

GROUP PERSONAL ACCIDENT INSURANCE (POLICY NO: D087516303)

- Compensation in the event of “death” or “bodily injury” to the insured arising out of “accident”
- Bodily injury means physical damage to one’s person.
- Accident means sudden, unforeseen and unexpected physical event caused by external violent & visible means.

Features for GROUP PERSONAL ACCIDENT INSURANCE

1. Accidental death – 100% of Sum Insured
2. Permanent Total Disability - 100 % of Sum Insured
3. Permanent Partial Disability- Up to 100% of disability.
4. Loss of income/ TTD/Weekly benefit- 1 % of SI or INR 5000 or 25% of monthly Gross Salary, whichever is lower, for up to 104 weeks
5. Children Education Benefit- - 10% of Sum Insured subject to maximum INR 10000 per child, for up to 2 kids
6. Funeral Expenses- 2.5% of Sum Insured subject to maximum of INR 5000
7. Transportation Expenses- 2.5% of Sum Insured subject to maximum of INR 5000
8. Ambulance Hospitalization- 1% of SI upto INR 1000.
9. Snake Bite/Insect Bite Excluding Mosquito Bite-Covered
10. Covered Medical Expenses (OPD flat) INR 10000- No AOA limit applicable.
11. Terrorism is covered.
12. Worldwide (24x7)

CLAIMS PROCEDURE

Claim should be reported to the HR Office/Broker/Insurance Company within 24 hours from the date of accident:

List of documents required for Death Claim:

1. Duly Completed Personal Accident Claim Form signed by Nominee.
2. Copy of address proof (Ration card or electricity bill copy).
3. Attested copy of Death Certificate.
4. Attested copy of Statement of Witness, if any lodged with police authorities.
5. Attested copy of FIR / Panchanama / Inquest Panchanama.
6. Attested copy of Post Mortem Report (only if conducted).
7. Attested copy of Viscera report if any (Only if Post Mortem is conducted).
8. Claim form with NEFT details & canceled cheque duly signed by Insured

List of documents required for Other than Death Claim:

1. Claim form dully filled up.
2. NEFT Mandate form duly filled and signed along with canceled cheque of Assignee/Beneficiary.
3. First consultation letter from treating Dr. mentioning date and circumstances of injury.
4. Complete treatment papers.
5. Prescriptions for drugs and tests (original)
6. Test Reports, X-rays etc.
7. Bills & receipts of treatment
8. Fitness certificate stating period of disability and percentage of disability
9. Employer's certificate stating salary & period of absence.