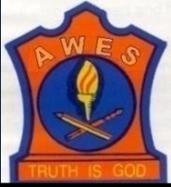


# INSURANCE COVER TO STUDENTS AND EMPLOYEES



# GROUP PERSONAL ACCIDENT POLICY



## AIM

Procedures relating various claims to Group Personal Accident Policy.  
(Ref : SOP on the subject issued by HQ AWES A/45549/AWES dt 10 Aug 2020).

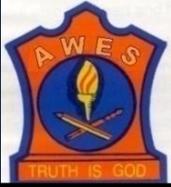
## PREVIEW

- Part - I. Personnel covered under Insurance Policy, Premium and Duration of Policy.
- Part - II. Amount Payable .
- Part - III. Procedure for Submission of Claims.
- Part - IV. Exceptions.
- Part –V. Misc Aspects.



## PART – I

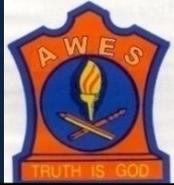
# PERSONNEL COVERED UNDER INSURANCE POLICY, PREMIUM AND DURATION OF POLICY.



- **Personnel Covered Under the Insurance Policy.** Students and staff of Army Pre Primary Schools/ Army Public Schools, Army Professional Colleges (Staff except those on daily wages and outsourced personnel & employees of HQ AWES and AWES Cells.
- **Premium.** Premium to be paid will be finalised by HQ AWES in consultation with Insurance Company. The total amt for one year by bank draft drawn in favour of Army Welfare Education Society payable at Delhi. Premium for AY 2020-21 is Rs 120/- per head.
- **Duration.** The duration of the insurance scheme is one year on 24 hrs basis from 01 Aug to 31 Jul next year.



## PART – II



# AMOUNT PAYABLE ON DEATH/ PERMANENT TOTAL DISABILITY/ MEDICAL EXPENSES AND UNDER CONTINUING EDUCATION BENEFIT

### ➤ Accidental Death.

- ✓ Employee/ Staff. Rs 10 Lakh.
- ✓ Students. Rs 5/- Lakh.

### ➤ Disablement (For all insured).

- ✓ Permanent Total Disablement (100% disability). Rs 10/- Lakh.
- ✓ Loss of Both Eyes and/ or both Limbs. Rs 10/- Lakh.
- ✓ Loss of an Eye and a Limb. Rs 10/- Lakh.
- ✓ Loss of an Eye or a Limb. Rs 05/- Lakh.
- ✓ Medical Expenses. Upto Rs 1.50 Lakh for medical expenses arising out of an accident.

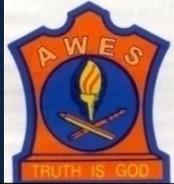
### ➤ Continuing Education Benefit (CEB).

- ✓ Coverage. Incase of death/ permanent total disablement of the fee paying parent / guardian due to an accident incl at border places, maximum benefit payable is Rs 10/- Lakh.



## PART – III

# PROCEDURE FOR SUBMISSION OF CLAIMS



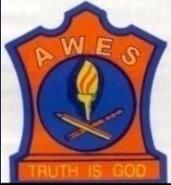
### ➤ Procedure for Submission of Claims.

- ✓ Initial Report. Initial report will be submitted to HQ AWES on telephone within three hrs of occurrence to be followed by written report within 72 hrs of the accident by fax/ email giving details as per the format.
- ✓ Detailed Report. The detailed report incl following will be submitted within 25 days of occurrence resulting in death/ injury (piecemeal report not accepted) :-
  - ❖ Claim form duly filled as per format.
  - ❖ Original copy of FIR.
  - ❖ Original copy of Postmortem Report or Postmortem waiver cert.
  - ❖ Original Death Cert.
  - ❖ Original Fee Receipt.
  - ❖ Original Discharge Summary.
  - ❖ Original Medical Cert.
  - ❖ Copy of agreement between the employee and employer.
  - ❖ Copy of latest salary slip.
  - ❖ Original/ copy of Driving License (incase of death occurred during driving of a vehicle).
  - ❖ Electronic Clearance System (ECS) of the insured.



## PART – III

# PROCEDURE FOR SUBMISSION OF CLAIMS

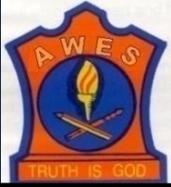


- **Time Limit of Submission of Claims to the Insurance Company.** The insurance claims are required to reach Insurance Company with the documents within one month of the accident. Claims should reach HQ AWES with all necessary documents at the earliest but not later than 20 days.
- **Action by HQ AWES.** On receipt of Claim HQ AWES will inform the Insurance Company on phone and fax after vetting and authenticating the same. The relevant documents 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.



## PART – IV

### EXCEPTIONS

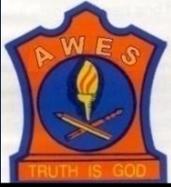


- **For Insured Personnel.** The Insurance Company shall not be liable for payment under following circumstances:-
- ✓ Compensation under more than one during same period of disablement.
  - ✓ Payment of compensation of the insured person:-
    - ❖ From intentional injury, suicide or attempted suicide.
    - ❖ Whilst under the influence of intoxicating liquor or drugs.
    - ❖ While engaging in aviation, ballooning other than as a passenger.
    - ❖ Disease or insanity.
    - ❖ Arising or resulting from the insured person coming any breach of law with criminal intent.
  - ✓ Payment of compensation due to war, invasion, civil war etc.
  - ✓ Payment of compensation due to radiation from nuclear waste, nuclear fuel, nuclear weapon materials.
  - ✓ Death or disablement due to prolonged childbirth or pregnancy or in consequences there of.
- **Continuing Education Benefit (CEB).** All conditions above would be applicable to the CEB also.



## PART – V

### MISCELANEOUS ASPECTS



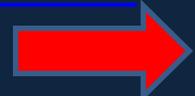
#### ➤ Documents.

- ✓ Nominal roll of students and employees as per the format given would be available for inspection of the Insurance Company, if required.
- ✓ Following will be submitted to HQ AWES by 30 Sep every year:-
  - ❖ Total no of students and employees as per given format.
  - ❖ Declaration that proper attendance register of staff and students are maintained.
- ✓ Proper records of nominees will be maintained.
- ✓ Payment of compensation due to radiation from nuclear waste, nuclear fuel, nuclear weapon materials.
- ✓ Records of claims will be maintained.

➤ Continuing Education Benefit (CEB). All conditions above would be applicable to the CEB also.

➤ Payment of Premium. By 01 Feb AWES intimates the premium amt to the institution and by 15 May institution submits the premium.

➤ Checklist. A checklist as per given format will be att with the claim. [Slide 9](#)

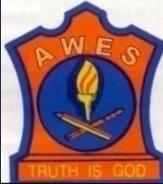




Onward to Glory

# PART – V

## MISCELANEOUS ASPECTS



### CHECK LIST TO BE SIGNED BY PRINCIPAL/DIRECTOR/DEAN INSTITUTION/ DIRECTOR AWES CELLS

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 the mobile/contact Nos of Principal/Contact Person/NOK been given ?	Yes/No
11.	Have you countersigned declaration ?	Yes/ No
12.	Have you given the details of accident ie date, place and time of accident ?	Yes/ No
13.	Are the details of nominee filled correctly and signed by him ?	Yes/ No
14.	Have the following documents been attached ?  (a) Original Death certificate. (b) Postmortem Report waiver of Post Mortem. (c) FIR. (d) Original Fee receipt for the current quarter (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/Dean Institution/  
Director AWES Cells)

Date :

