

Group Personal Accident Insurance Policy at Bank's Cost for Staff from 01.04.2023 to 31.03.2024

The Group Personal Accidental (GPA) Insurance Policy at Bank's cost for the Staff members of the Bank has been renewed for the period 01.04.2023 to 31.03.2024. The details of the policy are as under:-

A. Sum Insured:

S. No.	Grade /Scale	Sum Insured (Amount in Lakh)
1	MD&CEO, ED, CVO	150
2	Scale VI to VIII	75
3	Scale IV to V	50
4	Scale I, II & III	25
5	Workmen Staff	15

B. Benefits Covered:

S. No.	Table of Benefits	Percentage of Capital Sum Insured
1	Accidental Death	100
2	Permanent Total Disability	150
3	Permanent Partial Disablement	Covered as per the percentage defined below in the table
4	Dismemberment	Covered as per the percentage defined below in the table
5	Permanent total loss of two limbs	100
6	Permanent and incurable insanity	100
7	Permanent total loss of sight in both eyes	100
8	Permanent total loss of sight of one eye and one limb	100
9	Permanent total loss of speech	100
10	Complete removal of the lower jaw	100
11	Permanent total loss of mastication	100
12	Permanent total loss of the central nervous system or thorax and all abdominal organs resulting in the complete inability to engage in any job and inability to carry out daily activities essential to life without full time assistance	100
13	Permanent total loss of hearing in both ears	75
14	Permanent total loss of one Limb	50
15	Permanent total loss of sight in one eye	50
16	Permanent loss of hearing in one ear	15
17	Permanent total loss of lens in one eye	25
18	Permanent total loss of use of four fingers and thumb of either hand	40
19	Permanent Total Loss of use of four fingers of either hand	
	a) Both joints	20
	b) One joint	10
20	Permanent total loss of one finger of either hand	
	a) Three joints	5
	b) Two joints	3.5
	c) One joint	2
21	Permanent total loss of use of toes	
	a) All – one foot	15
	b) Big – both joints	5
	c) Big – One joint	2
	d) Other than Big – each toe	2
22	Established non-union of the fractured leg or knee cap	10
23	Shortening of leg by at least 5 cms	7.5
24	Ankylosis of the elbow, hip or knee	20
25	Any other Permanent Partial Disablement	% as assessed by Govt. panel doctor
26	Temporary total disablement benefit are the rate per week for a period of confinement or part thereof	1% of CSI subject to maximum of INR 10,000/-, INR 15,000/- & INR 20,000/- per week for maximum of 100 weeks for CSI up to INR 10.00 Lakh, INR 15.00 Lakh & INR 20.00 Lakh respectively.

Terrorism	To be covered as per the sum insured including Naxal violence, mobviolence, riots etc.
Medical Extension	10% of CSI or 40% of admissible claim or actual, whichever is lower.
Additional Coverage	<ol style="list-style-type: none"> 1. Education Benefit: 10% of CSI or 1 lakh whichever is lower without any capping on each child 2. Funeral Expenses: Rs.5,000/- 3. Medical Expenses: Reimbursement up to 10% of CSI per person / per event 4. Body Repatriation: Reimbursement up to Rs.25,000 for India and INR 1 Lakh for overseas 5. House alteration & vehicle modification upto Rs.75,000 6. Expenses for external aids like prosthesis/ Artificial Limbs/ Device etc up to Rs.100,000 7. Cost of supporting items like crutches, stretcher etc INR 10,000/- 8. Snake, Rat, Insect Bite, Animal Bite leading to Death or disablement. Medical expenses covered too for the above mentioned animal bite cover. Dependent Travel Cover in case of Death up to Rs.20,000 9. Ambulance Cover for Rs.10,000/- per event 10. Air Ambulance Cover up to INR 1,00,000 11. Death / Disability related to burns including medical expenses incurred due to any degree of burns sustained due to an accident. 12. There should be no per-incident capping 13. Omission to insure up to 5% of the total Sum Insured value and 5% of the total number of employees covered. 14. Shortfall in sum insured at any specific grade will be ignored so long as the total policy sum insured is adequate. 15. Sufficient CD balance shall be maintained by PNB with the insurer at all times. 16. Pro-rata premium adjustment shall be made to cover/ accommodate any addition / deletion of number of employees / sum insured value during the policy period from the date of joining / resignation of the employees. PNB will share Monthly declaration of total employee strength with sum-insured value. Insurer shall not request for any interim declaration of employee strength within a month or in case of a claim. 17. All claims where accident has occurred within policy period and death has occurred within the policy period or after the expiry of the policy, but has occurred due to the accident that occurred within the policy period as the proximate cause shall be entertained by the insurance company. 18. Girl Child marriage coverage 18-25 years: 10% of the PA cover max up to 2 lakhs for one girl only.

(Human Resource Management Division Circular No. 702/2023 dated 06.05.2023)

CLAIM FORM

PERSONAL ACCIDENT INSURANCE POLICY



Trusted Since 1906

Policy Issuing Office	
Policy No.	
Claim No.	
Agency Code	

The Claim Form is to be completed by the Insured. If unable to complete the form it may be filled up on his behalf. In case of Group Personal Accident Policy the information asked for should relate to the injured covered under the policy.

1. Name of the Insured (in full)

2. Name of the Injured
(In case of Group Personal Accident policy)

3. Age of the Insured / injured person
(Last birthday)

4. Address in full

5. Profession or Occupation of the Insured/
injured person

6. State of following

(a) Date of Accident	(b) Time of Accident	(c) Where Accident happened?

7. State how the accident occurred

8. State as fully as you can the nature and extent of the injuries sustained

8. Give the name and the address of the Doctor/ Hospital/ Nursing Home where the Insured / the injured person for these injuries is being treated. Has any other Medical man been consulted?

10. When and where can the Insured of the injured person be visited (if necessary) by an Officer or an Official of the Company?

11. Was the Insured / Injured Person in good health and free from physical defect or infirmity at the time of the accident?

12. Is a claim being made any other Personal Accident Insurance? If so, please state the name and address of the Insurance Company its Policy Number.

DECLARATION

I hereby declare that the foregoing statements are made myself and are true in all respect and that I have not attempted to conceal from the Company anything with which it ought to be made acquainted and I agree that if I have made, or in any further declaration the Company may require shall make any false or fraudulent statement or any suppression concealment or untrue averment whatever the Policy shall be void and my right to compensation forfeited and I am willing, if required, to make a statutory Declaration before a Justice of Peace of the of truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

Signature of Insured or Injured Person

Date:
Witness

Name	Address	Signature

MEDICAL CERTIFICATE

(ATTENDING DOCTORS REPORT)

FOR OFFICE USE ONLY

CLAIM NO.

POLICY NO.

1 a) Name and Age of Injured Person

b) Address of the Injured Person

2 Describe nature and extent of Injuries

3 Cause of the accident so far as it is known to you.

4 (a) When did you first attend injured person following the accident?

(b) Are you still attending on him?

5 Are you his usual Medical Attendant? If you have treated him for any previous illness or injury. Please give details

6 (a) Are his injuries

(i) solely due to the accident **OR**

(ii) traceable to any disease, infirmity. Previous injuries or anyother cause?

(b) is the injured person suffering from any disease or injury (apart from this injury) which directly or indirectly

(i) may have contributed to the accident **OR**

(ii) is likely to retard his recovery from the injuries **OR**

(iii) is to aggravate his condition?

7. Was he to your knowledge under the influence of intoxicant or drugs at the time of accident?

(a) According to you how long has the injured person to be confined to bed/house as the direct and sole consequence of the injuries sustained?

(b) During this period will the injured person be able to attend to any portion of his normal duties? If so, from what date?

(c) If not please state probable date of

(i) his being able to attend to any portion of his normal duties

(ii) his resumption of his normal duties fully

8. Any other remarks you wish to

I hereby certify that the injuries sustained by the Person mentioned above are in accordance with the nature of the accidents as described to me and that I treated him for the said injuries.

Doctor's Name _____ Reg. No. _____ Qualifications _____

Address _____

Date _____ Doctor's Signature _____

Note: The fee, if any for this Report will be by the injured person.

To be completed by the office	<p>Forwarded to NATIONAL INSURANCE COMPANY LIMITED</p>	
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INTIMATION FORMAT:-

Sr. No.	Description	Remarks
1	Policy No.	360800422310000009
2	Name of Employee	
3	Date of Accident	
4	Date of Death (if Applicable)	
5	Cause of accident:	
6	Place of accident:	
7	Designation / Scale/ Category of Employee	
8	Location of employee:	
9	Contact person name at branch and circle office	
10	Contact Person at CO	

