithstanding anything in the within written policy contained to the contrary, this insurance is extended to cover the medical expenses necessarily incurred and expended in connection with any accident as specified in the Policy, for which a claim is made by the Insured and admitted by the Company.

The Company shall reimburse to the Insured an amount upto but not exceeding forty percent of the compensation paid in settlement of a valid claim under this Policy or 10% of the relevant sum insured whichever is less. Further, it is a condition precedent to the payment of such medical expenses that the medical attendant's detailed account shall be submitted to and is approved by the Company.

PROVIDED ALWAYS THAT :

1. This insurance shall not apply, in so far as it applies to a female to expenses incurred in respect of any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammary gland, pregnancy childbirth, abortion or miscarriage or any complications and/or sequels arising from the foregoing, unless otherwise provided hereafter.
2. The Company shall not be liable to make any payment under this Policy in respect of :-
 - i) Disease, Injury, Death or Disablement directly or indirectly due to War, Invasion, Act of Foreign Enemy Hostilities or Warlike Operations (whether war be declared to nor) or Civil Commotion or Rebellion Military, Naval or Air Service or Breach of Law of Hunting, steeple-chasing, Revolution, Insurrection, Mutiny, engaging in aviation other than a passenger (fare paying or otherwise) in any licensed Standard Type of Aircraft.
 - ii) Circumcision or Strictures or Vaccination or Inoculation or change of life or beauty treatment of any description or dental or eye treatment or Intentional self injury or insanity or dissipation or Nervous Breakdown (which expression shall cover also general debility "run down" conditions and General "overhaul") or Venereal Disease or intemperance or the use of intoxicating drugs or liquors or any diseases, injury, death or disablement directly or indirectly due to any one or more of them.

Subject otherwise to the terms, exceptions, conditions and limitations of this Policy.

N.B.- IN THE EVENT OF DISHONOUR OF PREMIUM CHEQUE THE POLICY AUTOMATICALLY STANDS CANCELLED AS FROM INCEPTION.