

कालमर्यादित

क्र.पोमसं/२८/४९३७/अवियो/३९०/२०१६

मुंबई, दिनांक : १४/०७/२०१७

विषय :- महाराष्ट्र राज्यातील सर्व पोलीस अधिकारी/पोलीस कर्मचा-यांना “समूह व्यक्तीगत अपघात विमा योजना” लागू करण्याबाबत.
(कालावधी दिनांक २७/०६/२०१७ ते २६/०६/२०२०)

परिपत्रक

महाराष्ट्र राज्यातील सर्व पोलीस अधिकारी/पोलीस कर्मचा-यांचा दिनांक २३/०२/२०१४ ते दिनांक ३१/०३/२०१७ या कालावधीकरिता “समूह व्यक्तीगत अपघात विमा योजना” दि. न्यु.इंडिया इन्शुरन्स कंपनी लिमिटेड, पुणे या विमा कंपनी मार्फत उतरविण्यात आला होता. सदर विम्याची मुदत दिनांक ३१/०३/२०१७ रोजी मध्यरात्री १२.०० वाजता संपलेली आहे.

२. आता, महाराष्ट्र राज्यात कार्यरत असलेल्या पोलीस अधिकारी/पोलीस कर्मचा-यांकरिता “समूह व्यक्तीगत अपघात विमा योजना” दिनांक २७/०६/२०१७ ते दिनांक २६/०६/२०२० या तीन वर्षांच्या कालावधीसाठी दि.ओरिएंटल इश्योरेन्स कंपनी लिमिटेड, चिंचवड विभागीय कार्यालय, बहिरवाडे चॅम्बर्स, पहिला मजला, हॉटेल पंचशीलच्या समोर, टेल्को रोड, चिंचवड, पुणे-४११०१९ या विमा कंपनीमार्फत उतरविण्यात आलेला आहे. प्रथम दि.२७/०६/२०१७ ते दि.२६/०६/२०१८ या एक वर्ष कालावधीसाठी सदरहु विमा उतरविण्यासाठी दि.ओरिएंटल इश्योरेन्स कंपनी लिमिटेड, पुणे या कंपनीस विमा प्रिमियमची रक्कम सर्व करांसहित रु.५,७०,१५,८०४/- (रुपये पांच कोटी सत्तर लाख पंधरा हजार आठशे चार फक्त) मध्यवर्ती पोलीस कल्याण निधीतून अदा करण्यात आली आहे. सदर विमा कंपनीशी केलेल्या M.O.U.ची प्रत (Annexure) A,B,C, (च्या प्रतीसह) तसेच विमा पॉलीसीची छायांकित प्रत यासोबत जोडली आहे. राज्यातील पोलीस अधिकारी/पोलीस कर्मचा-यांचा खालीलप्रमाणे विमा उतरविण्यात आलेला आहे:-

अ.क्र.	पद	राशीभूत विमा रक्कम रुपये	वार्षिक कपात करावयाची प्रतिव्यक्ती रक्कम रुपये	सेवा कर	एकूण रक्कम रुपये
१	२	३	४	५	६
१	पोलीस महासंचालक ते पोलीस शिपाई दि.२७/०६/२०१७ ते २६/०६/२०१८	रु.१० लाख	रु.२४०/-	+ रु.३६/-	रु.२७६/-

३. खालील घटक प्रमुखांना विनंती करण्यात येते की, पोलीस घटक कार्यालयांना वारंवार पत्र व्यवहार करुनही घटक कार्यालय त्यांच्या अधिपत्याखालील पोलीस अधिकारी/कर्मचा-यांच्या वेतनातून किंवा त्यांच्या घटक कार्यालयाच्या पोलीस कल्याण निधीतून विमा वर्गणीची रक्कम कपात करुन या कार्यालयास जमा करीत नाहीत. त्यामुळे मध्यवर्ती पोलीस कल्याण निधीतून विमा कंपनीस अदा करण्यात आलेली संपूर्ण रक्कम मध्यवर्ती पोलीस कल्याण निधी मध्ये जमा होत नाही.

४. तरी सर्व घटक कार्यालयांनी दि.२७/०६/२०१७ रोजी त्यांच्या आस्थापनेवर हजर असलेल्या पोलीस अधिकारी/पोलीस कर्मचा-यांच्या हजर संख्याबळानुसार प्रतीव्यक्ती (हजर संख्याबळाच्या माहितीसह) रकाना क्र.६ मध्ये नमूद केल्याप्रमाणे विमा रक्कम त्यांच्या पोलीस कल्याण निधीतून पोलीस महासंचालक कार्यालयास Director General of Police, M.S., Mumbai यांच्या नावाने धनाकर्ष/धनादेशाद्वारे दि.२५/०७/२०१७ पर्यंत या कार्यालयास पाठवावी. तसेच सदरहू विमा वर्गणी प्रत्येक पोलीस अधिकारी व पोलीस कर्मचा-यांच्या वेतनातून कपात करुन सदरची रक्कम जिल्ह्याच्या /आयुक्तालयाच्या पोलीस कल्याण निधीमध्ये जमा करावी.

५. समूह व्यक्तीगत अपघात विमा उतरविण्यात आलेल्या कालावधीतील पोलीस अधिकारी/पोलीस कर्मचा-यांचे अपघात विमा दावे दि.ओरिएंटल इश्योरेन्स कंपनी लिमिटेड, चिंचवड विभागीय कार्यालय, बहिरवाडे चेंबर्स, पहिला मजला, हॉटेल पंचशीलच्या समोर, टेल्का रोड, चिंचवड, पुणे-४११०१९ ह्या शाखा कार्यालयाकडे मंजूरीकरिता पाठवावेत.

६. तसेच, घटक प्रमुखांना असेही कळविण्यात येते की, सदर विमा योजना ही, पोलीस अधिकारी/पोलीस कर्मचारी हे सेवेत असतांना (कोणत्याही प्रकारच्या रजेवर असतांना सुद्धा) अपघाती मृत्यु झाल्यास, अथवा अपघाताने विशिष्ट प्रकारचे अपंगत्व आल्यासच समूह व्यक्तीगत अपघात विमा योजना लागू होणार आहे.

अ) समूह व्यक्तीगत अपघात विमा योजनेमध्ये खालील अपघात समाविष्ट आहेत:-

रस्ता /रेल्वे अपघात, पाण्यात बुडून मृत्यु, विषबाधा, विजेचा धक्का, विज पडून होणारा अपघात, खुन, उंचावरून पडून होणारा मृत्यु/अपंगत्व, सर्पदंश, विंचूदंश, नक्षलवाध्यांकडून होणा-या हत्या, जनावरांच्या हल्ल्यामुळे किंवा चावण्यामुळे होणारे अपघात, दंगल अथवा कोणत्याही अपघाती घटनेमुळे अपंगत्व आले किंवा त्याचा मृत्यु झाल्यास आर्थिक लाभ मिळू शकतो.

ब) समूह व्यक्तिगत अपघात विम्या योजनेमध्ये खालील अपघात समाविष्ट नसतील:-

विमा कालावधीपूर्वीचे अपंगत्व, आत्महत्या किंवा आत्महत्येच्या प्रयत्नातून झालेले अपंगत्व, गन्ध्याच्या उद्देशाने आणि कायद्याचे उल्लंघन करतांना होणारे अपघात, अमली पदार्थांच्या नशेत झालेले अपघात, नैसर्गिक मृत्यु, भ्रमिष्टपणा, बाळंतपणातील मृत्यु, शरिरांतर्गत होणारे रक्तस्त्राव, मोचर शयंतीतील होणारे अपघात, युद्ध सैन्यातील नोकरी, लाभधारकाकडून झालेला खून, नैसर्गिकरित्या अपंगत्व आल्यास, तसेच अपघाताच्या खुणा नसल्यास इत्यादीसाठी आर्थिक लाभ मिळणार नाहीत. यास्तव अशी प्रकरणे विमा कंपनीस पाठविण्यात येवू नयेत.

७. त्यांच्या आस्थापनेवरील जर एखादा पोलीस अधिकारी/पोलीस कर्मचारी अपघातामध्ये मयत झाला असेल, किंवा अपघातामध्ये जखमी झाला असेल, तर त्या दिनांकापासून ०७ दिवसांच्या आंत त्यासंबंधीची लेखी सूचना प्रथम सदरहू विमा कंपनीस द्यावी. दावा सुचना विमा कंपनीस ३० दिवसानंतर दिल्यास दावा रद्द होऊ शकतो. दावा रद्द झाल्यास त्याची सर्वस्वी जबाबदारी घटक प्रमुखाची राहिल याची नोंद घ्यावी. तसेच मृत/जखमी पोलीस अधिकारी/पोलीस कर्मचा-यांच्या कुटुंबियांकडून खालील कागदपत्रे प्राप्त करून ३०-४५ दिवसांच्या आंत विमा दावा सदर विमा कंपनीकडे सादर करावा, व त्याची एक प्रत माहितीसाठी न चुकता या कार्यालयास पाठवावी.

अ) अपघाती मृत्यु आल्यास :-

- अपघाती व्यक्तीच्या कुटुंबियांनी / पत्नी / पती / मुलगा किंवा मुलीने भरलेला विमा कंपनीचा विहित नमुन्यातील दाव्याचा अर्ज (Claim form) (सोबत विहित नमुना प्रपत्र जोडलेले आहे)
- प्राथम सूचना अहवाल (F.I.R.) अपघात अहवाल/अपघाती मृत्यु अहवाल (Inquest Panchanama) (साक्षात्कृत केलेली प्रत),
- पंचनामा (साक्षात्कृत केलेली प्रत),
- शवविच्छेदन अहवाल (Post Mortem Report)]
- मृत पोलीस अधिकारी/कर्मचा-याने शेवटचे वेतन घेतल्याची वेतन पावती, हजेरी पत्रकाची प्रत,

- मृत्यूचा दाखला (साक्षात्कृत केलेली प्रत),
- अपघाताचे स्वरूप व त्यामुळे झालेला मृत्यु याबाबत घटक कार्यालयाचे प्रमाणपत्र (सोबत विहित नमुना प्रपत्र जोडले आहे).

आ) अपघाती अपंगत्व आल्यास :-

- अपघातग्रस्त व्यक्तीने भरलेला विमा कंपनीचा विहित नुमन्यातील अर्ज (Claim form)
- प्राथमिक माहिती अहवाल (F.I.R.), पंचानामा (जे लागू असेल ते),
- वैद्यकीय अहवाल (Medical Report)]
- अपघातग्रस्त व्यक्तीने शेवटचे वेतन घेतल्याची वेतन पावती, हजेरी पत्रकाची प्रत,
- जिल्हा शासकीय रुग्णालयातील प्राधिकृत वैद्यकीय अधिकारी, जिल्हा शल्य चिकित्सक, किंवा सिव्हील रुग्णालयाचा सिव्हील सर्जन यांचे अपघातातील अपंगत्वाबाबत टक्केवारीचे प्रमाणपत्र,
- अपघाताचे स्वरूप व त्यामुळे आलेले अपंगत्व याबाबत घटक कार्यालयाचे प्रमाणपत्र (सोबत विहित नमुना प्रपत्र जोडले आहे).

२) जर पोलीस अधिकारी/पोलीस कर्मचा-यांचा वाहन चालविताना अपघाताने मृत्यू/अपंगत्व आले तर त्याचा वैध वाहन परवाना विमा दाव्या बरोबर जोडणे आवश्यक आहे.

३) कोणत्याही परिस्थितीत सर्व प्रकरणी विहित कालावधीमध्येच, विमा कंपनीकडे दावा दाखल होणे आवश्यक असल्यामुळे, विमा कंपनीस परिपूर्ण माहिती संबंधित कागदपत्रासह पुरविणे, ही संपूर्ण जबाबदारी घटक कार्यालयाची राहिल.

४) विमा कंपनीकडून अतिरिक्त माहिती, अथवा कागदपत्रांची मागणी झाल्यास, ती घटक प्रमुखांनी विमा कंपनीस तात्काळ उपलब्ध करून द्यावी, व तसे या कार्यालयास कळवावे.

५) अपघात विमा योजनेचा दावा दाखल करतांना नेमणुकीस असलेल्या संबंधित पोलीस ठाणे, स्थानिक व परिमंडळ कार्यालयाने मृत/ जखमी पोलीस अधिकारी/कर्मचा-याची सविस्तर माहिती संबंधित कागदपत्रासह परस्पर विमा कंपनीकडे न पाठविता ती त्यांच्या घटक कार्यालयाच्या मार्फतीनेच पाठविणे आवश्यक आहे. त्यानंतर घटक कार्यालयाने सदर माहिती व कागदपत्रांची

आवश्यक ती तपासणी करून परिपूर्ण प्रस्ताव विमा कंपनीकडे पाठविणे आवश्यक आहे, व त्याची एक प्रत या कार्यालयास माहितीकरिता पाठविणे घटक प्रमुखांना बंधनकारक आहे.

६) विहित कालावधीत प्रस्ताव पाठविण्यापासून ते दावा पारीत होईपर्यंत, घटक कार्यालयाने विमा कंपनीकडे पाठपुरावा करावा.

७) घटक कार्यालयाने त्यांच्याकडील विमा दावे निकाली काढण्याकरिता विमा कंपनीस त्यांच्या कार्यालयाचा टेलिफोन नंबर, व NEFT / RTGS चे डिटेल्सची माहिती कळवावी जेणेकरून सदरचे विमा दावे निकाली काढणे विमा कंपनीस सोईस्कर होईल.

८) अपघात विमा दाव्याची रक्कम विमा कंपनीतून प्राप्त होताच, सदरची रक्कम तात्काळ मृत कर्मचा-यांचे वारसदारास, किंवा जखमी कर्मचा-यास अदा करण्यात यावी व रक्कम अदा केल्याचा दिनांक विनाविलंब या कार्यालयास कळवावा.

९) सदर समूह व्यक्तीगत अपघात विमा योजनेची माहिती सर्व पोलीस अधिकारी/कर्मचा-यांना देण्यात येवून ती सर्व पोलीस ठाणी / स्थानिक व परिमंडळ कार्यालयाच्या सूचना फलकांवर लावण्यात यावी.

८. तसेच सर्व घटक प्रमुखांना कळविण्यात येते की, पोलीस अधिकारी/पोलीस कर्मचा-यांचा अपघात झाल्यानंतर त्याबाबतची माहिती, व विमा कंपनीस दाखल केलेल्या दाव्या संबंधीचा मासिक अहवाल सहपत्र क्र. ६ प्रमाणे दर महिन्याच्या ५ तारखेपर्यंत mpkaydgp28@yahoo.com या मेलवर न चुकता पाठवावा.

सहपत्रे :- १. दावा दाखल नमुना प्रपत्र (Claim Form).

२. M.O.U. ची छायांकित प्रत

३. पॉलीसीची छायांकित प्रत

४. वैद्यकीय प्रमाणपत्र

५. घटक कार्यालयाने द्यावयाचे प्रमाणपत्र (Certificate from Police Dept.)

६. मासिक अहवाल नमुना.

(अनूप कुमार सिंह)

विशेष पोलीस महानिरीक्षक (प्रशासन)

पोलीस महासंचालक यांचेकरिता.

प्रति,

पोलीस आयुक्त, बृहन्मुंबई (सरनेह)

महासंचालक, लाचलुचपत प्रतिबंधक विभाग, महाराष्ट्र राज्य, मुंबई. (सस्नेह)

२/- त्यांनी त्यांच्या कार्यालयातील, व त्यांच्या अधिपत्याखालील घटक कार्यालयातील पोलीस अधिकारी / पोलीस कर्मचा-यांचो हजर संख्याबळानुसार विम्याची वर्गणी एकत्रित करुन कृपया पाठवावी.

इतर सर्व पोलीस आयुक्त (लोहमार्ग सह)

२/- पोलीस आयुक्तांनी महामार्ग सुरक्षा पथक / नागरी हक्क संरक्षण येथे प्रतिनियुक्तीवरील कार्यरत असलेल्या पोलीस अधिकारी / पोलीस कर्मचा-यांचे वेतन त्यांच्या आस्थापनेवर आकारण्यात येत असल्याने हजर संख्याबळानुसार विम्याची वर्गणी एकत्रित करुन पाठवावी.

अपर पोलीस महासंचालक, दहशतवाद विरोधी पथक, / लोहमार्ग म. रा., मुंबई.

२/- त्यांनी त्यांच्या कार्यालयातील, व त्यांच्या अधिपत्याखालील घटक कार्यालयांतील पोलीस अधिकारी / पोलीस कर्मचा-यांचो हजर संख्याबळानुसार विम्याची वर्गणी एकत्रित करुन पाठवावी.

अपर पोलीस महासंचालक, गुन्हे अन्वेषण विभाग, म. रा., पुणे.

२/- त्यांनी त्यांच्या कार्यालयातील, व त्यांच्या अधिपत्याखालील घटक कार्यालयातील पोलीस अधिकारी / पोलीस कर्मचा-यांची हजर संख्याबळानुसार विम्याची वर्गणी एकत्रित करुन पाठवावी.

आयुक्ता, राज्य गुप्तवार्ता विभाग, महाराष्ट्र राज्य, मुंबई.

२/- त्यांनी त्यांच्या कार्यालयातील, व त्यांच्या अधिपत्याखालील घटक कार्यालयांतील पोलीस अधिकारी / पोलीस कर्मचा-यांचो हजर संख्याबळानुसार विम्याची वर्गणी एकत्रित करुन पाठवावी.
संचालक, पोलीस विनतारी संदेश, म. रा., पुणे.

अपर पोलीस महासंचालक, राज्य राखीव पोलीस बल/प्रशिक्षण व खास पथकें/

वाहतुक, म. रा., मुंबई.

विशेष पोलीस महानिरीक्षक, मोटार परिवहन, म. रा., पुणे.

२/- विशेष पोलीस महानिरीक्षक यांनी त्यांच्या कार्यालयातील, व त्यांच्या अधिपत्याखालील घटक कार्यालयातील पोलीस अधिकारी / पोलीस कर्मचा-यांची हजर संख्याबळानुसार विम्याची वर्गणी एकत्रित करुन पाठवावी.

विशेष पोलीस महानिरीक्षक, नागरी हक्क संरक्षण, म. रा., मुंबई.

सर्व परिक्षेत्रीय विशेष पोलीस महानिरीक्षक

विशेष पोलीस महानिरीक्षक, विशेष सुरक्षा विभाग, दादर, मुंबई.

संचालक, महाराष्ट्र पोलीस अकादमी, नाशिक.

संचालक, महाराष्ट्र गुप्तवार्ता प्रबोधिनी, पुणे.

विशेष पोलीस महानिरीक्षक, नक्षल विरोधी अभियान, नागपूर.

विशेष पोलीस महानिरीक्षक, राज्य राखीव पोलीस बल, पुणे / नागपूर

पोलीस उप महानिरीक्षक, गडचिरोली परिक्षेत्र, कॅम्प नागपूर.

सर्व पोलीस अधीक्षक

२/- त्यांनी महामार्ग सुरक्षा पथक / नागरी हक्क संरक्षण येथे प्रतिनियुक्तीवरील कार्यरत असलेल्या पोलीस अधिकारी / पोलीस कर्मचा-यांचे वेतन त्यांच्या आस्थापनेवर आकारण्यात येत असल्याने त्यांच्या विम्याची वर्गणी एकत्रित करून पाठवावी.

समादेशक, राज्य राखीव पोलीस बल, गट क्र.१ ते १६.

सर्व प्राचार्य, पोलीस प्रशिक्षण विद्यालये (प्राचार्य, रा.रा.पो.बल केंद्र, नानवीज, दौंडसह)

प्राचार्य, यु.ओ.टी.सी., नागपूर.

उप संचालक, गुन्हे प्रशिक्षण केंद्र, नाशिक.

पोलीस अधीक्षक, शस्त्र निरीक्षण शाखा, पुणे

प्रत

व्यवस्थापकीय संचालक, महाराष्ट्र राज्य, पोलीस गृहनिर्माण आणि कल्याण महामंडळ मर्या.

मुंबई (सस्नेह)

महासमादेशक, गृहरक्षक दल आणि संचालक नागरी संरक्षण, म.राज्य, मुंबई (सस्नेह)

महासंचालक, (लिगल व टेक्निकल), म.राज्य, मुंबई (सस्नेह)

महासंचालक, व व्यवस्थापकीय संचालक, महाराष्ट्र राज्य सुरक्षा महामंडळ, म.राज्य,

मुंबई (सस्नेह)

संचालक, (दक्षता व सुरक्षा अधिकारी), महाराष्ट्र राज्य वीज वितरण कंपनी मर्यादित,

म.रा.मुंबई

प्रधान सचिव, गृह विभाग (विशेष) मंत्रालय, मुंबई

अपर पोलीस महासंचालक, कारागृह, म. राज्य, पुणे

अपर पोलीस महासंचालक, मुख्य दक्षता अधिकारी, म्हाडा, मुंबई

अपर पोलीस महासंचालक, दक्षता अधिकारी, विक्रीकर विभाग, मुंबई

अपर पोलीस महासंचालक, दक्षता अधिकारी, सिडको, मुंबई

नियंत्रक, वैद्य मापन शास्त्र, मुंबई

विशेष पोलीस महानिरीक्षक, मा.राज्य मानवी हक्क आयोग, मुंबई

विशेष पोलीस महानिरीक्षक व मुख्य दक्षता अधिकारी, महाराष्ट्र राज्य मार्ग परिवहन
महामंडळ, मुंबई

विशेष पोलीस महानिरीक्षक, कारागृह, मुंबई

सह आयुक्त व दक्षता अधिकारी, अन्न व औषध प्रशासन विभाग, मुंबई

मुख्य सुरक्षा अधिकारी, महाराष्ट्र विधीमंडळ सचिवालय, मुंबई

पोलीस अधीक्षक, अनुसूचित जाती/जमाती, आयोग, मुंबई

मा.राज्यपाल यांचे परिसहायक, राजभवन, मुंबई

प्रत

कार्यासन अधिकारी, कार्यासन क्रमांक ३२

२. त्यांनी ह्या कार्यालयातील त्यांचेकडे वेतन आकारण्यात येत असलेल्या पोलीस अधिकारी/पोलीस कर्मचा-यांची परि.२ मधील रकाना क्र.६ मध्ये नमूद केल्याप्रमाणे समूह व्यक्तीगत अपघात विमा योजनेची वर्गणी संबंधीतांच्या वेतनातून वसूल करून मध्यवर्ती पोलीस कल्याण निधीमध्ये जमा करून तसे या कार्यासनास कळवावे.

कार्यासन अधिकारी/कार्यासन क्रमांक २८-अ



The Oriental Insurance Company Limited
Head Office, A-25/27, Anaf Ali Road, New Delhi-110 002

ISSUING OFFICE -

The Oriental Insurance Company Limited
161800 DO CHINCHWAD Bahirwade Chambers, 1st Floor,
Opp. Hotel Panchsheel, Above United Bank Of India Telco Road,
Chinchwad, Pune Maharashtra 411019. Tel: 020-27450794 / 27474853

दावा फॉर्म

व्यक्तिगत अपघात विमा (महाराष्ट्र पोलिस)

पोलिसी क्र.

दावा क्र.

हा फॉर्म भूतणजे दायित्वाचा स्वीकार केल्याचे समजू नये.

१) मृत/जखमी पोलिस कर्मचारी -

ए) नाव _____

बी) कामावर रुजू असलेल्या कार्यालयाचा/पत्ता/फोन नं./ई-मेल _____

सी) मृत/जखमी पोलिस कर्मचाऱ्याचे पद/विभाग _____

२) दावेदार(वारस)/जखमी पोलिस कर्मचारी -

ए) नाव _____

बी) पत्ता _____

सी) मोबाईल क्र. _____

डी) ई-मेल आयडी (असल्यास) _____

३) अपघाताची सविस्तर माहिती-

ए) अपघात कोठे आणि कसा झाला? कृपया तळ/वेळ/स्थान सांगा.

बी) अपघाताचा पूर्ण तपशील, त्याचे कारण आणि झालेल्या दुखापती सांगा. (घावे/उजवे अंगा/डोळा इ.)

सी) अपघाताची सुचना पोलिसांना देण्यात आली आहे का? असल्यास, पोलिस स्टेशनचे नाव सांगून प्रथमदरी रिपोर्टची ताक्षवृत्ति प्रत द्या.

डी) मृत्यू झाला असल्यास, जेथे शवविच्छेदन केले गेले त्या रुग्णालयाचे नाव सांगा.



महाराष्ट्र MAHARASHTRA

2017

RW 486612

प्रधान मुद्रांक कार्यालय, मुंबई
प. मु. वि. क्र. ८०००००६
30 JUN 2017
सक्षम अधिकारी

श्री. सु. का. गदीस

MEMORANDUM OF UNDERSTANDING
LETTER OF UNDERSTANDING ENTERED INTO

BETWEEN

THE ORIENTAL INSURANCE COMPANY LIMITED.

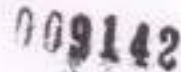
Having its office at First Floor, Bahirwad Chambers, Telco Road
Opp: Hotel Panchasheel, Chinchawad, Pune -411019.

HAVING ITS REGISTERED AND HEAD OFFICE AT
ORIENTAL HOUSE, A-25/27, ASAF Ali Road, New Delhi-110002
(hereinafter referred to as Insurer)

B. R. KULKARNI
श्री. आर. कुलकर्णी
Sr. Divisional Manager

AND

(Anur Kumar Singh)
Col. Inspector General of Police (Admin)



OFFICE OF THE DIRECTOR GENERAL OF POLICE

Maharashtra Rajya Police Mukhyalaya,
Shahid Bhagat Singh Marg, Colaba, Mumbai - 400 001.
(hereinafter referred to as Proposer)


It is hereby agreed that The Oriental Insurance Company Ltd. and the Director General of Police, Maharashtra State, Mumbai enter into a mutual agreement to cover all Police Officers and Policemen / policewomen of Maharashtra State police force under a Group Personal Accidental Insurance Policy to be issued by the former. The subject policy would cover the benefits as mentioned in Annexure - 'A' for a period of three years at the premium rate agreed below per person per year for Capital Sum Insured shown below. The Contract is for three years commencing from 27/06/2017 to 26/06/2020 but the policy will be issued annually and the premium will be paid annually by the proposer to the Insurer at the same rate agreed below for all the persons covered as per actual strength at the time of premium payment. Additions of police personnel due to new recruitment may be made on payment of proportionate premium (pro-rata) from the date of joining till the expiry of the policy.

The two parties hereby agree that the contract would be effective for a period of three years w.e.f 27-06-2017 to 26-06-2020 on the same rate, terms and conditions. It is also agreed that the Service Tax/GST will be charged extra as applicable on the premium amount. It is agreed that the claims of these three years would be entertained at any time even after the expiry of these three years, subject to the claim occurring within policy period. Insurance Company shall condone any reasonable delay in receiving claim intimation / claim documents.

Total Strength, Capital Sum Insured & Premium Rate are as follows:

- The Capital Sum Insured per person would be Rs. 10 Lacs.
- Premium rate agreed for above sum insured of Rs. 10 Lacs is Rs. 240/- per person, Service Tax / GST would be extra at actual. For the current year, The Service Tax is Rs 36/-. The total premium per person including service tax is Rs 276/-
- Total number of Police Personnel to be covered during the first year 27/06/2017 to 26/06/2018 are taken as 2,06,579. This was the actual strength as on 1/04/2017 the proposer would give information about the actual strength

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J. Ar. Kulकर्णी
Sr. Divisional Manager
वर्तमान मंडल प्रबंधक


(Anup Kumar Singh)
Spl. Inspector General of Police (Admn.)
Maharashtra State, Mumbai

as on 27/06/2017 to Oriental Insurance in the due course of time and it is hereby agreed that the premium would be refunded / paid in case the actual strength on 27/06/2017 is less/ more than 2,06,579 communicated above.

The proposer has already paid the premium of Rs. 4,95,78,960/- + 15% Service Tax. Rs. 74,36,844/- (Total Rs. 5,70,15,804/-) has already been paid through RTGS on 27/06/2017 in the Dena Bank, Branch Pimpri, Pune 411019 having IFSC Code : BKDN0510637 before the start of the policy period.

It is that the claims would be paid by The Oriental Insurance Company Ltd., by RTGS / NEFT/Cheque/ Demand Draft be in favour of the concerned police unit office. The commission charges for Demand Draft/ RTGS / NEFT, etc. if any would be borne by The Oriental Insurance Company Ltd. It is the responsibility of the concerned police unit commander to disburse the claim amount received from The Oriental Insurance Company Ltd. To the correct nominee/ legal heir of the deceased police personnel. It is agreed that the subject insurance policy would cover the police personnel on duty as well as off duty on 24x7 basis.

The benefits covered under the subject policy for the police personnel are as per Annexure 'A'.

It is also hereby agreed that the details of sanctioned claims or otherwise would be furnished every month to the concerned Police Unit office and to the Office of the Director General of Police, M.S., Mumbai by The Oriental Insurance Company Ltd., Pune. In case of all claims, the documents / formalities required to be completed by the officer (s) of Maharashtra Police would be as specified in the Annexure -'B' and Annexure 'C'.

" The valid claims under the policy shall be settled by The Oriental Insurance Company Ltd. Within 30 working days after receiving all documents by them; otherwise interest @8% per year will be paid by The Oriental Insurance Company Ltd."

This subject letter of undertaking is valid for a period of three years commencing from 27-06-2017.

Signed on 12th July, 2017 at Mumbai.

(B.R.Kulkarni)
Sr.Divisional Manager,
The Oriental Insurance Co. Ltd.,
Pune Division.

(Anur Kumar Singh)
Spl. Inspector General of Police (Admin.)
For Director General of Police,
Maharashtra State, Mumbai.

ANNEXURE - 'A'**DESCRIPTIONS OF BENEFITS UNDER THE SUBJECT POLICY
(% OF THE CAPITAL SUM INSURED)**

DESCRIPTIONS OF BENEFITS	% OF THE CAPITAL SUM INSURED
a) Accidental death	100%
b) Permanent/ total disablement due to accident	100%
c) Accidental loss of two limbs or two eyes or one eye and one limb	100%
d) Accidental loss of one eye or one limb	50%
e) Permanent /partial disablement	
i) loss of toes - All	20%
Great both Phalanges	5%
Great - one Phalanges	2%
Other than great if more than one toe lost- each	1%
ii) Loss of hearing - both ears	50%
iii) Loss of Hearing - one ear	15%
iv) Loss of 4 fingers and any one thumb	40%
v) Loss of 4 fingers	35%
vi) Loss of Thumb-both phalanges	25%
-one phalanx	10%
vii) Loss of Index finger - three phalanges	10%
- two phalanges	8%
- one phalanx	4%
viii) Loss of Middle finger- three phalanges	6%
- two phalanges	4%
- one phalanx	2%
ix) Loss of Ring finger- three phalanges	5%
-two phalanges	4%
-one phalanx	2%
x) Loss of little finger - three phalanges	4%
-two phalanges	3%
-one phalanx	2%
xi) Loss of Metacarpus- 1 st or 2 nd (additional)	3%
-3 rd , 4 th or 5 th (additional)	2%
xii) Any other permanent / partial disablement	Percentage as assessed by the Doctor

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B. R. KULKARNI
बी. आर. कुलकर्णी
 Sr. Divisional Manager
 बरिष्ठ मंडल प्रबंधक
Chinchwad D. O.
 चिंचवड संभागीय कार्यालय

(Anup Kumar Singh)
 Spl. Inspector General of Police (Admn.)
 Maharashtra State, Mumbai

ANNEXURE - 'B'**TERMS AND CONDITIONS**

1. The Office of Director General of Police shall provide the exact number of police personnel to be covered to The Oriental Insurance Company Ltd. The policy will be for the unnamed personnel who are on the rolls of Maharashtra Police.
2. The police personnel who is retiring during the currency of the policy period will be covered till the expiry of the current policy period.
3. As per Govt. of India guidelines, Service Tax/GST is mandatory, which shall be levied, on the total premium payable to arrive at the net premium payable under the policy. This will be paid at actual. The Service Tax as on 27.6.2017 15%
4. The cover is for 24 hours and is not restricted to on duty period only.
5. Under this policy, The Oriental Insurance Company Ltd. shall pay the insurance claim amount to the concerned police units office under intimation to the office of Director General of Police, Maharashtra State, Mumbai, within 30 days from the date of receipt of all claim documents.
6. If the police personnel insured under "this particular policy" are covered under any other group PA policy taken out by the Director General of Police or any other government department, the benefits under those policies will not have any connection with "this particular policy". The benefits payable under "this particular policy" will be independent of benefits under any other personal accident policies alluded above and the same will not be prejudiced in any manner whatsoever.

B. R. KULKARNI
बी. आर. कुलकर्णी
 Sr. Divisional Manager
 चिंचवड मंडल कार्यालय
 Chinchwad D. O.
 चिंचवड मंडल कार्यालय

(Anup Kumar Singh)
 Spl. Inspector General of Police (Admn.)
 Maharashtra State, Mumbai

ANNEXURE - 'C'

PROCEDURE TO BE FOLLOWED

1. Intimation of Accident :-

In the event of an accident which may give rise to a claim under this policy, written intimation with all particulars must be given to The Oriental Insurance Company Ltd., immediately but within 30 days. In case of any reasonable / unavoidable delay, The Oriental Insurance Company Ltd. Shall be liable to accept the claim provided, satisfactory proof of Accident / Death is submitted to the company.

2. It will be the sole responsibility of the concerned police unit office to submit the claim and relevant supporting documents directly to The Oriental Insurance Company Ltd., having its office at First Floor, Bahirwade Chambers, Telco Road Opp: Hotel Panchasheel, Chinchwad, Pune -411019 within 90 days from the date of the accident/ death of the claimant.

3. Submission of supporting documents of the claim by the concerned police unit office to the Divisional Office of The Oriental Insurance Company Ltd.

(A) In case of Death

- i. F.I.R (certified copies)
- ii. Inquest Panchanama (Certified copies)
- iii. Spot Panchanama (Certified copies)
- iv. Claim form duly filled by spouse/son/daughter/family member, police authority.
- v. Post Mortem Report (Certified copies)
- vi. Salary Slip & Muster Roll copy of the deceased persons (Certified copies)
- vii. Death Certificate (original)
- viii. Valid motor driving license in case the concerned police officer was himself/herself was driving the vehicle.

(B) In case of Disablement :-

- i. Claim form duly filled by the claimant
- ii. Medical Report (Certified copies)
- iii. Salary slip & Muster Roll copy of the employee (Certified copies)
- iv. F.I.R (certified copies)
- v. Spot panchanama wherever applicable (Certified copies)
- vi. Authorised Medical Officer / Civil Surgeon of Civil Hospital or Govt. Hospital of the Districts / Units concerned, (Certificate) stating percentage of disablement.

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B. R. KULKARNI
बी. आर. कुलकर्णी

(Anup Kumar Singh)
Spl. Inspector General of Police (Admn.)

vii. Valid motor driving license in case the concerned police officer was himself/herself was driving the vehicle.

4. Guidelines / requirements to be submitted by the concerned police unit office are as follows :-

- (A) Claim form to be duly filled up and signed by the claimant employee / family member along with the necessary certification of the doctor in relevant columns.
- (B) Sufficient claim forms will be provided in advance by **The Oriental Insurance Company** or if it is demanded by the units at the time of submitting the claim.
- (C) The extent of disablement would be certified by an authorized Medical Officer of Govt. Civil Hospital **OR** Govt. Hospital of the concerned Districts / Units.
- (D) In case of death, Post Mortem Report certifying the cause of death is required.

B. R. KULKARNI
बी. आर. कुलकर्णी
Sr. Divisional Manager
वरिष्ठ मंडल प्रबंधक
Chinchwad D. O.
विश्वव्यापी अर्थव्यवस्था कर्मचारी

(Anup Kumar Singh)
Spl. Inspector General of Police (Admn.)
Maharashtra State, Mumbai

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

इंश्योरेंस एवं मृत्यु कार्यालय : ए-25/27, आसफ अली रोड, नई दिल्ली-110 002

वेबसाइट : <http://www.orientalinsurance.org.in>

Policy No. : 161800/49/2016/1197

Cover Note No. : 160000254614

कृपया पत्राचार पॉलिसी जारी कर्ता कार्यालय से करें।

Insured's Code : 77376813

Insured's Name : DIRECTOR GENERAL OF POLICE,

Address : SHAHID BHAGAT SINGH

MARG, COLABA, MUMBAI

400001

MUMBAI MAHARASHTRA 400001

Tel /Fax /Email : / / 9887635449 / NA

THE ORIENTAL INSURANCE COMPANY LIMITED

Head & Head Office : A-25/27, Asaf Ali Road, New Delhi - 110 002

Visit us at <http://www.orientalinsurance.org.in>

Policy No. : 161800/49/2016/1197

Address all communication to Policy Issuing Office

Cover Note Date : 27/06/2017

Issue Office Code : 161800

Issue Office Name : DO CHINCHWAD

Address : Bahirwade Chambers, 1st Floor, Opp.

Hotel Panchasheel, Above United Bank Of

India

Telco Road, Chinchwad-411019

PUNE MAHARASHTRA 411019

Tel /Fax /Email : (020)-27450794 / (020)-27474853 /

bokulkarni@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code :

Agent/Broker : LF0000000613 3173 (FORMERLY DECCAN INS SERVICES P LTD)

Address : 6TH FLOOR, NEW EXCELSIOR BLDG., WALLACE STREET, MUMBAI

400001, MUMBAI, MAHARASHTRA, 400001

Tel/Fax/Email : 98023102978/Sandip/

Period of Insurance : FROM 15:53 ON 27/06/2017 TO MIDNIGHT OF 28/06/2018

Collection No. & Dt. : DC / IND 3170003580 - 30/06/2017

Gross Premium : 4,95,78,960 Service Tax : 74,36,844 Stamp Duty : 2500 Total : 5,70,15,804

Co-insurance Details : NIL

Number of persons covered : 206579

Total Sum Insured : 206579000000

AOA Limit : 50000000

Details of Insured Persons :

Sr. No.	Designation/ Occupation	No. of Persons	Risk Group	Section/Cover	Sum Insured	Additional Covers
1	POLICE PERSONNEL WORKING IN ALL OVER MAHARASHTRA	206579	HEAVY RISK	Table of benefits II	206579000000	

Total Sum Insured in words : Indian Rupees Twenty Thousand Six Hundred Fifty-Seven Crores Ninety Lakhs Only

Total Premium in words : Indian Rupees Five Crores Seventy Lakhs Fifteen Thousand Eight Hundred Four Only

Term of Insurance: As per the Clauses written hereunder and/or attached herewith :

Sum Insured Rs.1000000 for Death & PTD, All personnel are salaried employee working under police department all over Maharashtra State and on roll

Place : PUNE

Date : 30/06/2017



Consent to Stamp Duty Paid Certificate

No. 161800 The Oriental Insurance Company Ltd

Telco Road, 411019/2016/08/09/2016

and the Stamp Duty under this Policy is Rs. 2500

For and on behalf of

The Oriental Insurance Company Limited

Authorized Signatory

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1347GOI007158 All the Amounts mentioned in this policy are in Indian Rupees.

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

[Signature]
- 161800



Page 1 of 2

RECEIPT

ऑरिएण्टल इश्योरिन्स कम्पनी लिमिटेड
 वेबसाइट : <http://www.orientalinsurance.com>
 ईमेल : info@orientalinsurance.com

THE ORIENTAL INSURANCE COMPANY LIMITED

Regd. & Head Office : A-25/27, Asaf Ali Road, New Delhi - 110 002
 Visit us at <http://www.orientalinsurance.org.in>
 Address all communication to Policy Issuing Office

कृपया ध्यानपूर्वक पॉलिसी की कर्तव्यता का पता करें।
 एक्सप. डेटा : 30/06/2017

Office Code & Name : 161800 - DO CHINCHWAD Bank Code : 9100(C-161800-01)
 Collection No. : 51-01/3170003580 Posted Doc No. : 3170003579
 Collection Date : 30/06/2017 17:22 Posted Doc Dt. : 30/06/2017
 Received with thanks From Sh./Smt./ M/s. : DIRECTOR GENERAL OF POLICE,
 The Sum of : Indian Rupees Five Crores Seventy Lakhs Fifteen Thousand Eight Hundred Four Only
 Towards the following : Premium collections

Sl No.	Dept. Code	Policy No.	Policy Status	End/Ren/Dec/ Claim No.	Dev. Off. Code	Source Code	Amount Collected	C/D	GL Code	SL Code	Pay Mode	Bank Name	Bank Branch	Instrument No.
1	48	2018/1137	New Policy			LF0000000013	5,70,15,804.00	C	5083	AA0000000001	DC J IN D			RBIPMUR278166512
Total							5,70,15,804.00							

Remarks : RBIPMUR278166512

Service Tax Registration No. : AAAC706 27R ST308

This Receipt includes ServiceTax+Swachh Bharat Cess 0.5% + Krishi Kalyan Cess 0.5% Amount of : Rs. 7436844

Policy Type / Zone : GPA -UNNAMED

Note : For Payment by cheque , receipt will be valid subject to realisation of Cheque

FOR THE ORIENTAL INSURANCE COMPANY LTD.


 Cashier / Authorised Signatory



दि ओरिएण्टल इन्शुरेन्स कम्पनी लिमिटेड

पंजीकृत एवं मुख्या कार्यालय : ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002



THE ORIENTAL INSURANCE COMPANY LIMITED

Head & Head Office : A-25/27, Asaf Ali Road, New Delhi - 110 002

Visit us at <http://www.orientalinsurance.org.in>

वेबसाइट <http://www.orientalinsurance.org.in> देखें

Policy No. : 161800/48/2016/1197

कृपया पत्राचार पोलिसी जागे कर्ता कार्यालय से करें।

Cover Note No. : 160000234544

Prev. Policy No.

Address all communication to Policy Issuing Office

Cover Note Date : 27/06/2017

Insured's Code : 77376813

Issue Office Code : 161800

Insured's Name : DIRECTOR GENERAL OF POLICE,

Issue Office Name : DO CHINCHWAD

Address : SHAHID BHAGAT SINGH
MARG, COLABA, MUMBAI
400001

Address : Bahirwade Chambers, 1st Floor, Opp.
Hotel Panchsheel, Above United Bank Of
India
Telco Road, Chinchwad-411019
PUNE MAHARASHTRA 411019

MUMBAI MAHARASHTRA 400001

Tel/Fax/Email : / / 9987635449 / NA

Tel/Fax/Email : (020)-27450794 / (020)-27474853 /
brkulkarni@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code :

Agent/Broker : LF0000000013 3178 (FORMERLY DECCAN INS SERVICES P LTD)

Address : 6TH FLOOR, NEW EXCELSIOR BLDG., WALLACE STREET, MUMBAI
400001, MUMBAI, MAHARASHTRA, 400001

Tel/Fax/Email : 08023102970/Sandip

Period of Insurance : FROM 15:53 ON 27/06/2017 TO MIDNIGHT OF 26/06/2018

Collection No. & Dt. : DC_I_IND 3170003580 - 30/06/2017

Gross Premium : 4,95,78,960 Service Tax : 74,35,844 Stamp Duty : 2500 Total : 5,70,15,804

Co-insurance Details : NIL

Number of persons covered : 206579

Total Sum Insured : 206579000000

AOA Limit : 50000000

Details of Insured Persons :

Sr. No.	Designation/ Occupation	No. of Persons	Risk Group	Section/Cover	Sum Insured	Additional Covers
1	POLICE PERSONNEL WORKING IN ALL OVER MAHARASHTRA	206579	HEAVY RISK	Table of benefits II	206579000000	

Total Sum Insured in words : Indian Rupees Twenty Thousand Six Hundred Fifty-Seven Crores Ninety Lakhs Only

Total Premium in words : Indian Rupees Five Crores Seventy Lakhs Fifteen Thousand Eight Hundred Four Only

Term of Insurance: As per the Clauses written hereunder and/or attached herewith :

Sum Insured Rs1000000 for Death & PTD, All personnel are salaried employee working under police department all over Maharashtra State and on roll

Place : PUNE

Date : 30/06/2017



For and on behalf of

The Oriental Insurance Company Limited

Consolidated Stamp Duty Paid Certificate

No. 100 The Oriental Insurance Company Ltd

Telco Road, M-163/2016 dt 08/03/2016

and the Stamp Duty under this Policy is Rs. 2500/-

Authorised Signatory



In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

Page 1 of 2

92/10/16

दि ओरिएण्टल इन्श्योरेन्स कम्पनी लिमिटेड

पं० कृष्ण एवं सुश्रुताचार्यः ० २०१६ दि० आश्विन शुक्ल तृतीया, २०७६ दि० ०७/१०/१६

वेबसाइट <http://www.orientalinsurance.org.in> देखें

कृपया पत्राचार पालिसी जारी कर्ता कार्यालय से करें।



THE ORIENTAL INSURANCE COMPANY LIMITED

Read. & Head Office : A-25/27, Asaf Ali Road, New Delhi - 110 002

Visit us at <http://www.orientalinsurance.org.in>

Address all communication to Policy Issuing Office

In case of any single accident, the liability under this policy shall be restricted to the AOA Limit specified in the Schedule. In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/her hands at DO CHINCHWAD on 30TH DAY OF JUNE 2017.

Entered By : S.A. MODAK

Examined By : Rekha K Solanki

Policy Printed By : 702510

IP

Policy Printed On : 30-JUN-17 17:22:45

MAC+

For and on behalf of
The Oriental Insurance Company Limited

Authorized Signatory



Place : PUNE
Date : 30/06/2017



For and on behalf of
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorized Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

Page 2 of 2

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

The Oriental Insurance Company Ltd.
DO - CHINCHWAD Bahir de Chambers, 1st Floor, Opp. , Hotel Panchsheel, Above United Bank Of India , Telco
Road, Chinchwad-411019 , PUNE , 41.1019
RECEIPT

वि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड
पंजीकृत एवं मुद्रा कर्तालय : प-25/27, आराम अली रोड, डी.डी. बिल्डिंग, 110 002
बेदासरोट http://www.orientalinsurance.com

कृपया पत्राचार पोलिसी जारी कर्ता कक्षातर्फे करावे

Office Code & Name		161800 - DO CHINCHWAD		Bank Code		9100(C-161800-01)	
Collection No.		51-01/3170003580		Posted Doc No.		3170003579	
Collection Date		30/06/2017 17:22		Posted Doc Dt.		30/06/2017	
Received with thanks From Sh./Smt./ M/s.		DIRECTOR GENERAL OF POLICE,					
The Sum of		Indian Rupees Five Crores Seventy Lakhs Fifteen Thousand Eight Hundred Four Only					
Towards the following		Premium collections					

Sl No.	Dept. Code	Policy No.	Policy Status	End/Ren/Dec/ Claim No.	Dev. Off. Code	Source Code	Amount Collected	C/D Code	GL Code	SL Code	Pay Mode	Bank Name	Bank Branch	Instrument No.
1	48	2018/1137	New Policy			LF0000000013	5,70,15,804.00	C	5083	AA0000000001	DC_LIN D			RBIPMUR278168512
Total							5,70,15,804.00							

Remarks : RBIPMUR278168512

Service Tax Registration No. : AAAC06 27R ST308

This Receipt includes ServiceTax+Swachh Bharat Cess 0.5% + Krishi Kalyan Cess 0.5% Amount of : Rs. 7436844

Policy Type / Zone : GPA -UNNAMED

Note : For Payment by cheque , receipt will be valid subject to realisation of Cheque

FOR THE ORIENTAL INSURANCE COMPANY LTD.



Cashier / Authorised Signatory



THE ORIENTAL INSURANCE COMPANY LIMITED
 Regd. & Head Office : A-25/27, Asaf Ali Road, New Delhi - 110 002
 Visit us at http://www.orientalinsurance.org.in
 Admitted all communication to Policy Issuing Office

A5
22



The Oriental Insurance Company Limited

Head Office: A 25/27, Asaf Ali Road, New Delhi - 110002

PERSONAL ACCIDENT POLICY (Group)

UIN: IRDA/NL- HLT/OIC/P- P/V .1/457/13-14

WHEREAS the Insured named in the Schedule hereto (herein after called the 'Insured') had made and/or caused to be made to 'The Oriental Insurance Co. Ltd.' (hereinafter called the 'Company') a written proposal and/or declaration dated as stated in the Schedule hereto (warranting the truth of the statements contained therein) has made and/or declaration dated as stated in schedule here to which together with any statements and warranties contained therein shall be the basis of this contract and is/are deemed to be incorporated herein, for the insurance herein after set forth in respect of persons detailed in the schedule of Insured persons (hereinafter called the "Insured Persons").

NOW THE POLICY WITNESSETH that subject to and in consideration of the payment made or agreed to pay 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, definitions, exceptions and conditions therein expressed or contained or hereon endorsed the company shall pay to the insured to the extent and in the manner herein after provided that if any of the insured persons shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means the sum herein after set forth in respect of any of the insured specified in the schedule.

(a) If such injury shall within Twelve (12) calendar months of its occurrence be the sole and direct cause of the death of the Insured Person, the Capital Sum Insured (CSI) stated in the Schedule hereto applicable to such insured person.

(b) If such injury shall within Twelve (12) 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 hereto 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 foot or one hand, the Capital Sum Insured stated in the Schedule hereto applicable to such insured person.

(c) If such injury shall within Twelve (12) 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 Clause (b) and Clause (c) above, "physical separation" of a hand or foot means separation at or above the wrist and/or of the foot at or above the ankle.

(d) If such injury shall, as direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in any employment or occupation of any description whatsoever then a lump sum equal to 100% of the capital Sum Insured stated in the schedule hereto applicable to such insured person.

(e) If such injury shall within twelve (12) calendar months of its occurrence be the sole and direct cause of the total and/or partial irrecoverable loss of use or 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 shall be payable:

LOSS	% OF CAPITAL SUM INSURED
i) Loss of toes – all	20
Both Great phalanges	5
One Great phalanx	2
Other than great, if more than one toe lost each	1
ii) Loss of hearing both ears	50
iii) Loss of hearing one ear	15
iv) Loss of four fingers and thumb of one hand	40
v) Loss of four fingers	35
vi) Loss of thumb both phalanges	25
-one phalanx	10
vii) Loss of index finger	
-three phalanges	10
-two phalanges	8
-one phalanx	4
viii) Loss of middle finger	
-three phalanges	6
-two phalanges	4
-one phalanx	2
ix) Loss of ring finger	
-three phalanges	5
-two phalanges	4
-one phalanx	2
x) Loss of little finger	
-three phalanges	4



-two phalanges	3
-one phalanx	2
xi) Loss of metacarpals	
-first or second(additional)	3
-third, fourth or fifth(additional)	2
xii) Any other permanent-Partial disablement	As assessed by the doctor

f) If such injury shall be the sole and direct cause of Temporary Total Disablement, then so long as the Insured Person(s) 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. 20,000/- per week or 25% of monthly salary whichever is lower 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.

EXPENSES FOR CARRIAGE OF DEAD BODY AND/OR FUNERAL EXPENSES: in the event of the death of insured person due to accident, as defined in the policy, outside his/her residence, the company shall reimburse expenses incurred for transportation of insured's dead body to the place of residence and or funeral expenses subject to a maximum of 2% of capital sum insured or Rs 2500/- whichever is less.

COMPENSATION FOR LOSS OF EMPLOYMENT: the compensation payable, in the event of loss of employment due to total disablement, will be at 1% of the capital sum insured or Rs. 15,000/- whichever less is.

MEDICAL EXPENSES (When opted for an additional premium) : The accident portion can be extended to include Medical Expenses to the extent of 25% of valid admissible claim amount subject to payment of additional premium at the rate of 10% or to the extent of 50% of valid admissible claim amount subject to payment of additional premium at the rate of 25% on basic premium for accident cover. The payment of medical expenses shall be subject to the policy terms, condition, exception and definition provided herein.

3. DEFINITIONS:

(a) **ACCIDENT** - An accident is a sudden, unforeseen and involuntary event caused by external and visible and violent means

(b) **CONDITION PRECEDENT** - Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

(c) **DISCLOSURE TO INFORMATION NORM** - The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.



(d) **HOSPITAL / NURSING HOME** - A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- i. Has qualified nursing staff under its employment round the clock.
- ii. Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
- iii. Has qualified medical practitioner(s) in charge round the clock;
- iv. Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- v. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

(e) **HOSPITALISATION** - Means admission in a Hospital/Nursing Home for a minimum period of 24 in-patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

(f) **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.

(g) **LOSS OF LIMB(S)**: It shall mean physical separation of one or more hands or feet or permanent and total loss of use of one or more hands or feet.

(h) **PHYSICAL SEPERATION**: It shall mean separation of hand at or above the wrist and/or of the foot at or above the ankle.

(i) **PERMANENT TOTAL DISABLEMENT**: The bodily injury, which is direct cause of permanently, totally and absolutely disabling the person insured from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever.

(j) **PERMANENT PARTIAL DISABLEMENT**: The bodily injury which is the sole and direct cause of total and irrecoverable loss of use of or the actual loss by physical separation permanently incapacitating the Insured Person to the extent of 40% or more in aggregate.

(k) **IN-PATIENT CARE** - In-patient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

(l) **MEDICALLY NECESSARY** - Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- i. Is required for the medical management of the illness or injury suffered by the insured;
- ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- iii. Must have been prescribed by a Medical Practitioner;
- iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

(m) **MEDICAL PRACTITIONER** - A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for 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 license.

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The term Medical Practitioner would include Physician, Specialist and Surgeon. (The Registered Practitioner should not be the insured or close family members such as parents, in-laws, spouse and children).

(n) **REASONABLE CHARGES** - Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/injury involved.

EXCEPTIONS

PROVIDED ALWAYS THAT:

The Company shall not be liable under this Policy for:

1. Compensation under more than one of the foregoing Sub-Clauses i.e. (a), (b), (c) and (d) except (e) in respect of the same period of disablement.
2. Any other payment after a claim under one of the Sub-Clauses (a), (b), (c) or (d) has been admitted and become payable.
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 exceed the sum payable under sub-clauses (a) of this Policy to such Insured Person.
4. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
5. Payment of compensation in respect of Death, Injury or 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 or 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 disease/s, or insanity,
 - (e) arising or resulting from the insured person committing any breach of law with criminal intent.
6. Payment of compensation in respect of Death, Injury or Disablement of the Insured Person due to or arising out of or directly or indirectly connected with or traceable to: War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainment of all kings, princes and people of whatsoever nation, condition or quality.
7. Payment of Compensation in case of death of, or bodily injury to the Insured Person:
 - (a) directly or indirectly caused by or contributed to by or arising from ionizing 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 anything to be done or not to be done by the insured 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.

CONDITIONS

1. Upon the happening of any event which may give rise to a claim under this Policy, written notice with all particulars must be given to the Company immediately. In case of death, written notice also for the death must, unless reasonable cause is shown be given before interment, 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(s) 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 examination of the body of the Insured Persons. Such evidence as the Company may from time to time require shall be furnished and a post-mortem 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 (s) shall undergo at the insured's expense such operation or treatment as the Company may reasonably deem desirable. No sum payable under this policy shall carry interest.

PROVISION

Provided the all sums payable hereunder shall be payable:

- (i) In case of death or permanent total disablement only after deleting by an endorsement the name of insured person in respect of whom such sum shall become payable without any refund of premium.



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(ii) In case of permanent partial disablement only after reduction by an endorsement of the capital sum insured by the amount admissible under the claim in respect of the insured person to whom such shall become payable and

(iii) In case of temporary total disablement upon termination of such disablement.

3. The Company shall not be liable to make any payment under the 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 Person(s).

4. (a) The insured shall give immediate notice to the Company of any change in any of the insured Person's business or occupation.

(b) The insured shall, on tendering any premium for the renewal of his Policy, give notice in writing to the Company of any disease, physical defect or infirmity with which any of the insured Person(s) have become affected since the payment of last preceding premium.

5. The 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. The company may at any time, by notice in writing, terminate this Policy, provided that the Company shall in that case return to the insured the then last paid premium in respect of such persons in respect of whom no claim has arisen less a pro-rata 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 dispatch of the same by the insured.

PROVIDED no claim has arisen under the within mentioned Policy prior to the dispatch 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 rate 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, charge, 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. "If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of an sole arbitrator to be appointed in writing by the parties in difference or 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 3 arbitrators, comprising of two arbitrators one to be appointed by each of the party 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 arbitrations 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 the 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, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

9. IRDA REGULATIONS: This policy is subject to IRDA (Health Insurance) Regulations 2013 and IRDA (Protection of Policyholders' Interest) Regulations 2002 as amended from time to time.

10. GRIEVANCE REDRESSAL: In the event of the policyholder having any grievance relating to the insurance, the insured person may submit in writing to the Policy Issuing Office or Grievance cells at Regional Office of the Company for redressal. If the grievance remains unaddressed, the insured person may contact the Officer, Uni-Customer Care Department, Head Office email us at hogrievance@uiic.co.in.

11. OMBUDSMAN: The Insured person can also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The updated list of Office of Insurance Ombudsman are available on IRDA website www.irda.gov.in and on the website of General Insurance Council www.gicouncil.in

12. IMPORTANT NOTICE

i. The Company may revise any of the terms, conditions and exceptions of this insurance including the premium payable on renewal in accordance with the guidelines/rules framed by the Insurance Regulatory and Development Authority (IRDA) and after obtaining prior approval from the Authority. We shall notify you of such changes at least three months before the revision are to take effect.

ii. The Company may also withdraw the insurance as offered hereunder after following the due process as laid down by the IRDA and after obtaining prior approval of the IRDA and we shall offer to cover you under such revised/new terms, conditions, exceptions and premium for which we shall have obtained prior approval from the Authority.



वैद्यकिय प्रमाणपत्र

विमाधारकाने/दावेदाराने दावा दाखल करताना स्वखर्चाने वैद्यकिय पुरावा द्यावा.

१) ए) दावाकर्त्याचे नाव ----- बी) वय -----
२) ए) अपघाताचे स्वरूप आणि कारण - ----- ----- ----- बी) दुखापती/अपंगत्वाचे संपूर्ण वर्णन - ----- ----- ----- सी) जखमा/दुखापतीचे स्वरूप अपघाताला दिलेल्या खात्याशी सुसंगत आहे का? -----
३) तुम्ही दावाकर्त्याला पहिल्यांदा उपचार दिलेली तारीख-
४) दावाकर्त्याला त्याचे सामान्य कार्य रोखण्यात आले आहे का? असल्यास किती काळापर्यंत? -----
५) दावाकर्ता त्याच्या दुखापतीपेक्षा वेगळ्या कोणत्याही रोग किंवा आजाराने ग्रस्त आहे का? आणि कोणत्याही आजार किंवा परिस्थितीमुळे बरे होण्यात बाधा निर्माण होऊ शकते का? असल्यास, सविस्तर माहिती द्या. ----- ----- -----
६) वर्तमान स्थिती -
७) अपंगत्व कायमचे आहे का? असल्यास, त्याची टक्केवारी किती -----

वरील नावाच्या विमाधारकाला मी स्वतः तपासले असून मी प्रमाणित करतो कि, वरील विधाने सत्य आहेत आणि जखमी व्यक्ती खरोखर नमूद केलेल्या अपघातामुळे अपंग झाली आहे.

स्थान -

दिनांक -

स्वाक्षरी

नाव आणि शैक्षणिक योग्यता

नोंदणी क्र.

पत्ता

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CERTIFICATE FROM POLICE DEPARTMENT

This is to certify that Mr. _____ has been on the rolls of
Maharashtra State Police since _____. His Salary no. / Batch no. is
_____. He was posted at _____ Police Station in the
grade of _____. His D.O.B. and age as per our records are
_____ and _____.

We confirm that he met with an accident on _____ at
_____ (place) resulting in Death/ Permanent Disablement.

He has been on leave since _____.

Other details are as contained in Claim form and Doctor's Report.

(To be signed and stamped by)
Police Station Incharge of respective Unit

दावेदाराचे/वारसदाराचे नाव -

पत्ता -

मोबाईल क्र. -

संबंधित पोलिस कार्यालयाच्या/युनिटच्या बँक खात्याची माहिती

अ.	संबंधित पोलिस कार्यालयाचे/युनिटचे नाव	
क.		
१	ज्या बँकेत खाते आहे त्या बँकेचे नाव	
२	खाते क्रमांक	
३	खात्याचा प्रकार	
४	बँकेच्या शाखेचे नाव	
५	बँकेच्या शाखेचा संपूर्ण पत्ता	
६	RTGS/IFSC CODE	
७	MICR CODE	
८	BRANCH CODE	

कृपया सोबत बँक खात्याचा रद्द केलेल्या धनादेशाची प्रत जोडावी.

सहपत्र क्र.६

समूह व्यक्तीगत अपघात विमा योजनेंतर्गत मृत / जखमी झाल्याबाबतचा मासिक अहवाल
(दि.२७/०६/२०१७ ते दि.२६/०६/२००१८ या कालावध)

घटकाचे नांव :-

अ. क्र.	महीन्याच्या सुरवातीस झालेल्या अपघाती मृत्यु / जखमी अधिकारी / कर्मचा-यांची संख्या		चालू महीन्यात अपघातात मृत्यु / जखमी अधिकारी / कर्मचा-यांची संख्या		विमा कंपनीकडे दाखल केलेले दावे		विमा कंपनीकडे दाखल न केलेले प्रलंबित दाव्यांची संख्या		प्रलंबित असलेल्या दाव्यांसंबंधी कारणमिमांसा (अपघात झालेल्या दिनांकासह माहिती सादर करावी).
	मृत्यु	जखमी	मृत्यु	जखमी	मृत्यु	जखमी	मृत्यु	जखमी	