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IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED
REGISTERED OFFICE: IFFCO Sadan, C - 1, District Centre, Saket, New Delhi 110017

Claim No.: _____

Date of Issue: _____

Group Personal Accident Insurance Claim Form

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, with in 7 days, from the date of it's issuance.
- Attach copy of Death Certificate/Post Mortem Report / Police Panchnama / Medical Certificate, whichever is applicable.

Policy No./ Sr. No. of Schedule			
Name & Address of the Insured Person (who has suffered injury / died in accident)			
Age			
Occupation			
Particulars of Claimant/(s) (to be filled in case other than insured person)			
Sr. No.	Full Name	Address	Relationship with Insured
Title under which the claimant is claiming			
Date & Mode of Receipt of Information			
Date of Accident	Time of Accident	Exact Location of Accident	
Description of Accident		Cause of Accident	
Name & Address of at least 2 Witnesses	1. 2.		
Extent of Injury			
Date & Time of Death			
Name/Add of Hospital (where injured was treated)			
Name/Add of Doctor (who attended injured)			
Name/Add of his Family Doctor			
Amount Claimed			
Details of Other Existing Insurances			
Name & Address of Company		Policy No.	Sum Insured

I, undersigned confirm that above given details are true & correct to the best of my knowledge

Name:

Signature:

Date:



Annexure of Permanent Partial disablement

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 of the actual loss by physical separation of the following, then the percentage of Capital Sum Insured as indicated below shall be payable:

Nature of injury	Percentage of Capital Sum Insured
(i) Loss of toes – all	20
Great – both phalanges	5
Great – one phalanx	2
Other than great, if more than one toe lost each	1
(ii) Loss of hearing – both ears	50
(iii) Loss of hearing – one ear	15
(iv) Loss of speech	50
(v) Loss of four fingers and thumb of one hand	40
(vi) Loss of four fingers	35
(vii) Loss of thumb	
– both phalanges	25
-- one phalanx	10
(viii) Loss of Index finger	
- three phalanges	10
- two phalanges	8
- one phalanx	4
(ix) Loss of middle finger	
- three phalanges	6
- two phalanges	4
- one phalanx	2
(x) Loss of Ring finger	
- three phalanges	5
- two phalanges	4
- one phalanx	2

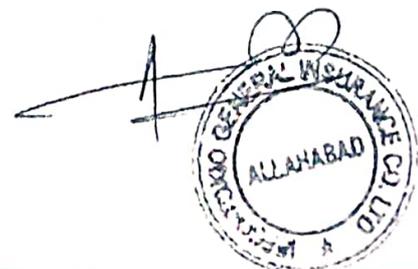


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(xi) Loss of little finger	
- three phalanges	4
- two phalanges	3
- one phalanx	2
(xii) Loss of metacarpals	
- first or second (additional)	3
- third, fourth or fifth (additional)	2
(xiii) Any other partial disablement	% as assessed by Doctor

Benefit of this policy shall be extended to those students who have deposited their fee for the current session i.e. 2022-23.


17/8/2022
Dean Student Welfare
University of Allahabad
Allahabad



General Terms & Conditions

1. Services have to be provided as per MoU to be signed between University of Allahabad and IFFCO-TOKIO General Insurance Co. Ltd.
2. The insurance company is liable to consider the claim of the bonafide student of the University, as per certification by the Dean Students Welfare, University of Allahabad who have deposited the University fee after the issuance of PO SPC/292/2022 dated 22.07.2022.

Coverages & Warranties:

- Policy period : 12 months
- Age: 18 years to 60 years
- The name of the student will be provided by the University time to time but any student who has deposited the fee will be covered under this policy.
- Terrorism is not covered under the policy.
- Death due to illness/any type of pandemic/natural death/mosquito bite/insect bite are specifically excluded under the policy.
- Mid term increase in sum insured is not permitted.
- Any accident which is criminal in nature is not covered.
- Any accident through electrocution due to illegal powering.
- Any road accident where valid licence is not issued to the insured is excluded.
- Any adventurous sport activity is excluded.
- Other T&C as per ITG's standard GPA policy-Annexure C/1"

COVERAGE Section 1: PERSONAL ACCIDENT

Sl.no.	Risk Cover	Compensation
1.	Death/Permanent Total disability	100% of sum insured
2.	Loss of sight of both eyes or total and irrecoverable loss Of sue of two limbs.	100% of sum insured
3.	Loss of sight of one eye and such loss of sue of one and	

Irrecoverable loss of use of one limb	50% of sum insured
4. Total and irrecoverable loss of sight of one eye or total	
and irrecoverable loss of use of one limb	50% of sum insured
5. Permanent partial disablement	Annexure 'C/2'
(Percentage of capital sum insured)	

Section II: Reimbursement of Hospitalization Expenses Following Bodily Injury

Caused by and Arising out of an Accident.

1. Hospitalization expenses as a result of Accident **25% of sum insured**

Compensation for accidental injuries and/or reimbursement of expenses incurred at hospital as a result of accidental injuries subject to limits specified in the policy

Medical Extension Conditions

Actual Expenses incurred or 20% of CSI or 50% of admissible PA claim whichever is least Accidental medical benefits extension (Linked to the PA disability claim admissible under the policy).

Modus of Operandi for submission of claim

- Documents Required from University of Allahabad(To be submitted through DSW, UoA)
- Intimation letter
- Claim Form
- Bonafide Certificate of student
- Attested photocopy of fee receipt of student
- Cancelled cheque of the student/nominee

Documents Required from students/nominee(To be submitted through DSW, UoA.

A) In the Event of Accidental Injuries.

- Self attested photocopy of Identity Card of student
- Self attested photocopy of Aadhar Card of student
- Disablement Certificate issued by Competent Authority
- Details of Treatment Rendered by the Attending Doctor/Hospital/Nursing home
- Original Discharge Card
- Hospital Bill and Payment Receipt

- Medical Bill with proper prescription
- Test Report with Bill
- X-ray Report along with films and bills
- Fitness Certificate
- CT scan report along with films and bills
- MRI and sonography report alongwith films and bills
- Police report /FIR(wherever applicable)
- Valid driving license of the student (s) if accident occurred while driving vehicle

B) In the Event of Accidental injuries in permanent disablement

- Self attested photocopy of Identity Card of student
- Self attested photocopy of Aadhar card of student
- Medical reports of treatment and the Nature and Extent of Accident Resulting Injuries.
- Disability certificate
- Valid driving license of the students if accident occurred while driving vehicle.

C) In the Event of Accidental Death

- Self attested photocopy of Identity Card of student
- Self attested photocopy of PAN card of nominee
- Self attested photocopy of Aadhar card of student & nominee
- Self attested photocopy of Post Mortem Report
- Self attested photocopy of FIR/Police report from concerned police station
- Self attested photocopy of Punchnama from concerned police station, if any
- Self attested photocopy of report of Doctor/Hospital/Nursing Home
- Self attested photocopy of death certificate
- Self attested photocopy of valid driving license of the students if accident occurred while driving vehicle
- Self attested photocopy of visera report if visera preserved from concerned police station.
- Self attested photocopy of Final Investigation report from the concerned police station if the case is registered under U/S 174

ARBITRATION

Any dispute arising between the University of Allahabad and the M/s IFFCO-TOKIO General Insurance Co. Ltd shall be resolved by an Arbitrator appointed by the Vice Chancellor of the University of Allahabad.

Details of Nodal Officers:

1. Name: Mr. Mayank Dutt Pandey
Designation: Assistant Manager

Mobile : 8448008604

Email: mayank.pandey@iffcotokio.co.in

2. Name: Mr. Raghvendra Kumar
Designation: Manager

Mobile : 7080801085

Email: raghvendra.kumar@iffcotokio.co.in

3. Name: Amit Kumar
Designation: Senior Manager

Mobile : 8171617799

Email: amit.kumar4@iffcotokio.co.in