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Army Welfare Education Society (AWES)
FDRC Building No 202
Shankar Vihar, (Near APS)
Delhi Cantt -110 010

B/45785/GPA/Renewal/2023-24/AWES

01 Aug 2023

List 'A'

**GROUP ACCIDENT 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 : POLICY NO
3120004223010000022**

1. Renewal of Group Personal Accident Policy for the year 2023-24 has been executed between HQ AWES and the New India Assurance Company Limited (NIACL) on behalf of the students and employees of Army Pre Primary Schools, Army Public Schools, Army Professional Colleges and employees of HQ AWES and AWES Cells on 27 Jul 2022 vide Policy No **3120004223010000022**.

2. Provisions of the Group Personal Accident Policy alongwith Instructions/Procedure for processing the claim by the Claimants/Beneficiaries and subsequent disposal by the Insurance Company and HQ AWES is covered under following heads :-

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

Personnel Covered Under Insurance Policy, Premium and Duration of Policy

3. **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.

4. **Premium.** The annual premium chargeable is Rs 130/- per person. Army Pre Primary Schools, Army Public Schools, Army Professional Colleges and AWES Cells to forward the total amount for one year by NEFT/RTGS/Bank Draft drawn in favour of Army Welfare Education Society, payable at Delhi.

5. **Duration.** The duration of the insurance scheme is one year on 24 hours basis from 01 Aug 2023 to 31 Jul 2024 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.

Amount Payable on Death/Permanent Total Disability/Disability due to Accident, Medical Expenses and under Continuing Education Benefit

6. **Accidental Death.** Amount Payable Under the Insurance Policy to the Insured are :-

(a) **Employees/Staff.** ₹ 10.00 Lakh (Rupees Ten Lakh only). This amount is payable on death of the insured person (Staff/ Employee), caused directly and solely due to an accident.

(b) **Students.** ₹ 10.00 Lakh (Rupees Ten Lakh only). This amount is payable on death of the insured student, caused directly and solely due to an accident.

7. **Disablement (For all insured).**

(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 i.e Rupees Ten Lakhs as per details below (Permanent total disablement means 100% disability):-

(i) **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.

(ii) **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.

(iii) **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.

(b) **Medical Expenses.** Up to ₹ 1.50 Lakh (Rupees One Lakh Fifty Thousand only) are payable to all insured 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.

Note:- This clause is not covered under standard GPA Policy, hence suitable modification has been made in our policy for the Medical Expenses as a special and separate clause.

8 **Coverage of Continuing Education Benefit (For students).** 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 2023 to 31 Jul 2024 under continuing education benefit would be **max of ₹ 10.00 Lakhs per student** is given at **Appendix A**.

9. **Payment of Claim Amount to the Beneficiaries.** Payment of all the claims would be made by The New India Assurance Company Limited (NIACL) as per details given below :-

S No	Type of Claim	To be paid to	Remarks
(a)	Death Claim of Employees and Student	Directly to the Beneficiaries	NIACL to transfer the amount by means of NEFT/RTGS in the Bank Account details of beneficiary to be provided alongwith the claim by HQ AWES under intimation to HQ AWES.
(b)	Disability claim of Employees and Students	-do-	-do-
(c)	Medical claim of Employees and Students	-do-	-do-
(d)	CEB claim in respect of students of LKG, UKG, Nursery, 12 th Class and Colleges	-do-	-do-
(e)	CEB claim in respect of students of Class 1 st to Class XI	HQ AWES	NIACL to transfer the amount into the Army Welfare Education Society Account No 535602050000151 of Union Bank of India, Vasant Vihar New Delhi-110057(IFSC Code UBIN0534463). CEB payment in respect of students studying in Class I to Class XI of the APSs only is being credited into the AWES acct and will be released on yearly basis after adding the accrued interest component at the prevalent rates. MoU between HQ AWES and Claimant is a mandatory requirement for CEB beneficiaries from Class I to Class XI. In case any student studying in Class I to Class XI leaves the AWES institutions permanently, then the balance amount of CEB will be paid directly to the Claimants / Beneficiaries for further education of the children upto Class XII.

Procedure for Submission of Claims

10. **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 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.

11. Following documents are mandatory for submission by the Claimant/Beneficiary for processing the claim with the Insurance Company :-

- (a) Claim form duly filled and signed by School/ College / competent authorities. Specimen attached as **Appendix 'C'**.
- (b) Original Copy of FIR issued by the Police Station.
- (c) Original Copy of Postmortem Report or Post Mortem waiver certificate from the competent authority.
- (d) Original Death Certificate issued by the Municipality/ or authorities concerned.
- (e) Original Fee Receipt of the student for the month in which the accident took place.
- (f) Original Discharge summary in case of hospitalization. Summary of Bill along with receipts/ cash memos, doctor's prescription, X-Ray films along with X-Ray reports and other such details/ supporting documents.
- (g) Original Medical Certificate as per **Appendix 'D'**.
- (h) Copy of agreement between the employee and the employer (in case of death/ injury to an employee).
- (j) Copy of latest Salary Slip (in case of death/injury to an employee).
- (k) Original/copy of Driving License (in case the death occurred during driving of a vehicle).
- (l) Electronic Clearance System (ECS) details of the claimant/beneficiary as per **Appendix 'E'** alongwith a **Cancelled Cheque** with Name of Account Holder be printed on cheque or **Bank Pass Book** front page with complete particulars of account holder.
- (m) KYC form duly filled along with photographs as per Appendix F.
- (n) Pan Card and Aadhar Card duly signed by Principal.
- (o) MoU between HQ AWES and Claimant for the CEB claim cases in respect of Students studying in Class I to Class XI as per Appendix G.
- (p) Succession Certificate from the District Judge under Section 372 of Indian Succession Act Or Surviving Certificate/Legal heirs Certificate by Competent Authority for Death and Continuing Education Benefit claims.

Notes :-

1. Please note that the term 'Battle Casualty' will not be mentioned while processing the Insurance Claims of Army personnel.
2. Supporting documents of all claims like hospital bills, receipts, summary of medical bills, copy of FIR, copy of Post Mortem Report and copy of digital death certificate should be signed/attested by the Principal/Registrar.
3. A list of document for processing the claim with the Insurance Company att as per Appx 'L'.

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 e-mail 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.

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 7 (a) to (b) 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.

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 H** 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 J**.

(ii) Declaration that proper attendance register giving the names of students and employees is maintained throughout 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 Appendix J to AWES. |

18. **Check List.** A check list as per format attached at **Appendix 'K'** alongwith list of documents mentioned at **Appendix 'L'** duly filled will be attached with the claim for amount payable at death, permanent disability due to accident, medical expenses and for Continuing Education Benefit.

Conclusion

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

20. 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.

21. This letter supersedes our letter No B/45785/GPA/Renewal/2022-23/AWES dated 25 Oct 2022.



(Pritpal Chandel)
Col (Retd)
Director Projects
For MD AWES

Copy to :-

B, E & F

Internal

Dir Coord

Dir APPS

Dir Colleges

Dir Schools

Dir S, L & F

Appendix A

(Refers to Para 8 of HQ AWES letter No
B/45785/GPA/Renewal/2023-24/AWES
Dated 01 Aug 2023)

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

<u>Class</u>	<u>Amount payable</u>
Nursery	₹ 10,00,000/-
Class LKG	₹ 10,00,000/-
Class UKG	₹ 10,00,000/-
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 10 (a) of HQ AWES letter No B/45785/GPA/Renewal/2023-24/AWES dated 01 Aug 2023)

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 and Admission Number.
4. Date of birth and age of affected individual.
5. Name of the deceased/injured fee paying parent/guardian (as applicable).
6. **Brief details of the accident. To include Place, Date, Time of accident, Circumstances lead to the accident and details of death/injuries.**
7. Name of Nominee along with full postal address.
8. Relationship of Nominee with the deceased.
9. Whether FIR with police lodged, being lodged.
10. Name and Address of Hospital (if any treatment taken).
11. Name of Hospital where Post Mortem carried out (if applicable).
12. Full postal address of NOK for correspondence.
13. Mobile/Contact Nos of :-
 - (a) Principal/Director/Director AWES Cell.
 - (b) Contact Person of School/College/AWES Cell (Head Clerk/Dealing Clk)
 - (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 (a) of HQ AWES letter
B/45785/GPA/Renewal/2023-24/AWES
dated 01 Aug 2023)

GROUP PERSONAL ACCIDENT CLAIM FORM

Policy No. : 31200042230100000022

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. Details of Policy :-

- (a) Policy No : _____
 (b) Sum Insured : _____
 (c) Table of Cover : _____
 (d) Period : _____

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 occurred ?	
5.	Nature of injury received (If to limb or eye state whether right or left)	
6.	(a) Nature of disablement (b) Extent of disablement (i) Confined to bed (ii) Confined to house (c) Present state of incapacity	[from _____ to _____] [from _____ to _____]
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.	(a) Are you insured in any other office or offices granting compensation for accident (b) 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/Dean/Registrar/Director/Director AWES Cell with date with
 Mob No _____

Appendix D

(Refers to Para 11 (g) of HQ AWES letter No
B/45785/GPA/Renewal/2023-24/AWES
dated 01 Aug 2023)

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 |
|----|---|---------|---------|
| 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. | | |
| 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

Signature _____
Name & Qualification _____
Address _____

Date _____

Appendix E

(Refers to Para 11 (I) of HQ AWES letter No B/45785/GPA/Renewal/2023-24/AWES dated 01 Aug 2023)

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	

Place :

(Signature of the Principal/Dean Institution/
Director AWES Cells)

Date :

Appendix F

(Refers to Para 11 (m) of HQ AWES letter No B/45785/GPA/Renewal/2023-24/AWES dated 01 Aug 2023)

The New India Assurance Co. Ltd

Central KYC Form for Individual

Please fill this form in ENGLISH and in BLOCK LETTERS. All fields marked (*) are mandatory.

1. PERSONAL DETAILS

NAME (same as in ID proof)* : _____

Father's / Spouse' Name* : _____

Mother's Name* : _____

Date of Birth* : _____ Gender* : M / F / T Citizenship* : Indian/Others

Marital Status* : Married/Unmarried/Others

Residential Status* : Resident Individual/NRI/Foreign national/Person of Indian origin

Occupation type* (Tick & Enter code): _____

1. PROOF OF IDENTITY [PoI]* (Certified copy of any one is required)

Proof of ID Submitted	Number
Passport	
Voter ID	
PAN	
Driving Licence	
UID	
NREGA Job Card	
Simplified Measures Account	ID no -
Others (notified by Central Govt)	ID no. -

2. PROOF OF ADDRESS [PoA]* (Certified copy of any one is required)

Proof of ID Submitted	Number
Passport	
Voter ID	
Driving Licence	
UID	
NREGA Job Card	
Simplified Measures Account	ID no -
Others (notified by Central Govt)	ID no. -

3.1 Permanent Address*

Address Details: _____

 Pin Code - _____

3.2 Correspondence Address/Local Address details*

Address Details: _____

 Pin Code - _____

3. Contact Details

Tel (off):

Tel (Res):

Mobile*:

Email:

4. Applicant Declaration*

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Signature/Thumb impression of Applicant

Date:

Place:

5. Attestation/For office use only

Officer's Name/SR No/Designation/Branch

KYC Verification carried out by

Received self-attested copies

Claim no _____

Policy no _____

Appendix G

(Refers to Para 11 (o) of HQ AWES letter No B/45785/GPA/Renewal/2023-24/AWES dated 01 Aug 2023)

Memorandum of Understanding

This MOU is executed at New Delhi on this _____ day of _____, 2023 between:

Army Welfare Education Society, HQ, Building No. 202, Shankar Vihar, Delhi Cantonment, New Delhi-110010, Represented through _____ (Chairman) (referred to as the FIRST PARTY herein after)

AND

Claimant/Next of Kin Sh./Smt./Master _____ of Late Sh/Smt. _____ (Deceased), R/o _____ (referred to as the SECOND PARTY hereinafter)

Whereas all the aforesaid parties are in agreement with respect to the issue of disbursement of payment in terms of Continuing Education Benefit (CEB) stipulated under Group Personal Accident Policy No. _____. The following terms are being mutually agreed between the parties herein.

1. That the SECOND PARTY agrees that the entitled amount i.e. INR _____/- under the CEB shall be retained by the FIRST PARTY in Account No. 535602050000151, _____ Bank, _____ Branch situated at _____ . The said Account is being maintained by the FIRST PARTY.
2. That the SECOND PARTY agrees that the said amount i.e. INR _____/- shall be released on yearly basis in equal monthly/quarterly/biannually/yearly instalment to the tune of INR _____/- . The said amount shall be credited by the FIRST PARTY in the Account of the SECOND PARTY i.e. Account No. _____ Bank, _____ Branch situated at _____ held by _____ .
3. That in the eventuality of the child of the SECOND PARTY/Deceased leaving the school due to unforeseen circumstances or otherwise the entire balance amount along with accrued interest @ _____% p.a. (till that date) shall be released in a lump-sum to the SECOND PARTY in a time bound manner i.e. no more than 30 days.
4. That the SECOND PARTY undertakes not to file any claims apart from the amount received by the Insurance Company under the CEB along with interest accrued on such amount over a period of time till actual realisation.
5. That the FIRST PARTY shall not be responsible for any claim/compensation etc. barring the amount received by the Insurance Company.

6. That in case of any dispute that arises between the parties only the Court of Delhi shall have the jurisdiction to adjudicate the same.

In witness whereof, all the above parties have set and subscribed their respective hands on the date, month and year noted above in the presence of witnesses.

FIRST PARTY

Name:

Designation:

SECOND PARTY

Name

Relation with the Deceased

Copy of Self-Attested Aadhar Card
attached

WITNESSES:

A.

B.

Appendix H

(Refers to Para 16(a) of HQ AWES letter No B/45785/GPA/Renewal/2023-24/AWES dated 01 Aug 2023)

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 J

(Refers to Para 16 (b) (i) of HQ AWES letter No B/45785/GPA/Renewal/2023-24/AWES dated 01 Aug 2023)

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 each year.

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

Appendix L

(Refers to Para 18 of HQ AWES letter No B/45785/GPA/Renewal/2023-24/AWES dated 01 Aug 2023)

LIST OF DOCUMENTS FOR INJURY CLAIM

S No	Documents	Remarks
1.	Intimation letter (Initial Report)	
2.	Claim Form as per Para 11 (a) of Appx C	
3.	Medical Certificate as per Para 11(g) of Appx D	
4.	Central KYC Form for indl as per Para 11(m) of Appx F	
5.	Aadhar Card/ PAN Card	
6.	ECS Card Details alongwith Cancelled Cheque	
7.	Copy of agreement between the employee and the Employer - If applicable	
8.	Summary of Bills	
9.	Dr Prescriptions, bills, cash memo, X-Ray alongwith Reports, discharge summary in Original	
10.	Any other document as required by competent authority/claim approving authority	

LIST OF DOCUMENTS FOR CEB CLAIM

S No	Documents	Remarks
(a)	Intimation letter (Initial Report)	
(b)	Death Certificate in Original	
(c)	Copy of FIR (English/Hindi) issued by the Police Station	
(d)	Postmortem Report and Chemical Analysis Report (If applicable) or Post Mortem Waiver Certificate duly signed by SDM	
(e)	Claim Form as per Para 11 (a) of Appx C duly signed by institutional authorities	
(f)	Original Fee Receipt of the student for the month in which the accident took place	
(g)	Central KYC Form for indl as per Para 11(m) of Appx F	
(h)	Aadhar Card	
(j)	Pan Card	
(k)	ECS Card details alongwith Cancelled Cheque	
(l)	Succession Certificate from the District Judge Or Surviving Member Certificate/Legal Heirs Certificate by Competent Authority	
(m)	MoU between HQ AWES and Claimant for the CEB claim cases in respect of Students studying in Class I to Class XI as per Appx G	
(n)	Original/copy of Driving License (In case the death occurred during driving of a vehicle)	
(o)	Any other document as required by competent authority/claim approving authority	

LIST OF DOCUMENTS FOR DEATH CLAIM

S No	Documents	Remarks
(a)	Initial Report	
(b)	Claim Form as per Para 11 (a) of Appx C	
(c)	Central KYC Form for indl as per Para 11(m) of Appx F	
(d)	Death Certificate in Original	
(e)	FIR (English) lodged by concerned Police Station	
(f)	Postmortem Report and Chemical Analysis Report (If applicable) or Post Mortem Waiver Certificate	
(g)	Original Fee Receipt of the student for the month in which the accident took place	
(h)	Aadhar Card	
(j)	PAN Card	
(k)	ECS Card Details alongwith Cancelled Cheque	
(l)	Succession Certificate from the District Judge Or Surviving Member Certificate/Legal Heirs Certificate by Competent Authority	
(m)	Original/copy of Driving License (in case the death occurred during driving of a vehicle).	
(n)	Copy of agreement between the employee and the employer (As per Appx G)- If applicable	
(o)	Any other document as required by competent authority /claim approving authority	

Note : All the documents and photocopy will be signed by Principal.