

**Government of Himachal Pradesh
Finance (IF) Department.**

No.Fin-IF(F)9-5/2011 Dated:Shimla-171002, the 18th Nov,2011

The Governor, Himachal Pradesh is pleased to renew the Group Personal Accident Insurance Scheme for Regular, Adhoc, Part-time, Contractual and Daily Waged employees of Government Departments, Boards, Corporations, Universities and Autonomous Bodies on compulsory basis for a period of one-year w.e.f. 18.11.2011. The scheme would be implemented by the State Government through Heads of Departments.

Salient features of the scheme are as under:-

1. Premium Rs. 80/-p.a.per employee
2. Coverage
 - i) Any kind of accident (Post Mortem Report and FIR is compulsory)
 - ii) Drowning, washing away in floods, landslides, snakebite, earthquakes & cyclone.
 - iii) The cover is available on twenty-four hour basis and includes all types of accidents arising anywhere, that is, at home, in public, whilst engaged in any occupation/vocational activity and/ or travelling by any mode of conveyance, directly caused by external violent & visible means in sudden, unforeseen manner.
 - iv) Natural deaths, i.e. deaths not occurring due to accidents are however not covered under the scope of this scheme.
3. **Sum assured/Benefits in case of accident:-**

(a) Death	Rs.2.00 Lakh
(b) Permanent total disablement	Rs.2.00 Lakh
(c) Loss of one limb+ one eye	Rs.2.00 Lakh
(d) Loss of one limb/eye	Rs.1.00 Lakh

A. Mode of premium payment

1. Since the scheme is implemented on compulsory basis, each & every DDO(s) would ensure deduction of Rs.80/- as premium from each employee from the salary for the month of Nov, 2011 or earlier in one installment only and the same will be deposited in receipt Head 0235-60-105-02 positively.
2. The Boards/Corporations/Universities/Autonomous Bodies will also deposit the premium in above stated Receipt Head in respect of their employees who are being paid salaries by these organizations.

B. Procedure for claims

The concerned DDO(s) shall prefer the claims to their Head of department. The following documents will required to be attached with the claim form duly countersigned by the concerned DDO.

(i) In case of death

- (a) Intimation from heir of deceased within 30 days of occurrence;
- (b) Claim form along with copy of FIR, post mortem report by appropriate authority;
- (c) Death certificate issued by the appropriate authority
- (d) Legal heir certificate issued by the appropriate authority.

(ii) In case of injury;

- (a) intimation from claimant;
- (b) Claim form;
- (c) Treatment & disability certificate in event of permanent disability/Permanent Partial Disability.

Specific proof of deduction & deposit of premium in designated receipt Head in respect of beneficiary.

In the event of claim(s) the concerned HOD(s) will decide/settle the claims at their own level on being satisfied that claims falls within the scope of the scheme as explained in Para 2 of this guideline.

The payments of compensation shall be made to the nominee(s) or legal heirs of the deceased by the concerned Head of Departments.

In case of claims under the scheme from Boards/ Corporations/Universities/ Autonomous Bodies the claims will be settled by their respective Administrative Departments. Specimen Copies of claim intimation letter & claim form is enclosed as per Annexure I & II.

The HOD/ AD shall ensure that relevant documents as mentioned at B (i) or B (ii) as may apply to the particular case are attached with the claim form.

By order

Dr. Shrikant Baldi
Pr. Secretary (Finance) to the
Govt. of Himachal Pradesh.

No.Fin-IF(F)9-5/2011, Dated:Shimla-171002,the 2011.
Copy for information & necessary action to:-

- All Administrative Secretaries to the Govt. of Himachal Pradesh.
- All the Heads of Departments.
- Registrar General, H.P. High Court, Shimla.
- The Director, Treasuries and Accounts with 120 copies for circulation to all the treasuries in the State so that recovery of premium is ensured.
- All Deputy Commissioners in Himachal Pradesh.
- All Boards/ Corporations/Universities/ Autonomous Bodies in H.P.
- Controller, Printing & Stationery Department, H.P. for publication in the extra ordinary Raj Patra.

Deputy Secretary(Finance) to the
Government of Himachal Pradesh

CLAIM INTIMATION LETTER

To
The Director,

**Sub:- INTIMATION OF LOSS UNDER GROUP PERSONAL
ACCIDENT INSURANCE SCHEME FOR GOVT.
EMPLOYEES.**

Sir,

It is to intimate to you that
Sh.....s/o
Sh.....R/o.....working
as.....in.....
.....posted at.....has died/lost following body
parts Suffered permanent total disability/permanent
partial disability due to accident
of.....on Dated.....You
are requested to register the claim at the earliest in favour of insured under
the captioned scheme.

Thanking You
(_____)
SIGNATURE
(Not in case of death)

Countersigned by Head of the
Office/Department

Documents to be submitted in event of claim:

- Claim intimation immediately after knowledge of occurrence.
- Claim Form along with: -
- Copy of FIR
- Post Mortem report in the event of death/death certificate from competent authority.
- Treatment/disability certificate in the event of Permanent Disability/Permanent Partial Disability.

NOTE:- ALL DOCUMENTS SHOULD BE DULY ATTESTED BY HOD.

CLAIM INTIMATION LETTER

1. NAME OF INSURED: _____
DESIGNATION: _____
PARENTAGE _____
RESIDENTIAL ADDRESS _____

POSTED AT _____
DEPARTMENT _____
PREMIUM PAID ON _____

2. AGE; _____ SEX _____
DATE OF ACCIDENT _____ TIME OF ACCIDENT _____
HOW DID ACCIDENT OCCUR: _____
WITNESS OF ACCIDENT _____ HIS NAME _____
ADDRESS _____

3. NATURE OF INJURY RECEIVED _____
NATURE OF DISABLEMENT _____
NAME & ADDRESS OF HOSPITAL _____
PRESENT STATE OF INJURY/HEALTH _____

4. DETAIL OF POLICY REPORT LODGED
WITH FIR NO AND DATE; _____
ULTIMATE LOSS; _____ (loss of body parts,PTD)
DETAIL OF BODY PARTS LOST: _____
DETAIL OF PERMANENT TOTAL DISABILITY) _____
POSTMORTEM /TREATMENT TAKEN FROM: _____

5. *I hereby declare that the foregoing statements are true to the best of my knowledge and belief and I have not attempted to conceal any relevant pertinent information. In case of any false/ fraudulent /untrue averment whatsoever the said policy shall be void ab-inito and my right /my claim for compensation will be forfeited.*

(_____)
SIGNATURE

(Not in case of death)

Dated: Countersigned by Head of the
Place:

(_____)
Office/Department

FOLLOWING DOCUMENTS ENCLOSED IN SUPPORT OF THIS CLAIM

- FIR
- POST MORTEM REPORT
- BRIEF ACCIDENT REPORT BY THE DEPARTMENT
- ANY OTHER DOCUMENT

