

**Andhra Pradesh State Road Transport Corporation**

No.P1/380(1)/2019-PO-I.

Office of the VC & MD,  
RTC House, PNBS, Vijayawada,

**Notification No.PD - 15 / 2019, Dated 07.06.2019**

**Sub:-Welfare-** Group Personal Accident Insurance Scheme to all Employees, Supervisors and Officers of APSRTC for the year 2019-2020 – Instructions issued – Reg.

**Ref:-** This Office O/o No. even. dated 25.03.2019 addressed to all Unit Officers of APSRTC.

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Group Personal Accident Scheme was introduced in APSRTC from the 2016-17 and the scheme has been revised every year. The scheme entered with New India Assurance Company, Chennai for the year 2018-19 and expired by 31.03.2019.

For the year 2019-20, M/s Go Digit General Insurance Company who quoted the competitive price through M/s S & R Insurance Brokers Pvt. Ltd., @ Rs.247/- premium per employee per year is selected. Through the letter referred above, all Unit Officers were advised to recover Rs.247/- from the salary of March-2019 from all the employees, supervisors and officers. Total amount of Rs. 1,31,00,948/- was paid to M/s Go Digit General Insurance vide UTR No. N089190217253707, Dated 30.03.2019.

An agreement has been entered by the Corporation with M/s Go Digit General Insurance Company to provide Group Personal Accident Insurance Scheme to all the Employees/Supervisors/Officers of APSRTC for the year 2019-2020.

The salient features and other Guidelines of the Scheme are furnished hereunder.

**Policy, Scope, Benefits, Coverages and Claims procedure:**

- 1) In case of accidental death, claim form duly supported by FIR lodged with the Police Authorities, Panchanama, Post mortem Report, Death Certificate, Medical Bills and Reports, Discharge Certificate, Proof of hospitalization, Employee ID, Employee address proof in original, should be submitted to M/s Go Digit General Insurance Company. Claim shall be submitted in the format as given at Annexure - B with relevant enclosures.
- 2) In case of disability out of accident, bank details viz. injured employee Bank Pass Book face page xerox copy attested by APSRTC authorities or cancelled cheque leaf of the employee has to be submitted along with claims and relevant enclosures in the format as given at Annexure - C.
- 3) In case of disability claims, Disability Certificate issued by District Medical Board shall be produced.
- 4) Insurance Company reserves right to investigate any claim.

( Contd..2 )



5. Scope of Coverage of the insurance policy is given below:

- a) Death only due to accident: 100 % of Capital Sum Insured (CSI) i.e. Rs.10,00,000/-
- b) Permanent total disablement(PTD): Rs.10,00,000/-
- c) Loss of two limbs-100 % of Capital Sum Insured i.e. Rs. 10,00,000
- d) Loss of two eyes-100 % of Capital Sum Insured i.e. Rs. 10,00,000
- e) Loss of one limb and one eye-100 % of Capital Sum Insured i.e. Rs. 10,00,000
- f) Loss of one limb or one eye - 50 % of CSI. i.e., Rs.50,000/-
- g) Permanent Total Disablement from injuries other than those named above  
PTD: 100 % of capital sum insured.

6. The percentages of capital sum assured i.e. over Rs.10.00 lakhs for Permanent Partial Disabilities are given below:

Sl. No.	Disability	Percentage of capital sum insured
1	Loss of toes-all	20
	Great – both phalanges	5
	Great One Phalange	2
	Other than great, if more than one toe lost for each	1
2	Loss of Hearing-Both Ears	75
3	Loss of Hearing – One Ear	30
4	Loss of four fingers	40
5	Loss of Thumb – One phalange	25
6	Loss of Index finger Three Phalanges or two Phalanges or One Phalange	10
7	Loss of middle finger Three Phalanges or two Phalanges or One Phalange	6
8	Loss of ring finger Three Phalanges or two Phalanges or One Phalange	5
9	Loss of little finger Three Phalanges or two Phalanges or One Phalange	4

7. Accident : Accident is defined as one solely and directly caused by external violent and visible means which results in the insured person sustaining bodily injury or death.

8. Exclusions : Death on account of following reasons is not covered under this scheme.

- a) Through suicide, attempted suicide or self-inflicted injury or illness and Natural Death.
- b) While under influence of liquor or drugs.
- c) Arising or resulting from committing any breach of law with criminal intent.
- d) Aviation or ballooning.
- e) War and Nuclear perils.

9. No claim is admissible if not supported by certified copies of FIR and Post-mortem report

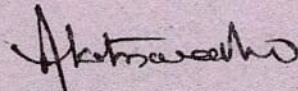
10. Date of commencement of the Policy: **01.04.2019.**  
Date of Expiry : **31.03.2020.**  
Eligibility : Employees, Supervisors and Officers on rolls  
as on 01.04.2019.



10. Settlement of Claims:

- a) The information with regard to Accidental Death of APSRTC Employees shall be sent to the Personnel Officer-I within 48 Hours, in the prescribed proforma (Annuxure-A) by the Unit Officer / Depot Manager.
- b) The Insurance claim along with required documents attested by the Depot Manager / Unit Officer shall be submitted to Head Office within 30 days from the date of accident.
- c) The subject dealing Assistant of Personnel Dept. / Personnel Supervisor of the Unit concerned shall take follow up action with the family members of the deceased/ disable employees and submit the claims within 30 days, failing which they shall be held responsible for the rejection of claims if any.
- d) For any clarification/queries in this regard, please contact the following Liaison Officers of Go Digit General Insurance Company.
  1. Mr.P.Sreekanth, Senior Manager, Go Digit General Insurance Company.  
Cell No: 9949995166, Vijayawada.
  2. Mr.B.N.A.V.Ravi, Manager, Go Digit General Insurance Company.  
Cell No.9848673366, Vijayawada.

All the Depot Managers / Unit Officers are hereby advised to exhibit the copy of this Notification and give wide publicity among the employees through gate meetings and formal/informal meetings with employees.



EXECUTIVE DIRECTOR (A)

Encl: As above.

To

All Officers of the Corporation.

Copy to:Secretary to VC&MD.

Copy to:PRO/HO for translation into Telugu.

Copy to:PO(HRD&T)/HO for inclusion in monthly Index of Circulars (4 copies)

Copy to:General Secretary, APSRTC Employees' Union, PNBS, Vijayawada.

Copy to:General Secretary, APSRTC National Mazdoor Unioin, Vijayawada.

Copy to:General Secretary, APSRTC S&WF(State Office), Vijayawada.

Copy to:General Secretary, APSRTC Karmika Parishat, Vijayawada.

Copy to:General Secretary, APSRTC Class-II Supervisors Association, VJA.

Copy to:General Secretary, APSRTC Security Staff Welfare Association, VJA.

Copy to:General Secretaries of APSRTC Karmika Sangh/APSRTC United Workers Union & YSRRTC Mazdoor Union.

Copy to:Notice Board & Incharge Record room.



To

The Go Digit General Insurance Company Limited., ( Through P.O -1., RTC House, VJA)  
Bangaluru - 560095.

Sir,

Ref: Group Personnel Accident Claim Intimation. Claim Under Policy No. D004558547.

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We have received intimation of accident with respect to the captioned employee. The details are as follows:

S. No.	Particulars
1	Name of the Employee (full name, surname)
2	Employee Staff No. & Designation
3	Name of the Depot, Region
3	Date of death of employee
4	Govt. ID Proof / Aadhar Number
5	Date ,Time and Place of Accident
6	Brief description of the Accident  ( Must be written )
7	Matter reported to which Police Station / Place. Mention FIR No.
8	Residential Address of the Employee with Cell No.
9	Contact details of main family member of the Injured/Deceased Employee. Name & relationship Cell No.

Date :

SIGNATURE OF UNIT OFFICER



**Claim form submitted to M/s Go Digit General Insurance Company**

- Please note that this claim form is issued without prejudice to the terms, and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the columns and give complete details of information sought for. In case space provided is found insufficient, a separate sheet may kindly be appended.
- Attach copies of Death Certificate/Post Mortem Report / Police Panchanama / Medical Certificate, whichever is applicable.

Policy No.	D004558547
Insured Name, Designation, Staff No.	
Address of the Insured Person	
Date of Birth / Age	
Gender	
Contact number	
e-mail ID	
Occupation	
Employee Staff No.	
Coverage under which claim is notified	Death Permanent Total Disability Permanent Partial Disability
Date of incident, Place of death	
Date of death (if applicable)	
Name of the Nominee ( in case of death of the insured ) as per nominations PF/Gratuity/SRBS/SBT	
Nominee relationship with the Insured	
Bank Name, Name of Branch	
Account No. ( 1 <sup>st</sup> page copy to be enclosed)	
IFSC code	
Pan Card No / Voter ID ( of Insured and Nominee in case of death of Insured)	

Signature of the Claimant

Signature of Unit Officer  
Stamp with seal



List of enclosures while forwarding the claim form to Personnel Officer-1, RTC House,  
PNBS, Vijayawada on Group Personnel Accident Insurance.

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01. Claim Intimation Form ( Prescribed ).
02. Claim Form ( Enclosure to Notification No.PD- /2019, Date 04.06.2019 ).
03. Death Certificate ( In Original ).
04. Death Notification Copy.
05. Bank Account Copy of Spouse.
06. Aadhar Card Copies of Spouse & Employee.
07. Identity card of employee.
08. Nomination Copy ( Gratuity and PF ).
09. News Paper Clippings, if any.
10. FIR, Post-Mortem Report, Sava Panchanama report.
11. If the Employee admitted for treatment in Hospital and later died.
  - (a) Discharge Summary.
  - (b) RFSL ( Forensic Lab ) Report.
12. If, any Employee died while driving two wheeler , two wheeler driving licence of the deceased employee shall also be enclosed without fail.