

**SOP ON INSURANCE COVER TO STUDENTS AND EMPLOYEES OF ARMY PRE  
PRIMARY SCHOOLS. ARMY PUBLIC SCHOOLS, ARMY PROFESSIONAL COLLEGES  
AND EMPLOYEES OF HQ AWES AND AWES CELLS AT FORMATION HQ**

**GENERAL**

1. Insurance of students/employees of Army Public Schools under the technical control of AWES under Group Personal Accident Policy commenced on 01 Aug 2005. The Group Insurance policy now covers the students and employees of Army Pre Primary Schools, Army Public Schools, Army Professional Colleges and employees of HQ AWES and AWES Cells. The insurance policy provides insurance cover from 01 Aug to 31 Jul of the next academic year.

**AIM**

2. To lay down the terms & conditions and procedures relating to Group Personal Accident Policy.

**LAYOUT**

3. The subject is covered in five parts as under :-

- (a) **Part - I.** Personnel covered under Insurance policy, Premium and duration of policy.
- (b) **Part - II.** Amount payable on death, permanent total disability/ disability due to accident, Medical expenses and under Continuing Education Benefit.
- (c) **Part - III.** Procedure for submission of claims.
- (d) **Part - IV.** Exceptions.
- (e) **Part - V.** Miscellaneous aspects.

**PART- I : PERSONNEL COVERED UNDER INSURANCE POLICY, PREMIUM AND DURATION OF POLICY**

4. **Personnel Covered Under the Insurance Policy.** Group Personal Accident policy covers the following personnel for death or disablement and medical expenses for treatment of injuries sustained during accident:-

- (a) Students of Army Pre Primary Schools/ Army Public Schools.
- (b) Students of Army Professional Colleges.
- (c) Employees of Army Pre Primary Schools, Army Public Schools and Army Professional Colleges except those on daily wages and outsourced personnel.
- (d) Employees of HQ AWES and AWES Cells.



5. **Premium.** The premium to be paid will be finalized by HQ AWES in consultation with Insurance company selected to provide the insurance cover disseminated by 01 Feb as per time schedule laid down at para 17 below. Army Pre Primary Schools, Army Public Schools, Army Professional Colleges and AWES Cells will forward the total amount for one year by bank draft drawn in favour of Army Welfare Education Society.

6. **Duration.** The duration of the insurance scheme is one year on 24 hours basis from 01 Aug to 31 Jul next year for accidents arising anywhere ie at home, at Schools / Colleges in public whilst engaging in any occupation, vocational activity and / or traveling by any mode of conveyance directly caused by external visible means in sudden, unforeseen manner. The agreement with the Insurance Company may be renewed on yearly basis at the time of expiry of policy period on mutually agreed terms and conditions.

**PART – II : AMOUNT PAYABLE ON DEATH/ PERMANENT TOTAL DISABILITY/  
DISABILITY DUE TO ACCIDENT, MEDICAL EXPENSES AND  
UNDER CONTINUING EDUCATION BENEFIT**

**Accidental Death**

7. Amount Payable Under the Insurance Policy to the Insured are :-

- (a) **Employees/Staff.** Rs 5 Lacs (Rupees Five Lacs only). This amount is payable on death of the insured person (Staff/ Employee), caused directly and solely due to an accident.
- (b) **Students.** Rs 2.50 (Rupees Two Lacs Fifty Thousand only). This amount is payable on death of the insured student, caused directly and solely due to an accident.

**Disablement.**

- 8. (a) **Permanent Total Disablement.** Rs five lacs. This amount is payable if such injury shall as 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.

**Note :-** Permanent total disablement means 100% disability.

- (b) **Loss of Both Eyes and/ or both Limbs.** Rs five lacs. This amount is payable in case of loss of both eyes and/ or both limbs solely and directly due to an accident.
- (c) **Loss of an Eye and a Limb.** Rs five lacs. This amount is payable in case of loss of an eye and a limb solely and directly due to an accident.
- (d) **Loss of an eye or a limb.** Rs 2.5 lacs. This amount is payable in case of the loss of an eye or a limb (loss of a hand at or above the wrist or loss of a foot at or above the ankle) solely and directly due to an accident.
- (e) **Medical Expenses.** Up to Rs 50,000/- (fifty thousand) are payable for medical expenses incurred for bodily injury arising out of an accident subject to treatment carried out in any hospital/nursing home, or by Doctor(s) on submission of relevant prescriptions, bills, cash memo, X-Ray film alongwith reports, discharge summary etc in original.



## Continuing Education Benefit.

9 **Coverage.** The students of Army Pre Primary Schools, Army Public Schools and Army Professional Colleges are also covered for Continuing Education Benefit in case of death/ permanent total disablement of the fee paying parent/ guardian due to an accident including at border places. However war is excluded from the coverage. The limit of compensation for policy period ie 01 Aug to 31 Jul under continuing education benefit would be as per **Appendix A** to be suitably disbursed by HQ AWES to the school/ college on yearly basis for the balance period of school/ college and existing course duration, on receipt from the Insurance Company .

### 10. Payment under the scheme.

(a) The maximum benefit payable is Rs 5 Lacs.

(b) In case any student, eligible for Continuing Education Benefit due to any circumstances whatsoever leaves AWES institutions, the student shall not be eligible for the compensatory education benefit from the date he/ she leaves the school/ college. For this purpose, move from one Army Pre Primary Schools, Army Public Schools to another Army Pre Primary Schools, Army Public Schools will be covered under the policy and such students will continue to get benefit under the policy. The remark that the student is in receipt of Continuing Education Benefit under 'Group Personal Accident Policy' will be endorsed by the school on the Transfer certificate of such students at the time of their leaving the school. The Army Pre Primary Schools, Army Public Schools where admission has been sought by such students will enter the particulars in their record. Both Army Pre Primary Schools, Army Public Schools will intimate the details of such students to HQ AWES on occurrence.

## PART – III : PRECEDURE FOR SUBMISSION OF CLAIMS

11. **Procedure for Submission of Claims.** In the event of accidental death or injury to insured person as outlined above, the following procedure will be adopted:-

(a) **Initial Report.** Initial report will be submitted by Principal / Director of School/College/ AWES Cell to HQ AWES on telephone **within three hours** of occurrence to be followed by written report within 72 hours of the accident by fax/ E-mail giving details as per format at **Appendix B**.

(b) **Detailed Report.** The detailed report will be submitted by by Principal / Director of School/ College/ AWES Cell to HQ AWES within 25 days of occurrence of accident resulting in death/ injury as given above to include the following :-

(i) Claim form duly filled and signed by School/ College / competent authorities. Specimen attached as **Appendix C**.

(ii) Original Copy of FIR issued by the police station.

(iii) Original Copy of Postmortem Report or Post Mortem waiver certificate from the competent authority.

(iv) Original Death certificate issued by the Municipality/ or authorities concerned.

(v) Original fee receipt of the student for the month in which the accident took



(vi) Discharge summary in case of hospitalisation along with receipts/ cash memos, prescription, X-Ray films along with X-Ray reports and other such details / supporting documents.

(vii) Copy of agreement between the employee and the employer (in case of death of an employee).

(viii) Copy of latest salary slip (in case of death of an employee).

(ix) Original/copy of Driving Licence (in case the death occurs during driving of a vehicle).

12. **Time Limit of submission of claims to the Insurance Company.** The insurance claims are required to reach Insurance Company with the documents within **one month** of the accidents. It is important that the claims reach HQ AWES with all necessary documents at the earliest but **not later than 25 days** of accidents.

13. **Action by HQ AWES.** On receipt of the above information, HQ AWES will inform the Insurance Company on telephone and fax giving the above information after vetting and authenticating the same. The relevant documents when received will be forwarded to the Insurance Company by HQ AWES. HQ AWES will expedite the issue with the insurance company for early payment of claim amount to the affected party.

#### **PART – IV EXCEPTIONS**

14. **For Insured Personnel.** The Insurance Company shall not be liable for payment under the following circumstances :-

(a) Compensation under more than one sub-clauses under Para 8 (a) to (e) in respect of the same period of disablement.

(b) Payment of compensation in respect of Death, Injury or Disablement of the Insured Person :-

(i) From intentional self-injury, suicide or attempted suicide .

(ii) Whilst under the influence of intoxicating liquor or drugs.

(iii) 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.

(iv) Directly or indirectly caused by venereal diseases or insanity.

(v) Arising or resulting from the Insured Person committing any breach of law with criminal intent.

(c) 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



(d) Payment of compensation in respect of death of or bodily injury or any disease or illness to the Insured Person:-

(i) Directly or indirectly caused by or contributed to by or arising from ionizing radiations or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For this purpose, combustion shall include any self sustaining process of nuclear fission.

(ii) Directly or indirectly caused by or contributed to by or arising from nuclear weapons materials.

(e) 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 childbirth or pregnancy or in consequence thereof.

15. **Continuing Education Benefit.** All exclusion conditions listed in Para 14 would be applicable to the Continued Education Benefit also.

#### **PART V : MISCELLANEOUS ASPECTS**

16. **Documents.**

(a) All Army Pre Primary Schools, Army Public Schools , Army Professional Colleges HQ AWES and AWES Cells will maintain nominal roll of students and employees as per format given at **Appendix D** and the same would be available for inspection of the Insurance Company, if required.

(b) All Army Pre Primary Schools, Army Public Schools, Army Professional Colleges and AWES Cells will submit the following to HQ AWES by 30 Sep every year :-

(i) Total No of students and employees as per format given at **Appendix E.**

(ii) Declaration that proper attendance register giving the names of students and employees is maintained through out the year.

(c) All Army Pre Primary Schools, Army Public Schools, Army Professional Colleges, HQ AWES and AWES Cells will maintain proper records of nominees after ascertaining the same from the insured and obtain their signatures accordingly.

(d) All concerned will also keep record of claims on account of death / disability of students/ employees and under continuing education benefit.

17. **Payment of Premium.** By end Dec, HQ AWES would have decided on the Insurance Company that will provide insurance cover during the next academic session and fixed the premium with them. The time lines to be followed thereafter are as follows :-

(a) 01 Feb - AWES intimates the premium amount to all institutions and organizations.

(b) 15 May - Institutions and organizations submit the first instalment of premium collected by them



- (c) 20 Jul - AWES signs MOU with the Insurance Company for the Insurance cover commencing on 01 Aug and pay premium.
- (d) 01 Aug - AWES intimates Policy No to all.
- (e) 15 Sep - Institutions and organizations submit to AWES the premium collected after payment of first instalment.
- (f) 01 Oct - HQ AWES pays the supplementary payment to Insurance Company.
- Institution and organizations submit **Appendix 'E'** to AWES.

18. **Check List.** A check list as per format attached at **Appendix F** will invariably be attached with the claim for amount payable at death, permanent disability due to accident, medical expenses and for Continuing Education Benefit.

### **CONCLUSION**

19. Group Personal Accident Policy will be issued by an Insurance Company selected by AWES to provide insurance cover for deaths/disablement caused by accidents. It covers the students of all Army Pre Primary Schools, Army Public Schools, Army Professional Colleges and their employees (except those on daily wages/outsourced personnel) and employees of HQ AWES and AWES Cells.

20. It is important that details of cases on occurrence are expeditiously intimated to HQ AWES for early settlement of claims.

21. All accidental cases will be forwarded to HQ AWES for processing with the Insurance Company and no claims will be withheld at the School/College/AWES Cell end on the grounds of invalidity of the case.

22. This Circular supersedes Circular No 002/GENERAL/2012 dated 31 Aug 2012.

Case No : B/45549/AWES  
Army Welfare Education Society (AWES)  
Adjutant General's Branch  
Integrated HQ of MoD (Army)  
FDRC Building No 202, Shankar Vihar  
(Near APS) Delhi Cantt -110 010

Sd/- x x x x x  
( JS Yadav)  
Col (Retd)  
Director S, L & F  
For Adjutant General  
Chairman Executive  
Committee, AWES

07 Nov 2014

### **Distribution:-**

#### **List A**

- Ink signed copies.

#### **B, E & F**

- Through E-Mail.

#### **Internal**



**Appendix A**

(Refers to Para 9) of Army HQ letter  
No B/45549/AWES dated 07Nov 2014)

**DETAILS OF CONTINUING EDUCATION BENEFIT (CEB) UNDER  
GROUP PERSONAL ACCIDENT POLICY**

<b><u>Class</u></b>	<b><u>Amount payable</u></b>
Class LKG	Rs 2,00,000/-
Class UKG	Rs 1,00,000/-
Class 1	Rs. 5,00,000/-
Class II	Rs. 4,60,000/
Class III	Rs. 4,20,000/
Class IV	Rs. 3,80,000/
Class V	Rs. 3,40,000/
Class VI	Rs. 3,00,000/
Class VII	Rs. 2,60,000/
Class VIII	Rs. 2,20,000/
Class IX	Rs. 1,80,000/
Class X	Rs. 1,40,000/
Class XI	Rs. 1,00,000/
Class XII & above	Rs. 60,000/

**COLLEGE**

First Year	Rs. 2,50,000/-
Second Year	Rs. 1,90,000/-
Third Year	Rs. 1,50,000/-
Fourth Year	Rs. 70,000/-



**Appendix B**

(Refers to Para 11 (a) of Army HQ letter No B/45549/AWES dated 07 Nov 2014)

**SAMPLE OF INITIAL REPORT/ INTIMATION OF CLAIM UNDER GROUP PERSONAL ACCIDENT POLICY**

1. Name of the School/ College/ AWES Cell.
2. Name of the insured student/ employee.
3. Class & Roll Number/Admission Number.
4. Date of birth and age.
5. Name of the deceased/injured fee paying parent/guardian (as applicable).
6. Details of accident. Date, place and time of accident.
7. Details of death/ injuries to the insured. Place of Death-City/ State.
8. Name of Nominee alongwith full postal address.
9. Relationship of Nominee with the deceased.
10. Whether FIR with police lodged, being lodged.
11. Name and Address of Hospital (if any treatment taken).
12. Full postal address of NOK for correspondence/Condolence DO.

Place :

(Signature of the Principal)

Date :

(Note :- Natural deaths ie Cardiac arrest, cancer etc are not included. Only Deaths occurred due to an accident are covered under this policy).



**Appendix C**

(Refers to Para 11 (b) (i) of Army HQ letter  
No B/45549/AWES dt 07 Nov 2014)

**GROUP PERSONAL ACCIDENT CLAIM FORM**

Policy No : **360400/42/12/** \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Category of the insured : Student/Employee Sex : \_\_\_\_\_

Age of insured : \_\_\_\_\_ Roll No / Emp No, if any \_\_\_\_\_

Address of institution/Organisation : \_\_\_\_\_

Address of NOK of deceased/insured for correspondence : \_\_\_\_\_

Name of Nominee : \_\_\_\_\_ (Relationship to the insured)

1. State when and where the accident took place ? Give date, place and time \_\_\_\_\_

2. Case Registered at Police Station \_\_\_\_\_ vide FIR No  
\_\_\_\_\_ dated \_\_\_\_\_

3. State how it happened and what the insured/ the life insured was doing at the time ?  
\_\_\_\_\_  
\_\_\_\_\_

4. State as fully as you can the nature and extent of the injuries sustained . \_\_\_\_\_

5. Give the name and address of the doctor attending. Is he usual Medical Attendant ? Has any other medical man been consulted ? \_\_\_\_\_  
\_\_\_\_\_

6. If the insured/ the life insured is still disabled, please indicate when he/ she is likely to be fit to resume usual business or occupation either wholly or in part. \_\_\_\_\_

7. When and where can the insured/ the life insured be visited (if necessary) by medical officer or an official of the insurer \_\_\_\_\_ (in case of injury only).

8. Was the insured/ Life insured in good health and free from physical defect or infirmity at the time of the accident ?

9. Is a claim being made under any other insurance ? If so, please give particulars. \_\_\_\_\_

10. Post Mortem carried out at \_\_\_\_\_ (in case of deaths)

**DECLARATION**

I, the undersigned do hereby declare that to the best of my knowledge and belief the foregoing particulars are true and correct.

Date :

(Signature of Insured/NOK)

**COUNTERSIGNED**

Stamp of Institution  
Principal with date



**Appendix D**

(Refers to Para 16(a) of Army HQ letter No B/45549/AWES dated 07 Nov 2014)

**NOMINAL ROLL OF THE INSURED (STUDENTS)**  
**(TO BE MAINTAINED AND UPDATED FOR EVERY CHANGE)**

S/No	Name of Student	Class	Date of birth	Admission No & Date	Parent / Nominee	Address of Parent / Nominee & Tele No	Remarks
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

**NOMINAL ROLL OF THE INSURED (EMPLOYEES/STAFF)**  
**(TO BE MAINTAINED AND UPDATED FOR EVERY CHANGE)**

S/No	Name of Employee	Post Designation	Type of Employee	Date of birth	NOK / Nominee	Address of Nominee & Tele No	Remarks To exclude daily wages & outsourced personnel
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

**Appendix E**

(Refers to Para 16 (b) (i) of Army HQ letter No B/45549/AWES dated 07 Nov 2014)

**DETAILS OF PREMIUM SUBMITTED**

S/No	Total No of students	Total No of employees	Grand Total	Rate of Premium	Total amount submitted	Submission Details (DD No and date)	Remarks
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

**Remarks**

1. Daily wages, outsourced personnel to be excluded.
2. State as on 15 Sep

**Note :-** To be submitted to HQ AWES by 01 Oct each year by Fax / E-mail.

**Appendix F**

(Refers to Para 18 of Army HQ letter No  
B/45549/AWES dated 07 Nov 2014)

**CHECK LIST TO BE SIGNED BY PRINCIPAL**

Ser No	Point	Remarks
1.	Did you intimate the details of the case to HQ AWES on telephone ?	Yes/No, if yes, date _____
2.	Did you submit initial report of the case in writing to HQ AWES ?	Yes/No, if yes, date _____
3.	Have you written the policy No, name of the student/ employee correctly ?	Yes/ No
4.	Have you mentioned the class of the student and the remaining years of education in school/ college ?	Yes/ No
5.	Have you given the date of birth of student/ employee?	Yes/ No
6.	Have you mentioned the name of the school/college/ AWES Cell ?	Yes/ No
7.	Are details of insured filled correctly ?	Yes/ No
8.	Are details of injured/ deceased person filled correctly?	Yes/ No
9.	Have declarations been signed by the injured person/ NOK of deceased ?	Yes/ No
10.	Have you countersigned declaration ?	Yes/ No
11.	Have you given the details of accident ie date, place and time of accident ?	Yes/ No
12.	Are the details of nominee filled correctly and signed by him ?	Yes/ No
13.	Have the following documents been attached ?  (a) Death certificate. (b) Postmortem Report waiver of Post Mortem. (c) FIR. (d) Fee receipts-in case of CEB Claims. (e) Discharge summary incase of hospitalisation along with receipts/ cash memos and other such supporting documents.	Yes/No Yes/No Yes/No Yes/No Yes/No

Place :

(Signature of the Principal)

Date :