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B/45549/AWES

10 Aug 2020

List 'A'

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

**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 is renewed annually and 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, payable at Delhi.

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 i.e. 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.** ₹ 10.00 Lakh (Rupees Seven Lakh only). This amount is payable on death of the insured person (Staff/ Employee), caused directly and solely due to an accident.
- (b) **Students.** ₹ 5.00 Lakh (Rupees Five Lakh only). This amount is payable on death of the insured student, caused directly and solely due to an accident.

**Disablement (For all insured).**

8. (a) **Permanent Total Disablement.** ₹ 10.00 Lakh (Rupees Ten Lakh only). 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.** ₹ 10.00 Lakh (Rupees Ten Lakh only). 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.** ₹ 10.00 Lakh (Rupees Ten Lakh only). 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.** ₹ 5.00 Lakh (Rupees Five Lakh only). 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 ₹ 1.50 Lakh (Rupees One Lakh Fifty Thousand only) 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 along with reports, discharge summary etc in original.

#### **Continuing Education Benefit (For students).**

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 i.e. 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 subject to the child continuing their education in the APPS system, APS system or Army Professional Colleges system. The scheme covers only the time period spent in the current school system. For e.g.

- (a) The children in APPS are covered from class Nursery, LKG & UKG.
- (b) The children in APS are covered from class I to XII only.
- (c) The children in Army Professional Colleges are covered from the First yr to the Final year of the current course only.

#### **10. Payment under the scheme.**

- (a) The maximum benefit payable is ₹ 10.00 Lakh (Rupees Ten Lakh only) per child as per **Appendix 'A'**.
- (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 School to another Army Pre Primary School, Army Public School to another Army Public School 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 : PROCEDURE 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 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 place.
- (vi) Original Discharge summary incase of hospitalisation along with receipts/ cash memos, prescription, X-Ray films along with X-Ray reports and other such details/ supporting documents.
- (vii) Original Medical Certificate as per **Appendix 'G'**.
- (viii) Copy of agreement between the employee and the employer (in case of death/injury to an employee).
- (ix) Copy of latest salary slip (in case of death/injury to an employee).
- (x) Original/copy of Driving License (in case the death occurred during driving of a vehicle).
- (xi) Electronic Clearance System (ECS) details of the Insured as per **Appendix 'H'**.

**Note :-** Please note that the term 'Battle Casualty' will not be mentioned while processing the Insurance Claims of Army personnel.

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 20 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 Seizure Capture Arrests Restraints and Detainments of all Kings, Princes and people of whatever nation condition or quality.
- (d) Payment of compensation in respect of death of or bodily injury or any disease or illness to the Insured Person, which may be :-
  - (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 (CEB).** All exclusive conditions listed in Para 14 would be applicable to the CEB 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 ascertained the expected premium for the next academic year. The time schedule to be followed thereafter is as follows :-

- |     |        |   |   |
|-----|--------|---|---|
| (a) | 01 Feb | - | AWES intimates the premium amount to all institutions and organizations.                                |
| (b) | 15 May | - | Institutions and organizations submit the first installment 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 installment. |
| (f) | 01 Oct | - | HQ AWES pays the supplementary payment to Insurance Company.  |
|     |        | - | Institution and organizations submit <b>Appendix 'E'</b> 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.



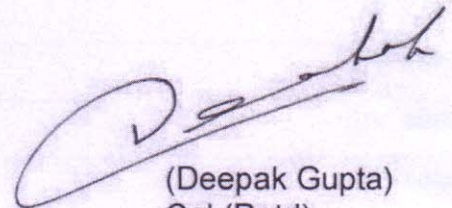
### CONCLUSION

19. Group Personal Accident Policy will be issued by an Insurance Company selected by HQ AWES to provide insurance cover for deaths/disablement caused by accidents, covering 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 well in time or without delay to HQ AWES for timely 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 letter supersedes Circular No 001/GENERAL/2019 dated 06 Aug 2019.



(Deepak Gupta)  
Col (Retd)  
Director Schools  
For MD, AWES

#### Copy to :-

##### List A

- Ink signed copies.

##### B, E & F

- Through E-Mail.

##### Internal

Director Coord,

Dir APPS)

Dir Colleges



**Appendix 'A'**

(Refers to Para 9 of AWES HQ letter  
No B/45549/AWES dated 10 Aug 2020)

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

<b><u>Class</u></b>	<b><u>Amount payable</u></b>
Nursery	₹ 5,00,000/-
Class LKG	₹ 5,00,000/-
Class UKG	₹ 4,00,000/-
Class 1	₹. 10,00,000/-
Class II	₹. 9,00,000/
Class III	₹. 7,50,000/
Class IV	₹. 7,00,000/
Class V	₹. 6,50,000/
Class VI	₹. 6,00,000/
Class VII	₹. 5,50,000/
Class VIII	₹. 5,00,000/
Class IX	₹. 4,00,000/
Class X	₹. 3,50,000/
Class XI	₹. 3,00,000/
Class XII & above	₹. 2,00,000/

**COLLEGE**

First Year	₹. 5,00,000/
Second Year	₹. 3,30,000/
Third Year	₹. 2,50,000/
Fourth Year	₹. 2,00,000/



**Appendix 'B'**

(Refers to Para 11 (a) of AWES HQ letter No B/45549/AWES dated 10 Aug 2020)

**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 of affected individual.
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 along with 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. Name of Hospital where Post Mortem carried out (if applicable)
13. Full postal address of NOK for correspondence/Condolence DO.
14. Mobile/Contact Nos of :-
  - (a) Principal/Director/Director AWES Cell.
  - (b) Contact Person of School/College/AWES Cell.
  - (c) NOK of insured.

Place : (Signature of the Principal/Director/Director AWES Cell)

Date :

**(Note :- Natural deaths i.e. 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 AWES HQ letter  
No B/45549/AWES dated 10 Aug 2020)**GROUP PERSONAL ACCIDENT CLAIM FORM**Policy No. : **31030042200100000231**

Branch /Unit \_\_\_\_\_

Claim No. \_\_\_\_\_

**TO BE COMPLETED BY THE INSURED**

1. (a) Name of the Insured [in full] \_\_\_\_\_  
 (b) Name of the injured Person \_\_\_\_\_  
 (c) Address in full \_\_\_\_\_  
 (d) Profession or occupation \_\_\_\_\_  
 (e) Age at last birthday \_\_\_\_\_

2. Policy No. Sum Insured Table of Cover Period
- (i)  
 (ii)  
 (iii)

3	(a) Date of the accident? (b) Time of accident? (c) Where it happened? (d) Name and address of witness	
4	How did the accident occur ?	
5.	Nature of injury received (If to limb or eye state whether right or left)	
6.	(a) Nature of disablement (b) Extent of disablement Confined to bed Confined to house (c) Present state of incapacity	<div> [      from      ]      To </div> <div> [      from      ]      To </div>
7.	Name and address of surgeon in attendance	



8.	(a) Where and when can a Medical Officer of the Company visit you, if necessary ? (b) Name of nearest railway station and distance therefrom	
9.	(c) Are you insured in any other office or offices granting compensation for accident (d) If so state name and address of company or companies and amount of insurance	

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and also that I have not abstained from any usual occupation longer than absolutely necessary and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and am willing, if required to make a Statutory Declaration before a Justice of the Peace, of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

Witness:

Name \_\_\_\_\_ Signature of the Insured/NOK \_\_\_\_\_  
 Signature \_\_\_\_\_ Date : \_\_\_\_\_  
 Date \_\_\_\_\_ Mob No : \_\_\_\_\_  
 Address \_\_\_\_\_

**CERTIFIED TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT**

I hereby certify that I was present when the Accident occurred to Mr/Mrs/Ms. \_\_\_\_\_ On the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ in the manner stated by him over leaf, that it was caused by \_\_\_\_\_ which \* was / was not his/her willful act and that he/she \* was/was not under the influence of intoxicating liquor at the time

Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Date \_\_\_\_\_

\* Strike out which is not applicable

**COUNTERSIGNED**

Stamp of Institution  
 Principal/Director/Director AWES Cell with date with  
 Mob No \_\_\_\_\_



**Appendix 'D'**

(Refers to Para 16(a) of AWES HQ letter No B/45549/AWES dated 10 Aug 2020)

**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)	©	(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)	©	(d)	(e)	(f)	(g)	(h)

**Appendix 'E'**

(Refers to Para 16 (b) (i) of AWES HQ letter No B/45549/AWES dated 10 Aug 2020)

**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)	©	(d)	(e)	(f)	(g)	(h)

**Remarks**

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

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



**Appendix 'F'**

(Refers to Para 18 of AWES HQ letter No B/45549/AWES dated 16 Aug 2020)

**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 :



**Appendix 'G'**

(Refers to Para 11 (b) (vii) of AWES HQ letter  
No B/45549/AWES dated 1st Aug 2020)

**MEDICAL CERTIFICATE**

Claims must be Supported by medical Evidence furnished by the Insured and at his expense.

1. (a) Name of Claimant (b) Sex (c) Age

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2. (b) Nature and cause of accident  
(b) If to eye or limb, state left or right  
(c) Whether the appearance of the Injuries are consistent with the account given of the accident.

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3. Date on which you first attended Claimant for this injury

---

4. Has Claimant been totally prevented from attending to any portion of his business ? If so how long ?

---

5. Is Claimant suffering from any disease or illness apart From his injury and is there any illness by circumstances Which may tend to retard recovery? If so, give particulars?

---

6. Present Condition

---

7. How long from the happening of the Accident do you consider Total disablement will last ?

---

Having personally examined the above named Insured I certify that the above statements are correct and that the injured person is necessarily disabled by the Accident referred to

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Name & Qualification \_\_\_\_\_  
Address \_\_\_\_\_



**Appendix 'H'**

(Refers to Para 11 (b) (xi) of AWES HQ letter  
No B/45549/AWES dated 10 Aug 2020)

**ECS DETAILS OF THE INSURED**

1	Name of the Insured (as appearing in the Bank Account)	
2	Bank Name	
3	Branch and address	
4	Bank Account No.	
5	Bank Account Type	
6	IFSC Code	
7	MICR Code	