**MIP-13 : JANATA PERSONAL ACCIDENT SUKSHMA BIMA POLICY**

Whereas the Insured named in the schedule hereto (here in after called – THE INSURED) has applied to the New India Assurance Company Limited (here in after called “THE COMPANY” for the insurance here in after set forth in respect of the personal as per schedule attached hereto (here in after called the insured person/s) and has paid to the Company the premium here in stated for the Insurance of the risk here in after specified, occurring during the period stated in the schedule.

Now the policy witnessed that subject to the Term, Provisions, Exclusions, Definitions and conditions herein expressed or contained or hereon endorsed the company will indentify the insured as hereinafter mentioned.

If the Insured person shall sustain any Bodily Injury resulting solely and directly from Accident caused by outward, violent and visible means, then the company shall pay to the Insured the sum or sums hereinafter set forth that is to say:

a. If such Injury shall within one Calendar Year of its occurrence be the sole and direct cause of the death of the Insured person the Capital sum Insured in the Schedule hereto.

b. If such injury shall within one calendar Year of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of both eyes, or total and irrecoverable loss of use of hands or two feet or one hand and one foot, or for such loss of sight of one eye and such loss of use of one hand, one foot the Capital Sum Insured stated In the Schedule hereto.

c. If such injury shall within one calendar Year of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of one eye, or total and irrecoverable loss of use of a hand or a foot, fifty percent (50%) of the capital sum Insured in the schedule hereto.

That no difference or dispute shall be referable to arbitration as herein fore provided If the company has disputed or not accepted liability under or in respect of this policy.

It is also hereby further expressly agreed and declared that if the company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject of a suit in a court of law then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable here under.

**PROHIBITION OF REBATES**

The following is a copy of section 41 of the insurance Act. 1938.

1. No person shall allow, or offer to allow. either directly or indirectly as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebates of premium shown on the policy, nor shall any person talking out or renewing or continuing a policy accept any rebate, except such rebate. as may be allowed in accordance with the published prospectus or table of the insurer provided that acceptance by an insurance agent of commission in connection with a policy of Life insurance taken out by himself on his own life shall not be demand to be acceptance of a rebate of premium within the meaning of the sub-section if at the time of such acceptance the insurance Agent satisfies the prescribed conditions establishing that he is bonafide Insurance Agent employed by the Insurer.
2. Any person making default in compiling with the provision of this section shall be punishable with fine which may extend to five hundred rupees.

**CONDITIONS**

1. Upon the happening of any event which may give rise to a claim under this policy the Insured shall forthwith give notice thereof to the company. Unless reasonable cause is shown, the Insured should within one calendar month after the event which may give rise to a claim under the policy. Company with full particulars ·of the claims.
2. Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical or other agent of the Co. shall be allowed to examine the person of the Insured on the occasion of any alleged injury or disablement when and as often as the same may reasonably be required on behalf the company and in the event of death. to make a post-mortem examination of the body of the Insured and such evidence as the company may from time to time required (Including a post-mortem examination, if necessary), shall be furnished within the space of fourteen days after demand in writing and in the event of a claim in respect of loss of sight, the Insured shall undergo at the company's expense such operation or treatment as the company may reasonable deem desirable.
3. No sum payable under this policy shall carry interest.
4. The company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement or device whether by the insured person or any person on behalf of the insured person.
5. The company may at any time by notice In writing terminate this policy provided that the company shall in that cue return to the Insured the then, last paid premium in respect of such persons in respect of whom no claim has arisen, less pro-rata part thereof for the portion of the current insurance period which shall have expired, Such notice shall be deemed sufficiently given If posted addressed to the Insured at the address lilt registered In the company's books and shall be deemed to have been received by the insured at the time when the same would be delivered in the ordinary course of post.
6. If any difference shall arise as to the quantum to be paid under thl.1 policy (liability being otherwise admitted) such difference shall be referred to arbitration in accordance with the provision of the Indian Arbitration Act, 1940, as amended from time to time and for the time being in force, it is clearly agreed and understood.
7. If such injury shall as a direct consequence thereof immediately, permanently, totally, and absolutely disable the/an Insured person from engaging in being occupied with or giving attention to paid employment or occupation of any description whatsoever, the capital sum Insured stated in the schedule hereto.
8. The Company may at any time by 15 days notice in writing cancel this policy on grounds of Mis-representation, Fraud, Non-disclosure of Material Facts or non-co-operation of the Insured, in which case the Company shall return the premium on pro-rata basis. This policy may be terminated at any time at the request of the Insured and the Company will refund the premium on short period scale (Table given here below). Once the claim is made under the policy no refund of premium is permissible. Under Floater policy no refund is permissible for the individual member.

|  |  |
| --- | --- |
| **Period on Risk** | **Rate of Premium to be charged** |
| Upto One-Month | 1/4th of the annual rate |
| Upto Three Months | 1/2 of the annual rate |
| Upto Six Months | 3/4th of the annual rate |
| Exceeding Six Months | Full Annual rate |

**PROVISION**

Provided always that the company shall not be liable under this policy for

1. Compensation under more than the foregoing sub-clauses (a). (b), (c) or (d) in respect of the same injury or disablement of the/an Insured person.
2. Any payment in excess of sum Insured under the policy during anyone period of insurance for anyone Insured person.
3. Payment of compensation in respect of injury or disablement directly or Indirectly arising out of or contributed to ,by or traceable to any disability existing on the date of Issue of this policy.
4. Payment of compensation in respect of death, disablement of the Insured from (a)   
   intentional self Injury, suicide or attempted suicide (b) whilst under the influence of   
   Intoxicating liquor or drug, (c) Directly or Indirectly caused by Insanity. (d) Arising or resulting from the Insured committing any breach of the law with criminal Intent.
5. Payment of Compensation In respect of Death, 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 not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all kings, princes and people of whatsoever nation, condition or quality.
6. Payment of Compensation in respect of Death offer Disablement of the Insured person, directly or indirectly caused by or contributed to by, or arising from or traceable to ionizing radiations or contamination by radioactivity from any source whatsoever or from nuclear weapons material.

Provided also that the due observation and fulfillment of the terms and conditions of this policy (which conditions and an endorsements hereon are to be read as part of this policy) shall so far as they relate to anything to be done or not to be done by the insured any by the/an Insured person specified in the Schedule hereto be a condition precedent to any liability of the Company under this policy.

**For The New India Assurance Co. Ltd.,**

**Duly constituted Attorney (s)**

**MIP-13 : JANATA PERSONAL ACCIDENT SUKSHMA BIMA POLICY**

Whereas the insured named in the Schedule hereto (Hereinafter called “The insured”) has applied to the New India Assurance Company limited (hereinafter called “The Company” for the insurance hereinafter set forth in respect of the persons as per schedule attached hereto (hereinafter called the insured Person/s) and has paid to the Company the premium herein stated for the insurance of the risks hereinafter specified occurring during the period stated in the schedule.

Now this policy witnessed that subject to the Terms, Provisions, Exclusions, Definitions and conditions herein expressed or contained or hereon endorsed the Company will indemnify the insured as hereinafter mentioned.

If at any time during the currency of this policy the insured person specified in the Schedule sustains any bodily injury resulting solely and directly from accident caused by external, violent and visible means, then the company shall pay to the insured the sum hereafter set forth that is to say:

If the insured person shall sustain any Bodily injury resulting solely / and directly from Accident caused by outward, violent and I visible means, then the company shall pay to the insured the sum or sums hereinafter set forth that is to say :

(a) It such injury shall within one calendar year of its occurrence be the sole and direct cause of the death of an insured person the capital sum insured in the Schedule hereto.

(b) If such injury shall within one calendar year of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of both eyes, or total and irrecoverable loss of use of hands or two feet or one hand and one foot, or for such loss of sight of one eye and such loss of use of one hand, one foot the capital sum insured stated in the schedule herein.

(c ) If such injury shall within one Calendar year of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of one eye, or total and irrecoverable loss of use of a hand or a foot, fifty per cent (50%) if the capital sum insured in the schedule hereto.

(d) If such injury shall as a direct consequence thereof immediately, permanently, totally, and absolutely disable the / an insured person from engaging in being occupied with or giving attention to paid employment or occupation of any description whatsoever, the capital sum insured stated in the schedule hereto.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | |  | The Schedule | Source of Issue |  | | Agent : | Insp. | B.O.: | D.O.: | | Code: | Code: | Code: | Code: | | Policy No. | Insured: Shri/Smt/Kum. Male  Female | | | | Capital Sum Insured Rs. | | Address | | | Period of Insurance  From :AM/PM pm  To : 12 Noon on | Premium | Age Last Birthday Year | | | Occupation Code : | | | | Nominee  Name :  Age :  Address : | 1. Name & Address | Witness to nomination 2. | | | Relationship |   IN WITNESS WHEREOF the undersigned being duly authorised by Directors of the company and on behalf of the company has/ have hereinto set his/their hand at this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 19 \_\_\_\_\_\_\_\_\_\_\_\_  For THE NEW INDIA ASSURANCE COMPNAY LIMITED    Duly constituted Attorney (s)   |  |  | | --- | --- | | 64 VB COMPLIANCE  Certified that full and final premium under this policy has been collected in compliance with action 64 VB of the Insurance Act 1938 and Rules 58/59 of the insurance Rules, 1938. As per details below:   |  | | --- | | STAMP |   Mode of Payment : CASH / CHEQUE  Date of Payment : \_\_\_\_\_\_\_\_\_\_ Amount Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Receipt No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If paid by Chq. Date of credit to the Co’s account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For The New India Assurance Co. Ltd.,  Duly Constituted Attorney (s) | |

**MIP-13 : JANATA PERSONAL ACCIDENT SUKSHMA BIMA POLICY**

**PROPOSAL FORM**

1. Name of Proposer Mr/Mrs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Annual Income:Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. If there is any disability Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Name of nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. His/Her Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Relation with Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. His/Her full address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Witness to Nomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Capital Sum Insured: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Policy Period (1 year to 5 years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Period of Insurance: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_

**Place: \_\_\_\_\_\_\_\_\_\_\_ Proposer’s Signature**

**MIP-13 : JANATA PERSONAL ACCIDENT SUKSHMA BIMA POLICY**

**CLAIM FORM**

The issue of this form is not to be taken as an Admission of liability.

CLAIM NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION I (TO BE FILLED IN FOR ALL CLAIMS)**

1. (a) Insured’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(C) Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. (a) Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Period From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) Issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. (a) Particulars of accident: Date Time Place

Whether reported to Police Yes/No

(b) Details

4. (a) Were you removed to hospital immediately after the accident? Yes/No

(b) If yes, address of the hospital

1. (a) Do you have any other Janata Personal Accident Policy? Yes/ No

(i) If yes, Name of the company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ii) Policy No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iii) Period \_\_\_\_ yrs From \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_

(iv) Issued at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Are you entitled to recover medical/hospitalisation expenses under any other

medical/hospitalisation scheme?

If yes, (i) Nature of scheme:

(ii) Amount paid or payable:

**SECTION II (TO BE FILLED IN BY HOSPITAL AUTHORITIES)**

1. Name and address of the hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Nature of injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Particulars of treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Has the accident resulted into loss of hand/s or foot/feet or eye/s 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?

If yes, please give details

6. Hospital expenses (Please attach original bills)

Date \_\_\_\_\_\_\_\_\_\_\_\_

Rubber Stamp of Hospital Signature of the Competent Authority

Of Hospital/Nursing Home

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Details of Nominee

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with the deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Nominee

Please attach the following documents:

1. Death certificate
2. Post Mortem Report
3. Original Policy document with receipt

Declaration to be signed by the Insured/Claimant or by a 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 if, shall make false or untrue statement, suppression or concealment, my/our right to compensation shall be forfeited.

I/WE ALSO HERE DECLARE that I am /we are accepting the amount in full discharge of your obligations under the policy to the insured and/or his/her legal heirs and 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MIP-13 : JANATA PERSONAL ACCIDENT SUKSHMA BIMA POLICY**

**(PROSPECTUS)**

Any person irrespective of sex, occupation and profession in the age group of 10 to 70 years may be covered under JANATA PERSONAL ACCIDENT POLICY.

**SCOPE OF COVER:**

This insurance will pay to the Insured (or in case of death, to the assignee) the amount shown against the table of benefits, if the Insured shall sustain any bodily Injury resulting solely and directly from accident caused by outward violent and visible means and such bodily Injury within the twelve calendar months of its occurrence be the sole and direct cause of:

|  |  |  |
| --- | --- | --- |
|  | **Table of Benefits** | **Sum Insured Payable** |
| i) | Death | 100% of Sum Insured |
| ii) | Total and irrecoverable loss of sight of both eyes or losses of use of two hands or feet or loss of sight of one eye and loss of use of one hand or foot. | 100% of Sum Insured |
| iii) | Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot. | 50% of Sum Insured |
| iv) | Permanent Total Disablement due to accident. | 100% of Sum Insured |

**SUM INSURED:**

The policy may be issued for minimum sum insured of Rs. 25,000/- per person per annum and the maximum sum insured is to be limited to Rs.50,000/- per person per annum.

**PREMIUM:**

The rate of premium is Rs.15/- for a sum insured of Rs. 25,000/-. The sum insured shall be increased in multiples of Rs.25,000/- and premium is charged accordingly.

**Group Discount:**

The applicable group discount is as under: -

|  |  |
| --- | --- |
| **Number of Persons** | **Discounts%** |
| 101-500 | 2.5 |
| 501-1000 | 5.0 |
| 1001-2000 | 7.5 |
| 2001 and above | 10.0 |

Group insurance policy should be issued only in respect of the named Groups. For the purpose of availing of Group Discount and other benefits the proposed “Group" should fall clearly under any one of the following categories:

* Employer-employee relationship including dependents of the employee.
* Pre identified segments/groups where the premium is to be paid by the State/Central Governments.
* Members of a registered co-operative society.
* Members of Registered Service Clubs.
* Holders 'of credit cards of Banks/Diners/Master/Visa.
* Holders of Deposit Certificates issued by Banks/NBFC's.
* Shareholders of Banks I Public Limited Companies.
* In case of proposals relating to any further category different from the seven notified categories, they may be deliberated and decided upon by a Central Committee comprising a nominated HO Technical Manage each from the Companies and GIC.
* No Group Discount can be offered on the 'anticipated group size. Group Discount is to be considered and worked out only on the actual number of members registered in the 'Group' at the time of taking out the policy.
* Under no circumstances claims under such policies can be paid to anyone other than the individual insured.
* Wherever group policies for higher Sum Insured are needed. the same shall be covered under Personal accident policy.

**LONG TERM DISCOUNT:**

|  |  |
| --- | --- |
| **Term of the Policy (Years)** | **Discount (%)** |
| 1 | Nil |
| 2 | 5 |
| 3 | 10 |
| 4 | 15 |
| 5 | 20 |

**SPECIAL CONDITION:**

All discounts including other technical discounts / deductions if any granted in addition to Group Discount, Long Term Discount, Special Feature Discount, No Claim Discount and/or discounts / deductions of any other nature **(except Special Discount in lieu of Agency Commission)** in aggregate should not exceed 30% under any circumstances.

**EXCLUSIONS:**

1. Any existing disability.
2. Death injury or disablement due to intentional self injuries, suicide or attempted suicide.
3. Disablement or death under influence of intoxicating liquor or drug.
4. Death or disablement during racing, shooting, big game hunting, mountaineering, ice hockey, winter sports.
5. Insanity
6. Breach of law with criminal intention.
7. War Group of perils.
8. Nuclear group of perils.

**IMPORTANT UNDERWRITING INSTRUCTIONS**:

1. The Policy In respect of Individual or Group JPA should be issued for a   
   maximum period of 3-5 years.
2. In case of long term policy, the premium is to be collected in one lump sum   
   amount in advance.
3. No refund of premium will be allowed even if the claim arises in the earlier years under long term policy.
4. No renewal of group policy should be encouraged where loss ratio is 70% and above.
5. PTD should be covered 'as per existing JPA policy and only Death cover should not be given.

**CLAIMS PROCEDURE:**

1. Immediate notice to be given 'to the Policy issuing office.
2. Claim Form to be submitted with medical certificate and bills.
3. For death Claim Nominees should submit:
   1. Death Certificate
   2. Original Policy
   3. Claim Form
   4. Postmortem Report
   5. Police Report if complaint is lodged.
4. Claims of person presumed to be dead due to drowning, may be settled   
   after two years of the submission of the following documents:
   1. Police report and final investigation report.
   2. Report of findings by Customs/Port Authorities.
   3. Affidavit duly notarized.
5. Subject to above, claims of persons of fishing vessels which is missing or   
   a total loss will be presumed dead and claim settled accordingly.

**STAMP DUTY:** 10 Paise per Rs.1,000/- Sum insured.