

No.Fin-IF(F)9-5/2009

Dated:Shimla-171002, the

18th,Nov,2009

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 Govt. Departments, Boards, Corporations, Universities and Autonomous Bodies on compulsory basis for a period of one-year w.e.f. the date of issue of this Notification. The scheme would be implemented by the State Government itself through Heads of Departments i.e concerned Directorates.

Salient features of the Scheme are as under: -

1. Premium Rs. 50/- p.a. per employee
2. Coverage
 - i) Any kind of accident.
 - ii) Drowning, washing away in floods, landslides, insect bite, snakebite, earthquakes & cyclone.
 - iii) The cover is available on the twenty-four hour basis and includes all types of accident arising anywhere that is at home, in public, whilst engaged in any occupation/ vocational activity and/ or traveling by any mode of conveyance, directly caused by external violent & visible means in sudden, unforeseen manner.

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. 50/- as premium from each employee from the salary for the month of Nov, 2009 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 claims through Head of department. The following documents will required to be attached with the claim form duly countersigned by the HOD.

• **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;**

- Intimation from claimant;
- Claim form;
- 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 seek funds from the Finance Department (IF) through their ADs to settle the claims. The payment of compensation shall be made to the nominee(s) or legal heirs of the deceased by the concerned DDO.

In case of claims under the scheme from Boards/Corporations/ Universities/ Autonomous Bodies the demand for funds will be routed through their Administrative Departments.

Specimen copies of claim intimation letter & claim form is enclosed as per Annexure I & II.

By order

Ajay Tyagi

Pr. Secretary (Fin) to the
Govt. of Himachal Pradesh.

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Copy for information & necessary action to: -

All Administrative Secretaries to the Govt. of H.P.

All the Heads of Departments.

- 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 H.P.

All Boards/Corporations/Universities/Autonomous Bodies in H.P.

- AGHP., Shimla-171003.
- Controller, Ptg. & Stationary Department, HP for publication in the extra ordinary Raj Patra.

Dy. Secretary (Fin) to the
Govt. 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 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:

Place:

(_____)

Countersigned by Head of the
Office/Department

FOLLOWING DOCUMENTS ENCLOSED IN SUPPORT OF THIS CLAIM

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