

Andhra Pradesh State Road Transport Corporation

No.P3/380(1)/2020-PO-I.

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

Notification No. PD-16/2020 dated 09. 09.2020

Sub:-Welfare – Group Personal Accident Insurance Scheme to all Employees, Supervisors and Officers of APSRTC for the year 2020-21 – Instructions issued – Reg.

Ref:-This Office Notification No. even dated 03.06.2020 addressed to all Officers of Corporation.

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Group Personal Accident Scheme was introduced in APSRTC from the year 2016-17 and the scheme has been revised every year. The scheme implemented through M/s GO DIGIT General Insurance Ltd., Hyderabad for the year 2019-20 expired on 31.03.2020.

For the year 2020-21, M/s The New India Assurance Company Ltd., Gajuwaka Branch, Visakhapatnam who quoted the competitive price through M/s Pragmatic Insurance Broking Services Pvt. Ltd., Hyderabad @ Rs.413/- premium per employee per year, is selected through tender process. Through the letter referred above, all Officers of the Corporation were advised to recover Rs.415/- (duly rounding off the lowest quoted value of Rs.413/-) from all the employees through the salary bill of June, 2020 payable on 01.07.2020. Accordingly, a total amount of Rs. 2,12,37,699/- so realised was paid to M/s The New India Assurance Company Ltd., Gajuwaka Branch, Visakhapatnam vide UTR No. SBIN320192568447 dated 10.07.2020.

An agreement has been entered by the Corporation with M/s The New India Assurance Company Ltd., Gajuwaka Branch, Visakhapatnam to provide Group Personal Accident Insurance Scheme to all the Employees/Supervisors/Officers of APSRTC for the year 2020-21.

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

Policy, Scope, Benefits, Coverage 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 The New India Assurance Company Ltd., Gajuwaka Branch, Visakhapatnam. Claim shall be submitted in the format as given at Appendix - B with relevant enclosures.
- 2) In case of disability arising out of accident, bank details viz., injured employee Bank Pass Book face page photo 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 Appendix - 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.

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 sight (both eyes) -100 % of Capital Sum Insured i.e. Rs. 10,00,000/-
- e) Loss of one limb and loss of sight in one eye-100 % of Capital Sum Insured i.e. Rs. 10,00,000/-
- f) Loss of one limb or loss of sight in one eye - 50 % of CSI. i.e., Rs.5,00,000/-
- 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	10
	Three Phalanges or two Phalanges or One Phalange	
7	Loss of middle finger	6
	Three Phalanges or two Phalanges or One Phalange	
8	Loss of nine fingers	5
	Three Phalanges or two Phalanges or One Phalange	
9	Loss of little finger	4
	Three Phalanges or two Phalanges or One Phalange	

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: 10.07.2020.
Date of Expiry : 09.07.2021.

T1) 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 (Appendix-A) by the Unit Officer / Depot Manager concerned.
- 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 depot/unit personnel dealing with this subject / Personnel Supervisor of the Unit concerned shall take follow up action with the family members of the deceased/ disabled 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, the following Liaison Officers of M/s Pragmatic Insurance Broking Services Pvt. Ltd., Hyderabad and M/s The New India Assurance Company Ltd., Gajuwaka Branch, Visakhapatnam shall be contacted.
 1. Mr. Ch.Ajay Kumar, Dy.Manager, M/s Pragmatic Insurance Broking Services Pvt. Ltd., Arundalpet, Guntur.
Cell No.9030403333, Mail ID – ajay@pragmaticinsurance.com
 2. Mr.S.Janardhan, Branch Manager, M/s The New India Assurance Company Ltd., Gajuwaka Branch, Visakhapatnam.
Cell No: 9912445500, Mail ID – Janardhan.S@newindia.co.in.
 3. Mr.T.ManMohan, Divisional Manager, M/s The New India Assurance Company Ltd., Gajuwaka Branch, Visakhapatnam.
Cell No.9949761163, Mail ID – t.manmohan@newindia.co.in.

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

Encl: As above.


EXECUTIVE DIRECTOR (A)

To

All Officers of the Corporation.

Copy to:PRO/HO for translation into Telugu.

(Appendix-A)

To

M/s The New India Assurance Company Ltd.,
Gajuwaka Branch, Visakhapatnam.

(Through P.O -I., RTC House, VJA)

Sir,

Ref: GPA Claim Intimation. Claim Under Policy No. 62150242200100000025.

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

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

Date :

Signature of Unit Officer

(Appendix-B)

Claim form submitted to M/s The New India Assurance Company Limited, Gajuwaka Branch, Visakhapatnam.

- 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.	62150242200100000025
Name of the employee, Designation, Staff No.	
Address of the Insured Person	
Date of Birth / Age	
Gender	
Contact number	
e-mail ID	
Occupation	
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 st 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-I, RTC House,
PNBS, Vijayawada on Group Personnel Accident Insurance.

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- 1) Claim Intimation Form (Prescribed).
- 2) Claim Form (Enclosure to Notification No.PD-16/2020, Date:09.09.2020).
- 3) Death Certificate (In Original).
- 4) Death Notification Copy.
- 5) Bank Account Copy of Spouse.
- 6) Aadhaar Card Copies of Spouse & Employee.
- 7) Identity card of employee.
- 8) Nomination Copy (Gratuity and PF).
- 9) News Paper Clippings, if any.
- 10) FIR, Post-Mortem Report, Sava Panchanama report.
- 11) If the Employee is 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.