

अकृषी विद्यापीठे तसेच संलग्नित
महाविद्यालयातील विद्यार्थ्यांसाठी वैयक्तीक
अपघात विमा (Personal Accident
Insurance) तसेच विद्यार्थी वैद्यकीय विमा
(Medical Insurance) योजना लागू
करणेबाबत.



महाराष्ट्र शासन

उच्च व तंत्र शिक्षण विभाग,

शासन निर्णय क्रमांक :- संकीर्ण २०२१/प्र.क्र. १४ / वि शि ५

हुतात्मा राजगुरु चौक, मादाम कामा मार्ग, मंत्रालय, मुंबई ४०० ०३२,

दिनांक - १६ ऑक्टोबर , २०२३

संदर्भ : -१) उच्च व तंत्र शिक्षण विभाग, शासन निर्णय क्र. संकीर्ण २०२१/ प्र.क्र.१४/विशि५,

दिनांक ०२ जून, २०२१.

२)संचालक,उच्च शिक्षण संचालनालय, पुणे यांची

१) क्र. विवि २१३३/ प्र.क्र.२८/ मवि.०१/९३४४, दि. २४/०८/२०२३ तसेच

२) क्र. विवि २१३३/ प्र.क्र.२८/ मवि.०१/१००२२, दि. २७/०९/२०२३ ची पत्रे

प्रस्तावना :

उच्च व तंत्र शिक्षण विभाग, शासन निर्णय दिनांक ०२ जून, २०२१ अन्वये, राज्यातील अकृषी विद्यापीठे, तंत्र विद्यापीठ व अधिनस्त महाविद्यालयाच्या विद्यार्थ्यांसाठी नवीन स्वरूपात “विद्यार्थी जीवन / अपघात विमा योजना” लागू करण्यासाठी संचालक, उच्च शिक्षण यांच्या अध्यक्षतेखाली समिती गठीत करण्यात आली होती. सदर समितीच्या अहवालानुसार राज्यातील विद्यापीठीय व महाविद्यालयीन विद्यार्थ्यांसाठी “विद्यार्थी अपघात विमा” योजना नवीन स्वरूपात लागू करण्यासंदर्भात, IRDAI परवानाधारक एक अनुभवी सल्लागार नेमून, त्यांना या विषयाबाबत सखोल अभ्यास करून अंमलबजावणी करण्यासारख्या बाबी तसेच त्यांच्या कार्यपद्धतीबाबत अहवाल सादर करण्याबाबत कळविण्यात आले होते. संचालक उच्च शिक्षण यांनी, निविदा छाननी समितीने तांत्रिक मुल्यमापन करून गुणांकनाच्या आधारे “इन्टिग्रेटेड रिस्क इन्शुरन्स ब्रोकर लिमिटेड” या विमा सल्लागार कंपनीची निवड केली होती.

प्रस्तुत विद्यार्थी अपघात विमा योजना संदर्भात विमा संचालनालय यांचे राज्यातील अकृषी विद्यापीठे व महाविद्यालयीन विद्यार्थ्यांसाठी प्रस्तावित करण्यात आलेली विद्यार्थी अपघात योजना संदर्भात अभिप्राय घेण्यात आले होते.

प्रस्तुत IRDAI परवानाधारक सल्लागार तसेच विमा संचालनालय यांचे सुचनांनुसार अकृषी विद्यापीठे तसेच संलग्नित महाविद्यालये येथे विद्यार्थी वैयक्तीक अपघात विमा (Personal Accident Insurance) तसेच विद्यार्थी वैद्यकीय विमा (Medical Insurance) अंमलात आणण्यासाठी आयआरडीए परवानाधारक विमा कंपनी निवडण्यासाठी ई-निविदेद्वारे निविदा प्रक्रिया राबविण्यात आली. ई-निविदेमधील तरतूदीनुसार न्युनतम निविदा धारकासोबत दराबाबत वाटाघाटी करून संचालक, उच्च शिक्षण यांनी सादर केलेल्या दि.२७.०९.२०२३ च्या प्रस्तावानुसार विद्यापीठ व महाविद्यालयातील विद्यार्थ्यांसाठी अपघात विमा योजना राबविण्याची बाब शासनाच्या विचाराधीन होती.

शासन निर्णय -

अकृषी विद्यापीठे तसेच संलग्नित महाविद्यालयातील विद्यार्थ्यांसाठी “ऐच्छिक स्वरूपाची” विद्यार्थी वैयक्तीक अपघात विमा (Personal Accident Insurance) तसेच विद्यार्थी वैद्यकीय विमा (Medical Insurance) खालीलप्रमाणे अंमलात आणणेबाबत सदर शासन निर्णयान्वये मान्यता देण्यात येत आहे.

अ.क्र.	कंपनीचे नाव	विद्यार्थी वैयक्तीक अपघात विमा १ लक्ष साठी प्राप्त न्युनतम दर (रुपये)	विद्यार्थी वैयक्तीक अपघात विमा ५ लक्ष साठी प्राप्त न्युनतम दर (रुपये)	विद्यार्थी वैद्यकीय विमा रु.२ लक्ष साठी प्राप्त न्युनतम दर (रुपये)
१.	ICICI Lombard Insurance Company Ltd	२०	---	---
२.	National insurance co. Ltd.	---	६२	---
३.	ICICI Lombard Insurance Company Ltd	---	---	४२२

२. तरी संबंधित विद्यापीठ तसेच संलग्नित महाविद्यालये यांचेकडून उपरोक्त नमूद तक्त्यातील निविदाधारकांपैकी विमा दर तसेच विमा संरक्षण याकरिता योग्य वाटत असलेल्या निविदा धारक कंपनीची निवड करून “ऐच्छिक स्वरूपात” विद्यार्थी वैयक्तीक अपघात विमा (Personal Accident Insurance) व विद्यार्थी वैद्यकीय विमा (Medical Insurance) योजना विद्यार्थ्यांसाठी लागू करावी.

३. अकृषी विद्यापीठे तसेच संलग्नित महाविद्यालयातील विद्यार्थ्यांसाठी वैयक्तीक अपघात विमा (Personal Accident Insurance) तसेच विद्यार्थी वैद्यकीय विमा (Medical Insurance) अनुषंगाने सदरहू Insurance ची Eligibility, Benefits आणि Important Terms & Conditions संदर्भातील महत्वाच्या मुद्द्यांची माहिती सोबत जोडलेल्या “प्रपत्र-अ” मध्ये नमूद करण्यात आली आहे. याबाबतची

विस्तृत माहिती संचालक, उच्च शिक्षण संचालनालय पुणे यांचेकडून www.dhepune.gov.in या संकेतस्थळावर प्रसिध्द आली आहे.

४. प्रस्तुत विद्यार्थी वैयक्तीक अपघात विमा (Personal Accident Insurance) तसेच विद्यार्थी वैद्यकीय विमा (Medical Insurance) योजनेकरिता उपरोक्त नमूद तक्रारीतील कंपन्यांचे विमा संरक्षण दर हे ३ वर्षाकरिता स्थिर असतील. सदर योजना प्रभाविपणे अंमलात आणण्याकरिता तसेच या योजनां संदर्भात प्राप्त होणारे आक्षेप / तक्रारी / मार्गदर्शन याकरिता संचालक, उच्च शिक्षण संचालनालय , पुणे यांना समन्वय अधिकारी (Nodal Office) म्हणून प्राधिकृत करण्यात येत आहे.

५. हा शासन निर्णय महाराष्ट्र शासनाच्या www.maharashtra.gov.in या संकेतस्थळावर उपलब्ध करण्यात आला असून त्याचा संकेतांक क्र. २०२३१०१६१६५७३४५५०८ असा आहे. सदरहू शासन निर्णय डिजिटल स्वाक्षरीने साक्षंकित करून काढण्यात येत आहे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने

AJIT MADHUKARRAO
BAWISKAR

Digitally signed by AJIT MADHUKARRAO BAWISKAR
DN: cn=IN, o=GOVERNMENT OF MAHARASHTRA, ou=HIGHER AND
TECHNICAL EDUCATION DEPARTMENT,
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serialNumber=99E8928028DF71EBDFCD2898E209D499192AD3899261F
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Date: 2023.10.16 16:59:56 +05'30'

(अजित बाविस्कर)

उप सचिव, महाराष्ट्र शासन

प्रति,

मा. राज्यपाल तथा कुलपती यांचे प्रधान सचिव, राजभवन, मलबार हिल, मुंबई.

मा. मुख्यमंत्री, यांचे अप्पर मुख्य सचिव, मंत्रालय , मुंबई .

मा. उपमुख्यमंत्री (वित्त) यांचे प्रधान सचिव, मंत्रालय , मुंबई .

मा. उपमुख्यमंत्री (गृह) यांचे प्रधान सचिव, मंत्रालय , मुंबई .

मा. मंत्री, उच्च व तंत्र शिक्षण यांचे खाजगी सचिव, मंत्रालय, मुंबई .

कुलगुरु / कुलसचिव, सर्व अकृषि विद्यापीठे, महाराष्ट्र राज्य,

प्रधान सचिव, उच्च व तंत्र शिक्षण यांचे स्वीय सहायक, मंत्रालय, मुंबई,

संचालक, उच्च शिक्षण संचालनालय, महाराष्ट्र राज्य, पुणे.

संचालक, तंत्र शिक्षण संचालनालय, महाराष्ट्र राज्य, मुंबई.

सर्व विभागीय सह संचालक, उच्च शिक्षण, महाराष्ट्र राज्य.

विमा संचालक, विमा संचालनालय, गृहनिर्माण भवन (म्हाडा), वान्द्रे (पूर्व), मुंबई.

महालेखापाल (लेखा व अनुज्ञेयता)- महाराष्ट्र १ व २, मुंबई/नागपूर.

महालेखापाल (लेखा परीक्षा)- महाराष्ट्र १ व २, मुंबई/ नागपूर.

जिल्हा कोषाधिकारी, मुंबई / पुणे.

ICICI Lombard Insurance Company Ltd., Mumbai.

National insurance co. Ltd ., Mumbai

निवड नस्ती (विशि-५).

(शासन निर्णय क्रमांक :- क्र. संकीर्ण २०२१/प्र.क्र. १४ / वि शि ५, दिनांक १६ ऑक्टोबर , २०२३ सोबतचे सहपत्र)

-- प्रपत्र अ --

1. Insurance Eligibility

PLAN A: MANDATORY COVERAGE (PERSONAL ACCIDENT INSURANCE)		
Particulars	Deliverables	
Insured Details	Primary Insured Member: The Student studying under the colleges, institutions, universities which are affiliated, associated, administered, categorized under The Higher & Technical Education, Government of Maharashtra	
	Secondary Insured Member: One Parent or the Guardian as mentioned in the college enrolment / admission form	
	The Unit Comprises of ONE (01) Primary Insured Member + ONE (01) Secondary Insured Member	
Sum Insured Ratio	Primary Member (Student): 20%	Secondary Member (Guardian): 80%
Sum Insured Bifurcation (PER UNIT)	Primary Member (Student): Rs. 1,00,000 (Rupees One Lac only)	
	Secondary Member (Parent or Guardian): Rs. 4,00,000 (Rupees Four Lac only)	
Relationship Type	Non Employer-Employee	
Policy Type	The Policy shall be on the 'Named' basis for ONE (01) Student as well as ONE (01) Parent or Guardian mentioned in the enrollment form of the respective educational institution The Insurance Company may ask the respective 'Educational Institution' to provide the data of the primary insured member and/or the secondary insured member during the enrolment and/or before the inception of the Insurance Policy. The Insurance company may also, at its discretion issue an 'Unnamed' policy based on the declaration provided by the respective educational institution	
Enrollment Type	Non-Selection. The educational institution to provide a declaration (online or offline) for the coverage of 'All-students'. No selection shall be permissible by the respective educational institution. The coverage is mandatory for all student(s) and their respective ONE (01) parent/ guardian	

Total Sum Insured PER UNIT (Primary Insured Member + Secondary Insured Member)	Rs. 5 Lac (Rupees Five Lac)
Mid-Term Addition Deletions	Permissible only to the students & their respective Parent/ Guardian by the means of 'New Admission'. Deletion by the means of opting out of the educational institution
Waiting Period	No Waiting Period. All Insured members are covered from Day One (01) in the policy
Group Administrator	The educational institution shall be the Master Policy Holder of the Policy
Geographical Boundary	The Policy shall be 24 x 7 World-wide cover
PLAN B: OPTIONAL COVERAGE (MEDICLAIM POLICY)	
Particulars	Deliverables
Insured Details	Primary Insured Member: The Student studying under the colleges, institutions, universities which are affiliated, associated, administered, categorized under The Higher & Technical Education, Government of Maharashtra
Sum Insured	The total sum insured per student is INR 2 Lacs (Rupees two lacs only)
Relationship Type	Non Employer-Employee
Policy Type	The Policy shall be on Named basis for ONE (01) student only. The Insurance company may ask the respective Educational Institution to provide the data of the primary insured member during the enrolment and / or before the inception of the insurance policy.
Enrollment Type	Non-Selection. The educational institution to provide a declaration for the coverage of 'All-students'. No selection shall be permissible by the respective educational institution. The coverage is mandatory for all student(s) and their respective ONE (01) parent/ guardian
Mid-Term Addition Deletions	Permissible only to the students by the means of 'New Admission'. Deletion by the means of opting out of the educational institution.
Waiting Period	No Waiting Period. All Insured members are covered from Day One (01) in the policy
Group Administrator	The educational institution shall be the Master Policy Holder of the Policy
Geographical Boundary	The coverage shall be restricted to the Geographical Limits within the boundaries of Republic of India (National Coverage)

2. Benefits. (Accidental Coverage)

PLAN -A: PERSONAL ACCIDENT INSURANCE		
Accidental Coverage	Benefits	Compensation as % of the Capital Sum Insured
	Death Only/ Permanent Total Disability	100%
	Loss of One Limb or One Eye	50%
	Loss of Sight on Both Eyes	100%
	Loss of Both Hands and Or Loss of Both Feet	100%
	Loss of one hand and Loss of One foot	100%
	Loss of One Eye and One Hand	100%
	Child Education Grant	10% of Capital Sum Insured
Partial Disablement due to Accident	Loss Covered	
	Percentage of Sum Insured	
	Loss of Use/ Physical Separation: One entire hand	
	One entire foot	
	Loss of Sight of one eye	
	1. Loss of toes – all	20%
	Great both phalanges	
	Great – one phalanx	
	Other than great if more than one toe lost	
	2. Loss of Use of both ears	50%
	3. Loss of Use of one ear	20%
	4. Loss of four fingers and thumb of one hand	40%
	5. Loss of four fingers	35%
	6. Loss of thumb	25%
	Loss of both phalanges - one phalanx	
	Loss of Index finger - three phalanges	
	Loss of two phalanges	
	Loss of one phalanx	

	8.	Loss of middle finger – three phalanges Loss of two phalanges Loss of one phalanx	6% 4% 2%
	9.	Loss of ring finger - three phalanges two phalanges one phalanx	5% 4% 2%
	10.	Loss of little finger three phalanges two phalanges one phalanx	4% 3% 2%
	11.	Loss of metacarpus -first or second (additional) third, fourth or fifth (additional)	3% 2%
	12.	Any other permanent partial disablement	Percentage as assessed by the independent Registered Medical Practitioner
Coverage Specifications	I. Accidental Death Benefit – The payment of Lumpsum amount to the nominee in the event of an accidental death of the beneficiary as described in the table above II. Accidental Permanent Disability Benefit - The payment of Lumpsum amount to the nominee in the event of an accidental permanent disability of the beneficiary as described in the table above III. Accidental Partial Disability Benefit- The payment of Lumpsum amount to the nominee in the event of an accidental partial disability of the beneficiary as described in the table above IV. Child Education Welfare / Children Education Grant - In the event of death or permanent total disablement of the Insured Parent/ Guardian due to an Accident as defined, the Insurance Company shall pay 'Child Education Grant' for the Student enrolled in the policy an additional compensation of a lumpsum pay out of 10% of the Capital Sum Insured once per event, per policy period		

	V. Accidental Hospitalisation Benefit: A cashless hospitalisation benefit across the network of empanelled hospitals (Pan-India) in case of bodily injuries to the primary insured member or the secondary insured member the expenses towards the treatment during the hospitalization for up the maximum of INR 50,000/-(Primary Plus Secondary insured) floater amount Per policy period. In case of the hospitalization event at the non-network/ non-empanelled hospital, the insured can claim for the reimbursement of expenses from the Insurance Company towards the treatment undertaken at the hospitalisation due to accident. The policy shall cover only medicinal expenses including (not limited to); Room/ ICU Charges, Doctor's Fees, Cost of Investigation, Pharmacy Charges, Nursing Charges. All non-medical expenses, consumables shall not be payable under the policy
PLAN B: OPTIONAL COVERAGE (MEDICLAIM POLICY)	
Nature of Coverage	Pure Hospitalization Cover only. The proximate cause of hospitalization should be 'Emergency' in Nature. Any planned procedures, treatments, surgeries shall NOT be under the scope of cover under this policy
Coverage Specifications	I. Cover Type: Hospitalization Only II. Admissibility: Cashless in Network Hospitals, Reimbursement in Non-Network Hospitals & Pre & Post Hospitalization Claims III. In-patient Hospitalization for Covid_19: Covered IV. Pre-Existing Conditions: Covered from Day One V. Waiver of 30 days, 1st Year Exclusion, 2nd Year Exclusion & 4th Year Exclusion VI. Class of Treatment: Private Room (subject to Clause VII) VII. Room Rent Restriction: 2% of Sum Insured for Normal & 4% for ICU VIII. Pre & Post Hospitalization: Medical Expenses arising 30 days Prior to Hospitalization & 60 days post hospitalization shall be payable IX. Ambulance Charges of INR 2000/- Per Hospitalization event shall be payable X. Dental Treatment: Payable only in case of an accident XI. Vision: LASIX, LASER Procedure, Corrective Treatments shall be payable for up to Rs. 25,000/- per eye in case if the corrective

	procedure is necessitated for the Insured with reciprocal length / corrective index of + - 7 Diopter XII. AYUSH Treatment: In-patient hospitalization for AYUSH Treatment shall be payable up to the base sum insured XIII. Claim Intimation: Not exceeding 7 days post hospitalization
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3. Important Terms and Conditions

General Terms & Conditions	I. The Terms & Conditions of the Tailor-made Personal Accident Insurance Policy under 'Student Accident Insurance Scheme' shall be governed by this Tender Document and 'To-Be-Issued' G.R, Tri-partite Agreement and/or the 'Work Order' issued to the shortlisted Insurance Company/ Insurance Companies. II. The Insurance Company shall issue the Insurance Policy in total conformity with the terms & conditions of this Tender Document. The Terms & Conditions which are not expressly agreed to in this document will not be binding on the insured. III. The claims shall be settled whether Approved, Repudiated or Shortfall within 21 days of the receipt of the Duly Completed Claim Form with the relevant documents. If there is any additional requirement in the insurance claim, the letter should be forwarded to the concerned claimant or the representative of the claimant along with the copy to the representative of the Integrated Risk Insurance Brokers Limited IV. The Claim Intimation shall be provided to the Insurance Company favorably within 15 days of the occurrence of the incident/ accident & No Later than 120 days of the occurrence of the incident/ accident. The Insurance Company shall NOT be responsible for payment of claims to the beneficiary for any claims submitted after 120 days from the date of Occurrence of Accident/ Incident V. After sanctioning the claim amount, the Insurance Company shall deposit the 'Compensation' in INR (Indian Rupees) within 15 days via NEFT/ RTGS/ IMPS or any other electronic mode of payment as permissible by the Banking Regulations. VI. In case of the Non-availability of the nominee as the Parent/ Guardian (Secondary Insured Member) on the Admission / Enrollment form, the benefit of insurance shall be provided upon
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	the receipt of the 'Legal Heir Certificate' from the respective tahsildar / taluka-office/ district court or as deemed appropriate& amended by the relevant authority. VII. The extent of disability, whether Permanent Total, Partial, Temporary or any other shall be determined & validated by the Civil Surgeon of the Government which shall be final & binding upon the Insurance Company as well as the insured/ claimant. The entitlement of the compensation, benefit shall be in accordance with the certification by the Civil Surgeon of the Government. Any violations to the Claim Settlement methodology, timelines, dispute shall be resolved by the Nodal Agency (Integrated Risk Insurance Brokers Limited). The Nodal Agency shall take up the 'unresolved disputes' with the IRDA and/or the Ombudsman as deemed appropriate and necessary.
Policy Exclusions	I. Suicide or Attempt of Suicide II. Intentional Self Injury III. Pregnancy or Childbirth IV. Bleedings from the inner organs V. Aviation, other than as a passenger VI. Participation in Motor Rallies, Adventure Sports VII. War, including civil war VIII. Natural Death IX. Terrorism, except attack by Naxalites X. Any Accidental Event Under the influence of alcohol, drugs, psychotropic substances XI. Accidents Arising out of event of misfeasance XII. Nuclear Radiation or Nuclear Weapons Materials XIII. Murder by immediate beneficiary.



CLAIM FORM FOR PERSONAL ACCIDENT INSURANCE

(The issuance of this form is not to be taken as an Admission of Liability)

Address to dispatch Claim Documents :

ICICI Lombard Healthcare, Varun Tower II,
1st, 4th, 5th & 6th Floor, Begumpet,
Hyderabad, Telangana, Pincode – 500016.

Cover Note / Policy No :

Period of Insurance :

Date of Accident:

Claim Number:

PLEASE ANSWER ALL QUESTIONS FULLY

1. DETAILS OF INSURED

Name :

Address :

H.No. : Building/Street Name : Area :

Land mark: City :

State: Pin Code:

Contact / Mobile No : Email ID:

2. DETAILS OF INJURED/ DECEASED PERSON

Name :

Address :

H.No. : Building/Street Name : Area :

Land mark: City :

State: Pin Code:

Contact / Mobile No : Email ID:

Age : Designation, Employee Id & Date of Joining

Date & time of injury/death :

Place of injury/ death :

Detailed Description of the accident :

Whether reported to Police : ☐ Yes ☐ No

If yes then name and address of Police Station :

3. Was the injured /deceased person shifted to hospital immediately after the accident?

☐ Yes ☐ No

If yes , Name & address of the hospital

4. Do you have any other Personal Accident Policy

If yes , If yes, please give

Address of the issuing office :

Policy No. :

Declaration

I hereby agree, affirm and declare that:

- (a) The statements/information given/stated by me/us in this claim form are true, correct and complete.
- (b) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- (c) If I have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
- (d) The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim
- (e) I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Date: DDMMYY

Signature of the Injured Person

Place:

(To be filled in by the Employer/Insured)

Was the injured person in respect of whom claim being made absent from work? ☐ Yes ☐ No

If so, please furnish the details of such absence : Leave From : DDMMYY To : DDMMYY

I / We hereby declare that the particulars made by the injured person in the claim form are true to the best of our knowledge and belief.

Date: DDMMYY

Signature of the Injured Person

Place:

SECTION II (TO BE COMPLETED BY HOSPITAL AUTHORITIES)

Name and address of the hospital :

Date of admission : DDMMYY (As in patient / out patient / emergency case)

Date of discharge :

Nature of injury :

Particulars of treatment :

If Claim is related to Temporary Total Disability) :

Advised rest/ unfit to work for specified number of days. From : DDMMYY To : DDMMYY

Fitness Date to join Duties DDMMYY

Has the accident resulted into loss of hand/s or foot/feet or eye/s or permanent disability of any other type which may prevent the insured from engaging in or being occupied with or giving attention to any employment or occupation whatsoever? ☐ Yes ☐ No

If yes, please give details :

Signature of the competent Authority of treating Hospital / Nursing Home

Date: DDMMYY

Name:

Designation:

Official Seal of the Hospital:

SECTION III (TO BE COMPLETED BY NOMINEE IN THE EVENT OF INSURED'S DEATH)

Details of Nominee

Name :										
Address :										
H.No. :	Building/Street Name :			Area :						
Land mark:				City :						
State:							Pin Code:			
Contact / Mobile No :				Email ID:						
Age :	Designation, Employee Id & Date of Joining									
Relationship with the deceased :										
Date:	D M Y Y Y Y									
Place:										
										Signature of the Injured Person

Declaration to be signed by the Insured/ claimant or by the Nominee (in the event of Insured's death).

I/WE HEREBY DECLARE and warrant the truth of the foregoing particulars in every respect. I / We agree that if I / we have made or shall make false or untrue statement, suppression or concealment, my/our right to compensation shall be forfeited.

I/we also here by declare that I am /we are accepting the amount in full discharge of your obligations under the policy to the Insured Person and / or his/her legal heirs. I/We will hold you indemnified in the event of any claim under this policy being made against you by any other person or persons.

Date:	D M Y Y Y Y									
Place:										
										Signature of the Injured Person

Direct Fund Transfer/EFT Mandate Form

A) Would you like to opt for Electronic Fund Transfer as mode of payment ? Yes No

B) If yes, kindly provide the below mentioned details :

Payee Name (as per bank records):										
Payee Account No.:										
Type of Account:	Savings	Current	Others (specify):							
Name of the Bank :										
Branch Name :										
Address of the Bank :										
IFSC Code No. of the Bank:										
MICR Code No. of the Bank:										
Permanent Account Number (PAN) of Payee :										

1) Please attach an Original Blank Cancelled Cheque signed by the Payee.----- Mandatory

2) Please attach a PAN Card copy of Payee ----- Mandatory

Terms and Conditions for Payments through RTGS / NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS / NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
4. The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. ICICI Lombard General Insurance Company Ltd. may sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The Customer may discontinue or terminate the use of RTGS / NEFT facility by giving a minimum of 15 days prior written notice to ICICI Lombard General Insurance Company Ltd. The date of notice for ICICI Lombard will be the date of receipt of such notice by ICICI Lombard. The notice of such termination should be given to ICICI Lombard only at its corporate address and be addressed at ICICI Lombard GIC Ltd, ICICI Lombard House (Old Tata Press Building), 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400025
6. A confirmation of the receipt of termination notice given by the Customer will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the Customer construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard to the Customer stating the date of receipt of such communication by the Customer.
7. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
8. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavor to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. website www.icicilombard.com or by sending them by post to the last address of the Customer.
11. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
12. I / We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
13. I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Customer.

Signature of the Account Holder



ICICI Lombard General Insurance Company Limited

Mailing Address: ICICI Lombard Healthcare, Varun Tower II, 1st, 4th, 5th & 6th Floor, Begumpet, Hyderabad, Telangana, Pincode – 500016.

Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at www.icicilombard.com • **Mail us at** customersupport@icicilombard.com • **Toll Free No.:** 1800 2666 • **Chargable No.:** +91 86 55 222 666

Insurance is the subject matter of solicitation. IRDA Reg. No. 115. **CIN:** L67200MH2000PLC129408.

4005-Parents Policy Required Documents

Base product	Product code	Product code	Nature of loss(as per system)	Checklist
GPA	4005	Group Personal Accident	Death	Claim form / Duly filled in GPA Questionnaire as attached
GPA	4005	Group Personal Accident	Death	Death Certificate
GPA	4005	Group Personal Accident	Death	FIR/MLC/Police Final report/Railway Guard Memo(If Railway accident)
GPA	4005	Group Personal Accident	Death	Post Mortem Report/Viscera Report/Cause of death from treating doctor
GPA	4005	Group Personal Accident	Death	Cancel cheque with printed name
GPA	4005	Group Personal Accident	Death	If Medicals claimed- Medical bills, Prescriptions, Discharge summary
GPA	4005	Group Personal Accident	Death	AML Documents (address and id proof) and CKYC form
GPA	4005	Group Personal Accident	Death	NOC from corporate if payable to employee/Injured - Employer employee Relationship
GPA	4005	Group Personal Accident	Death	For employer -non employee relationship policies- Amount payable to corporate only- no objection letter from the nominee to pay the amount to corporate
GPA	4005	Group Personal Accident	Permanent Partial Disability	Claim form / Duly filled in GPA Questionnaire as attached
GPA	4005	Group Personal Accident	Permanent Partial Disability	Authorized Disability certificate from Govt hospital-Civil Surgeon
GPA	4005	Group Personal Accident	Permanent Partial Disability	FIR/MLC/Police Final report/Railway Guard Memo(If Railway accident)
GPA	4005	Group Personal Accident	Permanent Partial Disability	Hospital Treatment papers and supportive investigation reports
GPA	4005	Group Personal Accident	Permanent Partial Disability	Cancel cheque with printed payee name
GPA	4005	Group Personal Accident	Permanent Partial Disability	AML Documents (address and id proof) and CKYC form
GPA	4005	Group Personal Accident	Permanent Partial Disability	NOC from corporate if payable to employee/Injured - Employer employee Relationship
GPA	4005	Group Personal Accident	Permanent Partial Disability	For employer -non employee relationship policies- Amount payable to corporate only- no objection letter from the nominee to pay the amount to corporate
GPA	4005	Group Personal Accident	Permanent Total Disability	Claim form / Duly filled in GPA Questionnaire as attached
GPA	4005	Group Personal Accident	Permanent Total Disability	Authorized Disability certificate from Govt hospital-Civil Surgeon
GPA	4005	Group Personal Accident	Permanent Total Disability	FIR/MLC/Police Final report/Railway Guard Memo(If Railway accident)

GPA	4005	Group Personal Accident	Permanent Total Disability	Hospital Treatment papers and supportive investigation reports
GPA	4005	Group Personal Accident	Permanent Total Disability	Cancel cheque with printed payee name
GPA	4005	Group Personal Accident	Permanent Total Disability	AML Documents (address and id proof) and CKYC form
GPA	4005	Group Personal Accident	Permanent Total Disability	NOC from corporate if payable to employee/Injured - Employer employee Relationship
GPA	4005	Group Personal Accident	Permanent Total Disability	For employer -non employee relationship policies- Amount payable to corporate only- no objection letter from the nominee to pay the amount to corporate
GPA	4005	Group Personal Accident	Temporary Total Disability	Claim form / Duly filled in GPA Questionnaire as attached
GPA	4005	Group Personal Accident	Temporary Total Disability	Treatment papers and first consultation note
GPA	4005	Group Personal Accident	Temporary Total Disability	Cancelled cheque with printed payee name
GPA	4005	Group Personal Accident	Temporary Total Disability	AML Documents (address and id proof) and CKYC form
GPA	4005	Group Personal Accident	Temporary Total Disability	NOC from corporate if payable to employee/Injured - Employer employee Relationship
GPA	4005	Group Personal Accident	Temporary Total Disability	For employer -non employee relationship policies- Amount payable to corporate only- no objection letter from the nominee to pay the amount to corporate

4005-Student Policy Required Documents

Base product	Product code	Nature of loss(as per system)	Check List
GPA	4005 - Special policy	Only Medical Expenses	Claim form / Duly filled in GPA Questionnaire as attached
GPA	4005 - Special policy	Only Medical Expenses	Cancel Cheque with Printed Name
GPA	4005 - Special policy	Only Medical Expenses	Original Finall Bill and receipts
GPA	4005 - Special policy	Only Medical Expenses	FIR/MLC if available
GPA	4005 - Special policy	Only Medical Expenses	Hospital Discharge Summary, Treatment papers, Investigation reports
GPA	4005 - Special policy	Only Medical Expenses	Provide Study/Bonafide certificate from Educational institution, Id Card
GPA	4005 - Special policy	Only Medical Expenses	Provide relationship proof with injured
GPA	4005 - Special policy	Death	Claim form / Duly filled in GPA Questionnaire as attached
GPA	4005 - Special policy	Death	Death Certificate
GPA	4005 - Special policy	Death	FIR/MLC/Police Final report/Railway Guard Memo(If Railway accident)
GPA	4005 - Special policy	Death	Post Mortem Report/Viscera Report/Cause of death from treating doctor
GPA	4005 - Special policy	Death	Cancel cheque of nominee with printed name
GPA	4005 - Special policy	Death	If Medicals claimed- Medical bills, Prescriptions, Discharge summary
GPA	4005 - Special policy	Death	AML Documents (address and id proof) and CKYC form
GPA	4005 - Special policy	Death	If Nominee Not declared in Bank account, Kindly Provide NOC of all Legal Heirs on 100/50Rs Court Stamp Paper with notarized stamp and Seal as per the ENCL Format (Fill up by the other legal heirs in family like insured father mother and major childrens)
GPA	4005 - Special policy	Death	Provide Study/Bonafide certificate from Educational institution, Id Card
GPA	4005 - Special policy	Death	Provide relationship proof with injured
GPA	4005 - Special policy	Death	Original Medical bills with paid receipts

PLAN B – Medclaim Coverage (Optional)

Particulars	Deliverables
Insured Details	Primary Insured Member: The Student studying under the colleges, institutions, universities which are affiliated, associated, administered, categorized under The Higher & Technical Education, Government of Maharashtra
Sum Insured	The total sum insured per student is INR 2 Lacs (Rupees two lacs only)
Policy Type	The Policy shall be on the 'Named' basis for ONE (01) Student only. The Insurance company may also, at its discretion issue an 'Unnamed' policy based on the declaration provided by the respective educational institution
Enrollment Type	Non-Selection. The educational institution to provide a declaration for the coverage of 'All-students'. No selection shall be permissible by the respective educational institution. The coverage is mandatory for all student(s)
Mid-Term Addition Deletions	Permissible only to the students by the means of 'New Admission'. Deletion by the means of opting out of the educational institution.
Waiting Period	No Waiting Period. All Insured members are covered from Day One (01) in the policy
Group Administrator	The educational institution shall be the Master Policy Holder of the Policy
Geographical Boundary	The coverage shall be restricted to the Geographical Limits within the boundaries of Republic of India (National Coverage)
Nature of Coverage	Pure Hospitalization Cover only. The proximate cause of hospitalization should be 'Emergency' in Nature. Any planned procedures, treatments, surgeries shall NOT be under the scope of cover under this policy
Coverage Specifications	I. Cover Type: Hospitalization Only II. Admissibility: Cashless in Network Hospitals, Reimbursement in Non-Network Hospitals & Pre & Post Hospitalization Claims III. In-patient Hospitalization for Covid_19: Covered IV. Pre-Existing Conditions: Covered from Day One V. Waiver of 30 days, 1st Year Exclusion, 2nd Year Exclusion & 4th Year Exclusion VI. Class of Treatment: Private Room (subject to Clause VII) VII. Room Rent Restriction: 2% of Sum Insured for Normal & 4% for ICU VIII. Pre & Post Hospitalization: Medical Expenses arising 30 days Prior to Hospitalization & 60 days post hospitalization shall be payable IX. Ambulance Charges of INR 2000/- Per Hospitalization event shall be payable X. Dental Treatment: Payable only in case of an accident XI. Vision: LASIX, LASER Procedure, Corrective Treatments shall be payable for up to Rs. 25,000/- per eye in case if the corrective procedure is necessitated for the Insured with reciprocal length / corrective index of + - 7 Diopter XII. AYUSH Treatment: In-patient hospitalization for AYUSH Treatment shall be payable up to the base sum insured

PLAN B – Medclaim Coverage (Optional)

	XIII. Claim Intimation: Not exceeding 7 days post hospitalization
Other Terms	As per the standard medicaid policy wordings of the respective Insurance Company

Requirement of Claim Documents

Permanent (Total or Partial) Disablement Claims-

- i) Report of attending doctor either as a separate document or on the reverse of claim form if provision is made thereof
- ii) Investigation reports like laboratory test, X-rays and reports essential for confirmation of the injury,
- iii) Police reports, wherever necessary
- iv) The extent of disability, whether Permanent Total, Partial, Temporary or any other shall be determined & validated by the Civil Surgeon of the Government which shall be final & binding upon the Insurance Company as well as the insured/ claimant. The entitlement of the compensation, benefit shall be in accordance with the certification by the Civil Surgeon of the Government.

Fatal (Death) accident Claims-

- i) Death certificate
- ii) Post-mortem report
- iii) Coroner's report
- iv) Inquest report wherever necessary / applicable
- v) For Road Traffic accident claims – FIR and final police report
- vi) In case of the Non-availability of the nominee as the Parent/ Guardian (Secondary Insured Member) on the Admission / Enrolment form, the benefit of insurance shall be provided upon the receipt of the 'Legal Heir Certificate' from the respective tahsildar / taluka-office/ district court or as deemed appropriate & amended by the relevant authority.

Accidental Hospitalization-

Report of attending doctor about accidental injury

All the Medical Bills with receipts

All investigation reports with Bills

Discharge Summary

Final detailed Hospital Bill with breakup

IPD papers

For Road Traffic accident claims – FIR or MLC

Note: *Vitamins and tonics are deemed medicines, ONLY if prescribed by the doctor, as a part of treatment.*

General Documents for all the claims-

Duly completed claim form with intimation details

KYC of Institute/Student/Parent- Valid ID Proof & Address Proof

Student Admission Form Copy with Parent details, Fee receipt

Student ID card/ Bonafide Certificate

Any other document as per requirement of Tender, GR and Tripartite Agreement

Any other relevant document as per the merits of the case.

PLAN A: MANDATORY COVERAGE (PERSONAL ACCIDENT INSURANCE)		
Particulars	Deliverables	
Insured Details	Primary Insured Member: The Student studying under the colleges, institutions, universities which are affiliated, associated, administered, categorized under The Higher & Technical Education, Government of Maharashtra	
	Secondary Insured Member: One Parent or the Guardian as mentioned in the college enrolment / admission form	
	The Unit Comprises of ONE (01) Primary Insured Member + ONE (01) Secondary Insured Member	
Sum Insured Ratio	Primary Member (Student): 20%	Secondary Member (Guardian): 80%
Policy Type	The Policy shall be on the 'Named' basis for ONE (01) Student as well as ONE (01) Parent or Guardian mentioned in the enrollment form of the respective educational institution The Insurance Company may ask the respective 'Educational Institution' to provide the data of the primary insured member and/or the secondary insured member during the enrolment and/or before the inception of the Insurance Policy. The Insurance company may also, at its discretion issue an 'Unnamed' policy based on the declaration provided by the respective educational institution	
Enrollment Type	Non-Selection. The educational institution to provide a declaration (online or offline) for the coverage of 'All-students'. No selection shall be permissible by the respective educational institution. The coverage is mandatory for all student(s) and their respective ONE (01) parent/ guardian	
Total Sum Insured PER UNIT (Primary Insured Member + Secondary Insured Member)	INR 1 Lac INR 5 Lacs	
Mid-Term Addition Deletions	Permissible only to the students & their respective Parent/ Guardian by the means of 'New Admission'. Deletion by the means of opting out of the educational institution	
Waiting Period	No Waiting Period. All Insured members are covered from Day One (01) in the policy	
Group Administrator	The educational institution shall be the Master Policy Holder of the Policy	
Geographical Boundary	The Policy shall be 24 x 7 World-wide cover	
Accidental Coverage	Benefits	Compensation as % of the Capital Sum Insured
	Death Only/ Permanent Total Disability	100%
	Loss of One Limb or One Eye	50%
	Loss of Sight on Both Eyes	100%
	Loss of Both Hands and Or Loss of Both Feet	100%
	Loss of one hand and Loss of One foot	100%
	Loss of One Eye and One Hand	100%
	Child Education Grant	10% of Capital Sum Insured

Partial Disablement due to Accident	Loss Covered		Percentage of Sum Insured
	Loss of Use/ Physical Separation: One entire hand		50%
	One entire foot		50%
	Loss of Sight of one eye		50%
	1. Loss of toes – all		20%
	Great both phalanges		5%
	Great – one phalanx		2%
	Other than great if more than one toe lost		1%
	2. Loss of Use of both ears		50%
	3. Loss of Use of one ear		20%
	4. Loss of four fingers and thumb of one hand		40%
	5. Loss of four fingers		35%
	6. Loss of thumb		25%
	Loss of both phalanges - one phalanx		10%
	7. Loss of Index finger - three phalanges		10%
	Loss of two phalanges		8%
	Loss of one phalanx		4%
	8. Loss of middle finger – three phalanges		6%
	Loss of two phalanges		4%
	Loss of one phalanx		2%
	9. Loss of ring finger - three phalanges two phalanges one phalanx		5% 4% 2%
	10. Loss of little finger three phalanges two phalanges one phalanx		4% 3% 2%
	11. Loss of metacarpus -first or second (additional) third, fourth or fifth (additional)		3% 2%
	12. Any other permanent partial disablement		Percentage as assessed by the independent Registered Medical Practitioner
Coverage Specifications	I. Accidental Death Benefit – The payment of Lumpsum amount to the nominee in the event of an accidental death of the beneficiary as described in the table above II. Accidental Permanent Disability Benefit - The payment of Lumpsum amount to the nominee in the event of an accidental permanent disability of the beneficiary as described in the table above III. Accidental Partial Disability Benefit- The payment of Lumpsum amount to the nominee in the event of an accidental partial disability of the beneficiary as described in the table above		

	IV. Child Education Welfare / Children Education Grant - In the event of death or permanent total disablement of the Insured Parent/ Guardian due to an Accident as defined, the Insurance Company shall pay 'Child Education Grant' for the Student enrolled in the policy an additional compensation of a lumpsum pay out of 10% of the Capital Sum Insured once per event, per policy period V. Accidental Hospitalisation Benefit: A cashless hospitalisation benefit across the network of empanelled hospitals (Pan-India) in case of bodily injuries to the primary insured member or the secondary insured member the expenses towards the treatment during the hospitalization for up the maximum of INR 50,000/- (Primary Plus Secondary insured) floater amount Per policy period. In case of the hospitalization event at the non-network/ non-empanelled hospital, the insured can claim for the reimbursement of expenses from the Insurance Company towards the treatment undertaken at the hospitalisation due to accident. The policy shall cover only medicinal expenses including (not limited to); Room/ ICU Charges, Doctor's Fees, Cost of Investigation, Pharmacy Charges, Nursing Charges. All non-medical expenses, consumables shall not be payable under the policy
Policy Exclusions	I. Suicide or Attempt of Suicide II. Intentional Self Injury III. Pregnancy or Childbirth IV. Bleedings from the inner organs V. Aviation, other than as a passenger VI. Participation in Motor Rallies, Adventure Sports VII. War, including civil war VIII. Natural Death IX. Terrorism, except attack by Naxalites X. Any Accidental Event Under the influence of alcohol, drugs, psychotropic substances XI. Accidents Arising out of event of misfeasance XII. Nuclear Radiation or Nuclear Weapons Materials XIII. Murder by immediate beneficiary
General Terms & Conditions	I. The claims shall be settled whether Approved, Repudiated or Shortfall within 21 days of the receipt of the Duly Completed Claim Form with the relevant documents. If there is any additional requirement in the insurance claim, the letter should be forwarded to the concerned claimant or the representative of the claimant along with the copy to the representative of the Integrated Risk Insurance Brokers Limited II. The Claim Intimation shall be provided to the Insurance Company favorably within 15 days of the occurrence of the incident/ accident & No Later than 120 days of the occurrence of the incident/ accident. The Insurance Company shall NOT be responsible for payment of

	claims to the beneficiary for any claims submitted after 120 days from the date of Occurrence of Accident/ Incident III. After sanctioning the claim amount, the Insurance Company shall deposit the 'Compensation' in INR (Indian Rupees) within 15 days via NEFT/ RTGS/ IMPS or any other electronic mode of payment as permissible by the Banking Regulations IV. In case of the Non-availability of the nominee as the Parent/ Guardian (Secondary Insured Member) on the Admission / Enrollment form, the benefit of insurance shall be provided upon the receipt of the 'Legal Heir Certificate' from the respective tahsildar / taluka-office/ district court or as deemed appropriate & amended by the relevant authority V. The extent of disability, whether Permanent Total, Partial, Temporary or any other shall be determined & validated by the Civil Surgeon of the Government which shall be final & binding upon the Insurance Company as well as the insured/ claimant. The entitlement of the compensation, benefit shall be in accordance with the certification by the Civil Surgeon of the Government Any violations to the Claim Settlement methodology, timelines, dispute shall be resolved by the Nodal Agency (Integrated Risk Insurance Brokers Limited). The Nodal Agency shall take up the 'unresolved disputes' with the IRDA and/or the Ombudsman as deemed appropriate and necessary
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