



PFRDA/05/1/0005/2018-HR

22.02.2024

To

Various General Insurance companies

Subject: - Inviting bids from IRDAI registered Insurance companies for providing Group Personal Accident (GPA) policy for officers/staff members of the Pension Fund Regulatory and Development Authority – reg.

Pension Fund Regulatory and Development Authority (PFRDA) is a statutory regulator established under PFRDA Act, 2013 to promote old age income security by establishing, developing and regulating Pension Funds and to protect the interest of subscribers to scheme of pension funds, with its Office located at New Delhi. PFRDA proposes to avail a Group Personal Accident (hereinafter 'GPA') policy for its officers/staff members for a period of one year, i.e. from **01.04.2024 – 31.03.2025**.

2. At present, the coverage under the GPA policy is to be provided to a total of 94 staff members for a capital sum insured of **Rs. 1,46,69,55,840/-**. The list of the officials/staff members along with the respective sum insured, next of kin (nominee), date of birth etc. is enclosed as **Annexure – I**. Existing GPA Policy is attached as **Annexure – II**. The no. of claims for the preceding 5 years has been '**Nil**'.

3. The policy shall provide comprehensive personal accident insurance coverage. The bid shall inter alia comply with the following terms and conditions;

Basic Cover:

1. Death+ PTD (Permanent Total Disability) as per List **Annexure – III** + PPD (Permanent Partial Disability) + TTD (Total Temporary Disability).

2. Terrorism covered.

Additional Benefits:

3. Transportation of mortal remains – 1% of S.I. or Rs. 30,000/- or actual expenses, whichever is less

4. <u>Funeral expenses</u> – 1% of S.I. or Rs. 10,000/- or actual amount claimed, whichever is less.
5. <u>Dependent Child Education benefit</u> – 5% of S.I. or Rs. 1,00,000/- or actual expenses, whichever is less in case of two dependent children and 3% of S.I. or Rs. 50,000/- or actual expenses, whichever is less in case of one dependent child.
6. <u>Accidental Medical Benefits</u> – Covered upto 40% of S.I. or 10% of admissible claim amount under the basic cover or actual amount whichever is less.
7. <u>Temporary Total disability (TTD)</u> – Temporary Total Disability is restricted to 1% of the sum insured or actual wages or Rs 20,000/-, whichever is less, per week, for 100 weeks.
8. <u>Ambulance expenses</u> – as per actuals.
9. Coverage for new joinees from the date of joining.
10. Refund of premium on account of Mid-term Deletion/separation of members to be allowed from the date of separation.

4. Bidders are requested to submit their bids considering the existing group size, sum insured and the terms and conditions mentioned above for premium payable by PFRDA on annual basis for the Group Personal Accident (GPA) policy. The bids shall be in a sealed cover superscribed with "Quotation for Group Personal Accident Policy" and shall reach PFRDA office premises latest **by 1500 Hrs on 14.03.2024 (Thursday)** at the following address: -

The Chief General Manager (Admin & HR),
Pension Fund Regulatory and Development Authority (PFRDA)
Chhatrapati Shivaji Bhawan,
1st floor, B-14/A, Qutab Institutional Area, Katwaria Sarai,
New Delhi- 110016

5. The pre-bid meeting shall be held on **29.02.2024 (Thursday) at 1100 Hrs.** and the bids shall be opened on **14.03.2024 (Thursday) at 1530 Hrs.** in the office premises as per abovementioned address or at the new address of PFRDA in New Delhi, in case of change in address.

Note - The bids sent by Fax or e-mail will not be considered under any circumstances.

6. General Terms & Conditions

- a. There should be a dedicated helpline (24*7) of the Insurance Company available and the contact details shall be furnished after the start of the insurance cover.
- b. In case of reimbursement to the officials/staff, the same should be paid to the official/staff within 15 working days from the submission of the claim documents.

- c. The response time by the Insurance Company at the time of admission in hospital should be bare minimum but shall not exceed six hours.
 - d. The claim statement is to be furnished by the Insurance Company to PFRDA on quarterly basis.
 - e. The Insurance company shall maintain absolute confidentiality and not share the personal data of the employees and their dependents with any third party and shall not give any unauthorized access of the same to any of its employees or agents, other than those who are involved in submission of bid or servicing the policy, if bid is awarded. The details shall not be used for any targeted advertising or unsolicited advices and personal information shall be accorded highest protection in accordance with the prevalent laws in India, failing which the company shall be held liable.
7. PFRDA reserves the right to terminate this process at any point of time, pre or post selection and without their being any obligation owed to any person including the bidders or the successful bidder. There shall be no obligation to award the policy to any party much less the successful bidder. PFRDA shall have the right to modify the terms and conditions of this invitation to offer at any time, based on its requirements. PFRDA shall have the right to reject the bids which in its opinion are conditional
8. The Bid is to be submitted for the capital sum insured of **Rs. 1,46,69,55,840/-** as per format given in **Annexure – IV**.
9. Any or all matters arising out of this process or subsequently at any stage shall be subject to the exclusive jurisdiction of the courts at New Delhi only

Yours Sincerely,

Sd/-
Chief General Manager (Admin & HR)
Tele no.: 011- 26543118

Details of Employees for Group Personal Accident (GPA) Policy for Year 2024-25							Annexure - I
Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)	
1	Employee no.1	117	20-03-2023	1-Jun-1960	63	2,70,00,000.00	
2	Employee no.2	85	01-10-2020	05-04-1963	60	2,40,00,000.00	
3	Employee no.3	118	10-04-2023	14-09-1964	59	2,40,00,000.00	
4	Employee no.4	21	02-01-2012	29-09-1964	59	3,36,63,420.00	
5	Employee no.5	6	01-07-2011	20-04-1967	56	3,35,59,500.00	
6	Employee no.6	93	09-08-2021	30-04-1969	54	3,30,53,220.00	

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)
7	Employee no.7	11	22-07-2011	17-11-1970	53	3,30,12,180.00
8	Employee no.8	5	27-06-2011	10-08-1968	55	3,30,12,180.00
9	Employee no.9	116	15-02-2023	05-01-1976	48	3,19,71,240.00
10	Employee no.10	10	21-07-2011	02-04-1968	55	3,07,81,020.00
11	Employee no.11	13	29-07-2011	27-05-1971	52	2,94,06,000.00
12	Employee no.12	16	21-09-2011	19-02-1974	50	2,94,06,000.00
13	Employee no.13	39	02-03-2012	18-04-1972	51	2,94,06,000.00

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)
14	Employee no.14	15	09-09-2011	10-04-1976	47	2,87,26,380.00
15	Employee no.15	17	28-09-2011	13-11-1975	48	2,87,26,380.00
16	Employee no.16	7	05-07-2011	22-10-1976	47	2,87,26,380.00
17	Employee no.17	40	23-03-2012	02-07-1973	50	2,87,26,380.00
18	Employee no.18	20	21-12-2011	09-03-1978	46	2,33,16,900.00
19	Employee no.19	29	16-02-2012	26-08-1977	46	2,33,16,900.00
20	Employee no.20	36	29-02-2012	07-10-1979	44	2,33,16,900.00

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)
21	Employee no.21	12	26-07-2011	18-10-1975	48	2,61,54,600.00
22	Employee no.22	19	20-12-2011	20-05-1971	52	2,61,54,600.00
23	Employee no.23	22	24-01-2012	24-04-1976	47	2,32,75,500.00
24	Employee no.24	30	16-02-2012	14-05-1977	46	2,32,75,500.00
25	Employee no.25	24	07-02-2012	25-09-1981	42	1,97,09,340.00
26	Employee no.26	27	13-02-2012	25-04-1981	42	1,97,09,340.00
27	Employee no.27	33	24-02-2012	09-03-1982	42	1,97,09,340.00

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)
28	Employee no.28	47	08-06-2012	17-05-1981	42	1,97,09,340.00
29	Employee no.29	48	11-06-2012	31-01-1977	47	1,97,09,340.00
30	Employee no.30	49	17-09-2012	11-06-1982	41	1,97,09,340.00
31	Employee no.31	2	01-10-2009	30-06-1977	46	1,87,93,320.00
32	Employee no.32	23	30-01-2012	02-01-1982	42	1,45,39,380.00
33	Employee no.33	26	08-02-2012	28-01-1986	38	1,45,39,380.00
34	Employee no.34	31	16-02-2012	16-08-1984	39	1,45,39,380.00

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)
35	Employee no.35	32	17-02-2012	09-05-1984	39	1,45,39,380.00
36	Employee no.36	34	24-02-2012	01-07-1984	39	1,45,39,380.00
37	Employee no.37	38	01-03-2012	22-05-1986	37	1,45,39,380.00
38	Employee no.38	41	02-04-2012	02-11-1983	40	1,45,39,380.00
39	Employee no.39	42	03-04-2012	17-10-1982	41	1,45,39,380.00
40	Employee no.40	44	25-04-2012	21-05-1986	37	1,45,39,380.00
41	Employee no.41	45	26-04-2012	17-09-1983	40	1,45,39,380.00

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)
42	Employee no.42	46	30-04-2012	25-01-1984	40	1,45,39,380.00
43	Employee no.43	37	01-03-2012	23-09-1984	39	1,42,79,340.00
44	Employee no.44	43	16-04-2012	31-08-1984	39	1,42,79,340.00
45	Employee no.45	56	28-07-2017	28-04-1991	32	1,15,35,780.00
46	Employee no.46	58	28-07-2017	14-09-1990	33	1,15,35,780.00
47	Employee no.47	59	28-07-2017	03-04-1991	32	1,15,35,780.00
48	Employee no.48	60	28-07-2017	21-06-1991	32	1,15,35,780.00

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)
49	Employee no.49	61	01-08-2017	19-10-1991	32	1,12,59,960.00
50	Employee no.50	62	07-08-2017	13-08-1992	31	1,15,59,960.00
51	Employee no.51	64	10-08-2017	17-07-1992	31	1,12,59,960.00
52	Employee no.52	65	14-08-2017	11-05-1992	31	1,12,59,960.00
53	Employee no.53	66	14-08-2017	29-11-1989	34	1,12,59,960.00
54	Employee no.54	67	16-08-2017	27-03-1991	33	1,12,59,960.00
55	Employee no.55	70	16-08-2017	13-10-1989	34	1,12,59,960.00

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)
56	Employee no.56	71	30-10-2017	28-04-1992	31	1,12,59,960.00
57	Employee no.57	72	12-01-2018	27-04-1991	32	1,09,84,260.00
58	Employee no.58	86	25-01-2021	16-09-1994	29	93,10,500.00
59	Employee no.59	89	05-02-2021	11-03-1996	28	93,10,500.00
60	Employee no.60	90	15-02-2021	07-12-1996	27	93,10,500.00
61	Employee no.61	94	08-02-2022	23-08-1994	29	88,17,780.00
62	Employee no.62	95	09-02-2022	22-06-1997	26	88,17,780.00

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)
63	Employee no.63	96	14-02-2022	15-10-1994	29	88,17,780.00
64	Employee no.64	97	14-02-2022	05-09-1991	32	88,17,780.00
65	Employee no.65	98	15-02-2022	05-11-1998	25	88,17,780.00
66	Employee no.66	99	17-02-2022	30-08-1995	28	88,17,780.00
67	Employee no.67	100	17-02-2022	21-11-1994	29	88,17,780.00
68	Employee no.68	102	08-02-2022	13-08-1995	28	88,17,780.00
69	Employee no.69	103	14-03-2022	21-03-1998	26	88,17,780.00

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)
70	Employee no.70	104	14-03-2022	02-05-1997	26	88,17,780.00
71	Employee no.71	105	30-03-2022	30-05-1995	28	88,17,780.00
72	Employee no.72	106	29-04-2022	03-07-1994	29	88,12,140.00
73	Employee no.73	112	30-06-2022	11-11-1993	28	88,12,140.00
74	Employee no.74	119	03-07-2023	22-Aug-1995	27	84,30,120.00
75	Employee no.75	120	03-07-2023	11-Dec-1994	28	84,30,120.00
76	Employee no.76	121	03-07-2023	14-Nov-1991	31	84,30,120.00

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)
77	Employee no.77	122	03-07-2023	9-Jul-1999	23	84,30,120.00
78	Employee no.78	124	03-07-2023	6-Nov-1998	24	84,30,120.00
79	Employee no.79	125	03-07-2023	14-Feb-1998	25	84,30,120.00
80	Employee no.80	126	03-07-2023	25-Oct-1988	34	84,30,120.00
81	Employee no.81	127	03-07-2023	27-May-1996	27	84,30,120.00
82	Employee no.82	128	03-07-2023	10-Sep-1994	28	84,30,120.00
83	Employee no.83	129	03-07-2023	18-Jan-1996	27	84,30,120.00

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)
84	Employee no.84	130	03-07-2023	19-Dec-1997	25	84,30,120.00
85	Employee no.85	131	03-07-2023	19-Oct-1990	32	84,30,120.00
86	Employee no.86	132	03-07-2023	4-Aug-1991	31	84,30,120.00
87	Employee no.87	134	03-07-2023	22-Sep-1998	24	84,30,120.00
88	Employee no.88	135	03-07-2023	1-Jul-1993	30	84,30,120.00
89	Employee no.89	136	03-07-2023	11-Mar-1994	29	84,30,120.00
90	Employee no.90	137	03-07-2023	22-Aug-1996	26	84,30,120.00

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2024	Proposed Sum Assured for the new policy (in Rs.)
91	Employee no.91	138	03-07-2023	9-Dec-1994	28	84,30,120.00
92	Employee no.92	139	03-07-2023	10-Jul-1992	30	84,30,120.00
93	Employee no.93	3	01-10-2009	03-11-1969	54	1,15,29,480.00
94	Employee no.94	50	30-07-2013	15-07-1981	42	36,67,260.00



UNITED INDIA INSURANCE COMPANY LIMITED

607-608, DEVIKA TOWER NEHRU PLACE NEW DELHI, NEW DELHI, DELHI
SOUTH DELHI - 110019 DELHI
PH: (011) 26002243 FAX: EMAIL:

GROUP PERSONAL ACCIDENT TAILOR MADE POLICY
POLICY NO.: 0423004223P100440668

PERIOD OF INSURANCE
From 00:00 Hrs of 01/04/2023
To Midnight of 31/03/2024

Insured

M/s PENSION FUND REGULATORY AND DEVELOPEMENT AUTHORITY
4TH FLOOR, CHATRAPATI SHIVAJI BHAWAN,B-14/A, QUTUB INSTITUTIONAL AREA, KATWARIA SARAI.
110016
SOUTH WEST DELHI
DELHI

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name :
Agent Code :
Mobile/Landline Number/Email :

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 042300@uiic.co.in

Download Customer App(www.uiic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.
Website: <http://www.uiic.co.in>

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**GROUP PERSONAL ACCIDENT TAILOR MADE POLICY
SCHEDULE**

Policy No.:	0423004223P100440668	Prev.Pol.No.:	0406024222P100331566
Name of Customer /ID	M/s PENSION FUND REGULATORY AND DEVELOPEMENT AUTHORITY/23013948170		
Tel.(O):		Fax:	
Tel.(R):		Mobile:	9873494500
Business/Occupation :	None		
Period of Insurance:	From 00:00 Hours of 01/04/2023 To MIDNIGHT of 31/03/2024		

Coinsurance	UIIC 042300 : 100%
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Premium : One lakh thirteen thousand seven hundred sixty-seven rupees only

INSURED DETAILS:
As Per Annexure Attached.

Risk Category	No. of Person/Category	Covers	Premium	Loading/Discount	Calculated Amount
RiskCategory I	73	Table III Death PTD PPD	46,399.23		
		Table IV Death PTD PPD TTD	48,406.47		
		Medical Expenses	18,961.14		

Total No Of Person	73	Total Sum Insured for the Group	₹ 1137666840
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Special Conditions:-	1)Medical Extension covered,Accidental Medical Benefits Â Covered upto 40% of SI or 10% of admissible claim amount nder the basic cover or actual amount whichever is less. 2)Transportationof mortal remains Â 1% of SI or Rs. 30,000/- or actual expenses, whichever is less. 3)Funeral expenses Â 1% of SI Rs. 10,000/- or actual amount claimed, which ever is less. 4)Dependent Child Education benefits Â 5% of SI or Rs. 1,00,000/- or actual expenses, whichever is less in case of two dependent children and 3% of SI or Rs. 50,000/- or actual expenses, whichever is less in case of one dependent child. 5)Temporary Total Disability (TTD) Â Temporary total disability is restricted to 1% of the sum insured or actual wages or Rs. 20,000/-, whichever is less, per week, for 100 weeks.6)Ambulance Expenses -As per actuals 7)terrorism covered
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Net Premium:	113,767.00
CGST(9%):	10,239.00
SGST(9%):	10,239.00
Stamp Duty:	496.00
Total :	134,245.00
Receipt Number :	10104230023100576021
Receipt Date:	10/04/2023
Agency/Broker Code :	
Dev. Officer Code :	
Direct Business :	

Customer GST/UIN No.:	07AAALP0291L1ZU	Office GST No.:	07AAACU5552C1ZL
SAC Code:	997133	Invoice No. & Date:	4223I100440668 & 10/04/2023
Amount Subject to Reverse Charges-NIL			

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 01/04/2023

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO 23 DEVIKA TOWER 042300 on this 10th day of April 2023 .

**For and On behalf of
United India Insurance Co. Ltd.**

Affix Policy
Stamp here.

Duly Constituted Attorney(s)

Annexure:

SrIno	Name of the Member or Employee	Designation	Age	SI for each Category	Risk Category	Assignee Name	Assignee Relationship
1		Service	59	24000000	RiskCategory I	PFRDA	Others
2		Service	58	31272060	RiskCategory I	PFRDA	Others
3		Service	55	30662640	RiskCategory I	PFRDA	Others
4		Service	53	30189000	RiskCategory I	PFRDA	Others
5		Service	52	30149340	RiskCategory I	PFRDA	Others
6		Service	54	30149340	RiskCategory I	PFRDA	Others
7		Service	47	29245740	RiskCategory I	PFRDA	Others
8		Service	54	27954840	RiskCategory I	PFRDA	Others
9		Service	51	26668320	RiskCategory I	PFRDA	Others
10		Service	49	26668320	RiskCategory I	PFRDA	Others
11		Service	50	26668320	RiskCategory I	PFRDA	Others
12		Service	46	26028600	RiskCategory I	PFRDA	Others
13		Service	47	26028600	RiskCategory I	PFRDA	Others
14		Service	46	26028600	RiskCategory I	PFRDA	Others
15		Service	49	26028600	RiskCategory I	PFRDA	Others
16		Service	45	21113280	RiskCategory I	PFRDA	Others
17		Service	45	21113280	RiskCategory I	PFRDA	Others
18		Service	43	21113280	RiskCategory I	PFRDA	Others
19		Service	47	22263960	RiskCategory I	PFRDA	Others
20		Service	51	22263960	RiskCategory I	PFRDA	Others
21		Service	46	20566740	RiskCategory I	PFRDA	Others
22		Service	45	20566740	RiskCategory I	PFRDA	Others
23		Service	41	17880780	RiskCategory I	PFRDA	Others
24		Service	41	17880780	RiskCategory I	PFRDA	Others
25		Service	41	17880780	RiskCategory I	PFRDA	Others
26		Service	41	17880780	RiskCategory I	PFRDA	Others
27		Service	46	17880780	RiskCategory I	PFRDA	Others
28		Service	40	17880780	RiskCategory I	PFRDA	Others
29		Service	45	17162580	RiskCategory I	PFRDA	Others
30		Service	41	13244940	RiskCategory I	PFRDA	Others
31		Service	37	13244940	RiskCategory I	PFRDA	Others
32		Service	38	13244940	RiskCategory I	PFRDA	Others
33		Service	38	13244940	RiskCategory I	PFRDA	Others
34		Service	38	13244940	RiskCategory I	PFRDA	Others
35		Service	36	13244940	RiskCategory I	PFRDA	Others
36		Service	39	13244940	RiskCategory I	PFRDA	Others
37		Service	40	13244940	RiskCategory I	PFRDA	Others
38		Service	36	13244940	RiskCategory I	PFRDA	Others
39		Service	39	13244940	RiskCategory I	PFRDA	Others
40		Service	39	13244940	RiskCategory I	PFRDA	Others
41		Service	38	12972360	RiskCategory I	PFRDA	Others
42		Service	38	12984180	RiskCategory I	PFRDA	Others
43		Service	31	10438740	RiskCategory I	PFRDA	Others
44		Service	32	10438740	RiskCategory I	PFRDA	Others
45		Service	31	10438740	RiskCategory I	PFRDA	Others
46		Service	31	10438740	RiskCategory I	PFRDA	Others
47		Service	31	10184700	RiskCategory I	PFRDA	Others
48		Service	30	10484700	RiskCategory I	PFRDA	Others
49		Service	30	10184700	RiskCategory I	PFRDA	Others
50		Service	30	10184700	RiskCategory I	PFRDA	Others
51		Service	33	10184700	RiskCategory I	PFRDA	Others
52		Service	32	10184700	RiskCategory I	PFRDA	Others
53		Service	33	10184700	RiskCategory I	PFRDA	Others
54		Service	30	10184700	RiskCategory I	PFRDA	Others
55		Service	31	9913440	RiskCategory I	PFRDA	Others
56		Service	28	8177280	RiskCategory I	PFRDA	Others
57		Service	27	8177280	RiskCategory I	PFRDA	Others
58		Service	26	8177280	RiskCategory I	PFRDA	Others
59		Service	28	7950060	RiskCategory I	PFRDA	Others
60		Service	25	7950060	RiskCategory I	PFRDA	Others
61		Service	28	7950060	RiskCategory I	PFRDA	Others
62		Service	31	7950060	RiskCategory I	PFRDA	Others
63		Service	24	7950060	RiskCategory I	PFRDA	Others
64		Service	27	7950060	RiskCategory I	PFRDA	Others
65		Service	28	7950060	RiskCategory I	PFRDA	Others
66		Service	27	7918980	RiskCategory I	PFRDA	Others
67		Service	25	7892340	RiskCategory I	PFRDA	Others
68		Service	25	7892340	RiskCategory I	PFRDA	Others
69		Service	27	7821240	RiskCategory I	PFRDA	Others
70		Service	28	7812360	RiskCategory I	PFRDA	Others
71		Service	28	7812360	RiskCategory I	PFRDA	Others
72		Service	53	10650360	RiskCategory I	PFRDA	Others
73		Service	41	3396900	RiskCategory I	PFRDA	Others

Name of the Member or Employee	SI(Tbl-I)	SI(Tbl-II)	SI(Tbl-III)	SI(Tbl-IV)	SI(Tbl-Va)	SI(Tbl-Vb)	SI(Tbl-Vc)
	0	0	22000000	2000000	0	0	0
	0	0	29272060	2000000	0	0	0
	0	0	28662640	2000000	0	0	0
	0	0	28189000	2000000	0	0	0

0	0	28149340	2000000	0	0	0
0	0	28149340	2000000	0	0	0
0	0	27245740	2000000	0	0	0
0	0	25954840	2000000	0	0	0
0	0	24668320	2000000	0	0	0
0	0	24668320	2000000	0	0	0
0	0	24668320	2000000	0	0	0
0	0	24028600	2000000	0	0	0
0	0	24028600	2000000	0	0	0
0	0	24028600	2000000	0	0	0
0	0	24028600	2000000	0	0	0
0	0	19113280	2000000	0	0	0
0	0	19113280	2000000	0	0	0
0	0	19113280	2000000	0	0	0
0	0	20263960	2000000	0	0	0
0	0	20263960	2000000	0	0	0
0	0	18566740	2000000	0	0	0
0	0	18566740	2000000	0	0	0
0	0	15880780	2000000	0	0	0
0	0	15880780	2000000	0	0	0
0	0	15880780	2000000	0	0	0
0	0	15880780	2000000	0	0	0
0	0	15880780	2000000	0	0	0
0	0	15162580	2000000	0	0	0
0	0	11244940	2000000	0	0	0
0	0	11244940	2000000	0	0	0
0	0	11244940	2000000	0	0	0
0	0	11244940	2000000	0	0	0
0	0	11244940	2000000	0	0	0
0	0	11244940	2000000	0	0	0
0	0	11244940	2000000	0	0	0
0	0	11244940	2000000	0	0	0
0	0	11244940	2000000	0	0	0
0	0	11244940	2000000	0	0	0
0	0	11244940	2000000	0	0	0
0	0	11244940	2000000	0	0	0
0	0	10972360	2000000	0	0	0
0	0	10984180	2000000	0	0	0
0	0	8438740	2000000	0	0	0
0	0	8438740	2000000	0	0	0
0	0	8438740	2000000	0	0	0
0	0	8438740	2000000	0	0	0
0	0	8184700	2000000	0	0	0
0	0	8484700	2000000	0	0	0
0	0	8184700	2000000	0	0	0
0	0	8184700	2000000	0	0	0
0	0	8184700	2000000	0	0	0
0	0	8184700	2000000	0	0	0
0	0	8184700	2000000	0	0	0
0	0	8184700	2000000	0	0	0
0	0	8184700	2000000	0	0	0
0	0	7913440	2000000	0	0	0
0	0	6177280	2000000	0	0	0
0	0	6177280	2000000	0	0	0
0	0	6177280	2000000	0	0	0
0	0	5950060	2000000	0	0	0
0	0	5950060	2000000	0	0	0
0	0	5950060	2000000	0	0	0
0	0	5950060	2000000	0	0	0
0	0	5950060	2000000	0	0	0
0	0	5950060	2000000	0	0	0
0	0	5918980	2000000	0	0	0
0	0	5892340	2000000	0	0	0
0	0	5892340	2000000	0	0	0
0	0	5821240	2000000	0	0	0
0	0	5812360	2000000	0	0	0
0	0	5812360	2000000	0	0	0
0	0	8650360	2000000	0	0	0
0	0	2396900	1000000	0	0	0

PERSONAL ACCIDENT POLICY (GROUP TAILOR MADE)

WHEREAS the Insured named in the Schedule herein has made or caused to be made to the United India Insurance Co. Ltd., (herein after called 'the Company') written proposal dated as stated in Schedule herein (Warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein and has paid to the Company the Premium herein started for the insurance hereinafter for the period started in the Schedule.

NOW THIS POLICY WITNESSETH that subject to the terms, provisions, exclusions, definitions and conditions contained herein or endorsed or otherwise expressed hereon the Company will pay the insured as hereinafter mentioned :

1. If at anytime during the currency of this policy the insured shall sustain any bodily injury resulting solely and directly from accident caused by external violent and visible means, then the company shall pay to the insured or his legal personal representative(s) as the case may be the sum or sums hereinafter set forth that is to say :-
 - a) If such injury shall within twelve calendar month of its occurrence be the sole and direct cause to the death of the insured persons the Capital Sum insured stated in the Schedule herein.
 - b) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of :
 - i. Sight of both eyes, or the actual loss by physical separation of two entire hands or two entire feet, or one-entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire foot, the capital sum insured stated in the Schedule herein.
 - ii. Use of hands or two feet, or of one hand one foot or such loss of sight of one eye and such loss of use of one hand or one foot, the capital sum insured stated in the Schedule herein.
 - c) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of :
 - i. The sight of one eye or of the actual loss by physical separation of one entire hand or one entire foot, fifty percent (50%) of the capital sum insured stated in the Schedule herein.
 - ii. Total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the capital sum insured stated in the Schedule herein.

Note : For the purpose of clause (b) and (c) above, physical separation of a hand or feet means separation of hands at or above the wrist and or of the foot at or above the ankle respectively.

- d) If such injury shall as a direct consequence thereof immediately permanently totally and absolutely, disable the insured person from engaging in any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sun insured.
- e) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of use or the actual loss by physical separation of the following then the percentage of the Capital Sum insured as indicated below shall be payable:

SI No.	Item	% of Capital Sum Insured
i	a. Loss of toes -all	20
	b. Greet -both phalanges	5
	c. Greet -one phalanx	2
	d. Other than greet, of more than one toe lost each	1
ii	Loss of hearing -both ears	50
iii	Loss of hearing -one ear	15
iv	Loss of 4 fingers and thumb of one hand	40
v	Loss of 4 fingers	35
vi	a. Loss of thumb -both phalanges	25
	b. Loss of thumb -one phalanx	10
vii	a. Loss of index finger -three phalanges	10
	b. Loss of index finger -two phalanges	8
	c. Greet -one phalanx	4
viii	a. Loss of middle finger - 3 phalanges	6
	b. Loss of middle finger - 2 phalanges	4
	c. Loss of middle finger - 1 phalanx	2
ix	a. Loss of ring finger - 3 phalanges	5
	b. Loss of ring finger - 2 phalanges	4
	c. Loss of ring finger - 1 phalanx	2
x	a. Loss of little finger - 3 phalanges	4
	b. Loss of little finger - 2 phalanges	3
	c. Loss of little finger - 1 phalanx	2
xi	a. Loss of metacarpals - first or second (additional)	3
	b. Loss of metacarpals - third, fourth or fifth (additional)	2
xii.	any other permanent partial disablement	% as assessed by the Doctor

- f) If such injury shall be the sole and direct cause of temporary total disablement, then so long as the insured person shall be totally disabled from engaging in any employment or occupation of any description whatsoever a sum at the rate of one percent (1%) of the capital sum insured stated in the schedule herein per week, but in any case not exceeding Rs.5000/- per week in all under all policies per week in any case not exceeding 25% of the monthly salary.

Provided that the compensation payable under the foregoing sub-clauses (f) shall not be payable for more than 100 weeks in respect of any one injury calculated from the date of commencement of the disablement and in no case shall exceed the Capital sum insured .

- g) In the event of Death of the insured person due to accident as defined in the policy outside her/his residence the company shall reimburse expenses incurred for transportation of insured persons dead body to the place of residence subject to a maximum of 2% of capital sum insured or Rs.2,500/- which ever is less.
- h) In the event of death or permanent total disablement of the insured due to accident as defined in the insured due to accident as defined in the tariff, the policy shall also provide compensation towards Education Fund for the dependent children as below :
- i. If the insured person has one dependent child below the age of 23 years, an amount equal to 10% of the CSI subject to a maximum of Rs.5,000/-.
 - ii. If the insured person has more than one dependent child below the age of 23 years, an amount equal to 10% of the CSI subject to a maximum of Rs.10,000/-.

The payment as above will be made along with the CSI of the same person/s who is/are entitled to receive the CSI

- Note:** 1. The benefit under this extension will be available on the basis of the original CSI only and not on the cumulative Bonus.
2. The age limit of 23 years shall apply on the date of accident and not at the beginning of the policy year.

Provided that there be an any other subsisting PA Insurance/s in the name of the insured and benefit under this Regulation becoming payable under all such policies, the total amount so payable shall be limited to a maximum of Rs.5000/- in case there is one dependent child and Rs.10,000/- in case there is more than one dependent child. The amount so payable shall be borne by all the policies in proportion to the original sum insured.

EXCEPTION

PROVIDED ALWAYS THAT

The company shall not be liable under this policy for:

1. Compensation under more than one of the foregoing sub-clauses in respect of the same period of disablement.
2. Any other payment to the same person after a claim under one of the sub-clauses (a), (b), (c) or (d) has been admitted and become payable.
3. Any payment in case of more than one claim under this Policy during any one period of insurance by which the maximum liability of the company in that period would exceed the sum payable under sub-clause (a) of the Policy.
4. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
5. Payment of compensation in respect of death, injury or disablement of insured (a) from intentional self-injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in aviation or Ballooning, whilst mounting / dismounting from or traveling in any Balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly Licensed Standard type of aircraft anywhere in the world (d) directly or indirectly caused by venereal disease or insanity (e) arising or resulting from the insured committing any breach of the law with criminal intent.

Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine.

6. Payment of compensation in respect of Death, Injury or disablement of the insured due to arising out of or directly or indirectly connected with or traceable to war invasion, act of foreign enemy, Hostilities (whether war be declared or not) War, Rebellion, Revolution, Insurrection, Mutiny, Military or usurped Power, Seizure, Capture Arrests, Restraints and Detainment of all Kings, Princes and people of whatever nation, condition or quality so ever.
7. Payment of compensation in respect of Death of, or bodily injury or any disease or illness of the insured persons
 - a) directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radio activity subsists from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self sustaining process of nuclear fission.
 - b) directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.

Provided also that the due observance and fulfillment of the terms and conditions of this Policy (which conditions and all 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 be a condition precedent to any liability of the company under this Policy.

8. **Pregnancy Exclusion Clause** : The Insurance under this Policy shall not extend to cover death disablement resulting directly or indirectly from pregnancy or in consequence thereof.

CUMULATIVE BONUS

Compensation payable under clause (a) (b) (c) and (d) of the policy viz. death, loss of limb(s) sight and permanent total disablement arising out of accidental injuries shall be increased by 5% thereof in respect of each completed year, during which, the policy shall have been in force, prior to the occurrence of an accident for which capital sum becomes payable but amount of such increase shall not exceed 50% of the capital sum insured stated in the schedule herein.

This clause shall not in any way alter the annual character of the insurance for the right of the company to decline to renew or to cancel this policy as hereinafter provided. The earned cumulative bonus will not be lost if the policy is renewed within 90 days after its expiry

CONDITION

1. Upon the happening of any event, which may give rise to claim under this Policy, written notice with full particulars must be given to the company immediately. In case of death, written notice also of the death must, unless reasonable cause is shown, be so given

before internment, cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of a sight or amputation.

2. Satisfactory Proof to the Company shall be furnished of all matter upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Persons of the insured on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the company and in the event of death to make a post-mortem examination of the body of the insured persons. Such evidence as the company may from time to time require shall be furnished and a post-mortem examination report if necessary 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 of the insured person(s) shall undergo at the insured's expense such operation or treatment as the company may reasonably deem desirable provided that in case of claim by death or permanent total disablement, all sums payable hereunder shall be payable only on the delivery of this policy for cancellation and discharge and in the case of a temporary total disablement only upon the termination of such disablement.

In the case of permanent partial disablement all sums payable hereunder shall be payable on the delivery of this policy for reduction of the sum insured by the amount admission under the claim.

3. 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 or by any person on behalf of the insured persons.
4.
 - a) The Insured shall give immediate notice to the Company on any change in his business or occupation.
 - b) The insured shall on tendering any premium for the renewal of this policy give notice in writing to the Company of any disease physical defect or infirmity with which any of the insured person(s) have become affected since the Payment of the last preceding premium.
5. This policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the policy or of the subsequent renewal thereof. The Company shall not, however be bound to give notice that such Renewal Premium is due.
6. The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending fifteen days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rates provided no claim has occurred upto the date of cancellation.
7. The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this policy but the receipt of the insured shall in all cases be an effective discharge to the Company.
8. If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained

It is also hereby expressly agreed and declared that If the Company shall disclaim liability to the Insured for any claim herein under, and such claim shall not, within 12 calendar months from the date of such disclaimed have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

DEFINITIONS:

1 ACCIDENT

Accident - An accident is a sudden, unforeseen and involuntary event caused by external and visible and violent means

"Acute condition" - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

B. "Chronic condition" - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics -

- i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests -
- ii. it needs ongoing or long-term control or relief of symptoms
- iii. it requires your rehabilitation or for you to be specially trained to cope with it
- iv. it continues indefinitely
- v. it comes back or is likely to come back.

2 CONGENITAL ANOMALY

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly
Which is not in the visible and accessible parts of the body.
- b. External Congenital Anomaly
Which is in the visible and accessible parts of the body.

3 CONDITION PRECEDENT

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

4 CONTRIBUTION

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an

indemnity claim on a rateable proportion.

5 DAY CARE CENTRE

Day Care centre means any institution established for day care treatment of illness and/or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under :

- a. Has qualified nursing staff under its employment
- b. Has qualified Medical Practitioner(s) in charge
- c. Has a fully equipped operation theatre of its own where surgical procedures are carried out-
- d. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

6 DAY CARE TREATMENT - Day Care treatment means the medical treatment and/or surgical procedure which is -(i). Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological and (ii) which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

7 DEDUCTIBLE

Deductible is a cost sharing requirement under a Personal Accident Insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of Indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

8 HOSPITAL/NURSING HOME

A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

The term 'Hospital / Nursing Home ' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

9 HOSPITALISATION

Means admission in a Hospital/Nursing Home for a minimum period of 24 In-patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

10 INJURY

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

11 IN-PATIENT CARE

In-patient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

12 INTENSIVE CARE UNIT

The term "Intensive Care" unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

13 MEDICAL ADVISE

Medical Advise - Any consultation or advice from a Medical Practitioner including the issue of a any prescription or repeat prescription.

14 MEDICAL EXPENSES

Medical expenses - Medical Expenses means those expenses that an Insured person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

15 MEDICALLY NECESSARY

Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- a. Is required for the medical management of the illness or injury suffered by the insured;
- b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- c. Must have been prescribed by a Medical Practitioner;
- d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

16 MEDICAL PRACTITIONER

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

The term Medical Practitioner would include Physician, Specialist and Surgeon. (The Registered Practitioner should not be the insured or close family members such as parents, in-laws, spouse and children).

17 NOTIFICATION OF CLAIM

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the

address/telephone number to which it should be notified.

18 ROOM RENT

Room rent shall mean the amount charged by a hospital for the Occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

19 SUBROGATION

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

20 SURGERY OR SURGICAL PROCEDURE

Surgery or Surgical Procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

Communicable Disease Exclusion Clause:

1. Notwithstanding any provision, clause or term of this insurance contract to the contrary, this insurance Contract excludes any loss, cost, damage, liability, claim, fines, penalty or expense or any other amount of whatsoever nature, whether directly or indirectly and/or in whole or in part, related to, caused by, contributed to by, resulting from, as a result of, as a consequence of, attributable to, arising out of, arising under, in connection with, or in any way involving (this includes all other terms commonly used and/or understood to reflect or describe nexus and/or connection from one thing to another whether direct or indirect):

1.1 a Communicable Disease and/or the fear or threat (whether actual or perceived) of a Communicable Disease and/or the actual or alleged transmission of a Communicable Disease regardless of any other cause or event contributing and/ or occurring concurrently or in any sequence thereto, and

1.2 a pandemic or epidemic, as declared by the World Health Organisation or any governmental authority.

2. As used herein, Communicable Disease means: any infectious, contagious or communicable substance or agent and/or any infectious, contagious or communicable disease which can be caused and/or transmitted by means of substance or agent where:

2.1 the disease includes, but is not limited an illness, sickness, condition or an interruption or disorder of body functions, systems or organs, and

2.2 the substance or agent includes, but is not limited to, a virus, bacterium, parasite, other organism or other micro-organism (whether asymptomatic or not); including any variation or mutation thereof, whether deemed living or not, and

2.3 the method of transmission, whether direct or indirect, includes but not limited to, airborne transmission, bodily fluid transmission, transmission through contact with human fluids, waste or the like, transmission from or to any surface or object, solid, liquid or gas or between organisms including between humans, animals, or from any animal to any human or from any human to any animal, and

2.4 the disease, substance or agent is such:

2.4.1 that causes or threatens damage or can cause or threaten damage to human health or human welfare, or

2.4.2 that causes or threatens damage to or can cause or threaten damage to, deterioration to, contamination of, loss of value of, loss of marketability of or loss of use or usefulness of, tangible or intangible property. For avoidance of doubt, Communicable Disease includes but is not limited to Coronavirus Disease 2019 (Covid -19) and any variation or mutation thereof.

3. For further avoidance of doubt, any contingent or other business interruption loss, cost, damage, loss of income, loss of use, increased cost of working and/or extra expense arising out of or attributable to:

3.1 any partial or complete closure of and/or slowdown in, including but not limited to any closure by or under the advisories of public, military, government or civil authorities, or any denial of access to insured premises, or customer and or supplier premises (including service / utility providers), or

3.2 change in consumer behaviour, or

3.3 an absence of infected employees or employees suspected of being infected shall not be covered by this insurance Contract. .

4. For still further avoidance of doubt, loss, cost, damage, liability, claim, fines, penalty or expense or any other amount excluded hereby, includes but is not limited to any cost to identify, clean-up, detoxify, disinfect, decontaminate, mitigate, remove, evacuate, repair, replace, monitor, sanitize or test: (1) for a Communicable Disease or (2) any tangible or intangible property covered by this [insurance Contract] that is affected by such Communicable Disease.

5. It is clarified that (1) no other prior, concurrent or subsequent provision, clause, term or exception of this insurance Contract (including (but not limited to) any prior, concurrent or subsequent endorsement and/or any provision, clause, term, buy back or exception that operates, or is intended to operate, to extend the coverage of, or protections provided by, this insurance Contract] by whatever name called like any coverage extension, additional coverage, global extension, exception to any exclusion); (2) any change in the law, clause or similar provision; (3) any follow the fortunes clause or similar provision; and/or (4) no change in the law or any regulation (to the extent permitted by applicable law), shall operate to provide any insurance, coverage or protection under this insurance Contract that would otherwise be excluded through the exclusion set forth in this [Endorsement][Clause].

6. If the insurer alleges that by reason of this [Endorsement][Clause] any amount is not covered by this insurance Contract the burden of proving the contrary shall rest in the insured.

Pandemic /Epidemic Specific Exclusion Clause:

Notwithstanding any provision, clause or term of this Contract, this insurance Contract excludes any first party and/or third party actual or alleged loss, injury, sickness, disease, death, medical payment, defence cost, cost, damage, liability, claim, fines, penalty, compensation, expenses or any amount of whatsoever nature, whether directly or indirectly and/or in whole or in part, arising out of (this includes all other terms commonly used and/or understood to reflect or describe, direct or indirect nexus and/or connection between one thing and another), intentional or unintentional violation of

a. The provisions of Disaster Management Act, 2005 as amended from time to time

b. The provisions of The Epidemic Diseases Act 1897 as amended from time to time

c. The provisions of any act dealing with public health and/or public safety

d. The rules, regulations, orders, guidelines, policies, notification etc issued from time to time under any of the above acts.

Disclosure to Information Norm

The policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis-representation, mis-description, or non-disclosure of any material fact.

TABLE OF BENEFITS – TABLE (D)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10) Permanent Total Loss of Hearing in both ears	75%
11) Permanent Total Loss of one Limb	50%
12) Permanent Total Loss of Sight of one eye	50%
13) Permanent Total Loss of Hearing in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand:	20%
a) Both joints	10%
b) One joint	
18) Permanent Total Loss of one finger of either hand:	
a) Three joints	5%
b) Two joints	3.5%
c) One joint	2%
19) 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%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5 cms.	7.50%
22) Ankylosis of the elbow, hip or knee	20%
23) Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

ANNEXURE IV

FORMAT FOR SUBMITTING BID BY THE INSURANCE COMPANIES

A. BASIC DETAILS

Sr.No.	Particulars	Details
1.	Name of the Insurance Company	
2.	Complete details of the Office	
	a) Address	
	b) Telephone No.	
	c) Email ID	
	d) IRDAI Registration No.	
	e) GSTIN	
	f) PAN	
3.	Name & Designation of the Office Head (with contact details)	

B. FINANCIAL BID

The premium quotation for a capital sum insured of **Rs. 1,46,69,55,840/-** for 94 members as per list given as **Annexure – I** of tender document is submitted as under;

S.N.	Particulars	Amount (in Rs.)
1	Basic Premium	
2	Taxes @ %	
3	Total	

C. DECLARATION

- a. I/We have carefully read and understood all the terms and conditions of the tender document and hereby accept the same.
- b. The information furnished above is true and authentic to the best of knowledge and belief.

Date:
Place:

Authorized Signatory

Name:

Designation: