

**CIRCULAR NO 006 / GENERAL / 2009**

(Total Eleven Pages)

**SOP ON INSURANCE COVER TO STUDENTS AND EMPLOYEES OF ARMY SCHOOLS,  
ARMY PROFESSIONAL COLLEGES AND EMPLOYEES OF HQ AWES AND AWES CELLS  
AT FORMATION HQ**

**GENERAL**

1. Group Personal Accident Policy has been taken from National Insurance Company Limited for the period from 01 Aug 2009 to 31 Jul 2010. The Group Insurance policy covers the students and employees of Army Schools, Army Professional Colleges and employees of HQ AWES and AWES Cells. The insurance policy is on the name of Army Welfare Education Society and the policy No is 360400/42/09/8200000227.

**AIM**

2. To lay down the terms & conditions and procedures relating to Group Personal Accident Policy.

**LAYOUT**

3. The subject is covered in five parts as under :-

- (a) **Part – I.** Personnel covered under Insurance policy, Premium and duration of policy.
- (b) **Part-II.** Amount payable on death, Permanent total disability/ disability due to accident, Medical expenses and under Continuing Education Benefit.
- (c) **Part-III.** Procedure for submission of claims.
- (d) **Part-IV.** Exceptions.
- (e) **Part-V.** Miscellaneous aspects.

**PART-I : PERSONNEL COVERED UNDER INSURANCE POLICY,  
PREMIUM AND DURATION OF POLICY**

4. **Personnel Covered Under the Insurance Policy.** Group Personal Accident policy covers the following personnel for death or disablement and medical expenses for treatment of injuries sustained during accident:-

- (a) Students of Army Schools/ Army Public Schools.
- (b) Students of Army Professional Colleges.
- (c) Employees of Army Schools and Army Professional Colleges except those on daily wages and outsourced personnel.
- (d) Employees of HQ AWES and AWES Cells.

5. **Premium.** The premium is Rs 5 per month per individual thus making a total of Rs 60/- per individual per annum. The premium has already been paid by HQ AWES to National Insurance Company Limited for all covered personnel. Army Schools, Army Professional Colleges and AWES Cells are requested to forward the total amount for one year at the rate of Rs 60/- per individual by bank draft drawn in favour of Army Welfare Education Society by 30 Sep 2009. Premium for the period from 01 Aug 2010 to 31 Jul 2011 will be paid by the Schools/ Colleges and AWES Cells by 30 May 2010.

6. **Duration.** The duration of the insurance scheme is one year on 24 hours basis from 01 Aug 2009 to 31 Jul 2010 for accidents arising anywhere ie at home, at Schools / Colleges in public whilst engaging in any occupation, vocational activity and / or traveling by any mode of conveyance directly caused by external visible means in sudden, unforeseen manner. The agreement with National Insurance Company Limited may be renewed on yearly basis at the time of expiry of policy period on mutually agreed terms and conditions.

7. **Continuing Education Benefit.** The students of Army Schools/ Army Public Schools and Army Professional Colleges are also covered for continuing Education benefit in case of death/ permanent total disablement of the fee paying parent/ guardian due to an accident including at border places. However war is excluded from the coverage. The limit of compensation for policy period ie 01 Aug 2009 to 31 Jul 2010 under continuing education benefit would be one time payment of Rs 2.5 lacs per student to be suitably disbursed by HQ AWES to the school/ college on yearly basis for the balance period of school/ college and existing course duration.

**PART – II : AMOUNT PAYABLE ON DEATH PERMANENT TOTAL DISABILITY/  
DISABILITY DUE TO ACCIDENT, MEDICAL EXPENSES AND  
UNDER CONTINUING EDUCATION BENEFIT**

8. **Amount Payable Under the Insurance Policy to the Insured.**

(a) **Accidental Death.** Rs five lacs. This amount is payable on death of the insured person, caused directly and solely due to an accident.

(b) **Permanent Total Disablement.** Rs five lacs. This amount is payable if such injury shall as direct consequence thereof immediately, permanently, totally and absolutely disable the insured person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured.

(c) **Loss of Both Eyes and/ or both Limbs.** Rs five lacs. This amount is payable in case of loss of both eyes and/ or both limbs solely and directly due to an accident.

(d) **Loss of an Eye and a Limb.** Rs five lacs. This amount is payable in case of loss of an eye and a limb solely and directly due to an accident.

(e) **Loss of an eye or a limb.** Rs 2.5 lacs. This amount is payable in case of the loss of an eye or a limb (loss of a hand at or above the wrist or loss of a foot at or above the ankle) solely and directly due to an accident.

(f) **Medical Expenses.** Up to Rs 50,000/- (fifty thousand) are payable for medical expenses incurred for bodily injury arising out of an accident subject to treatment carried out in any hospital or nursing home, or Doctor on submission of relevant prescriptions, bills, cash memo, discharge summary etc in original.

(g) **Payment under Continuing Education Benefit.**

(i) Rs 2.5 Lacs. HQ AWES will disburse the above amount to the school/ college on yearly basis for the balance period of school/ college and existing course duration.

(ii) In case any student eligible for continuing education benefit due to any circumstances whatsoever leaves AWES institutions, the student shall not be eligible for the compensatory education benefit from the date he/ she leaves the school/ college. For this purpose, move from one Army school to another Army school will be covered under the policy and such students will continue to get benefit under the policy. The remark that the student is in receipt of continuing education benefit under 'Group Personal Accident Policy' will be endorsed by the school on the Transfer certificate of such students at the time of their leaving the school. The Army school where admission has been sought by such students will enter the particulars in their record. Both Army Schools will intimate the details of such students to HQ AWES on occurrence.

**PART – III : PRECEDURE FOR SUBMISSION OF CLAIMS**

9. **Procedure for Submission of Claims.** In the event of accidental death or injury to insured person as outlined above, the following procedure will be adopted:-

(a) **Initial Report.** Initial report will be submitted by Principal / Director of School/ College/ AWES Cell to HQ AWES on telephone within three hours of occurrence to be followed by written report within 72 hours of the accident by fax/ E-mail giving details to include the following (**Appendix A**):-

- (i) Name of the School/ College/ AWES Cell.
- (ii) Name of the insured student/ employee.
- (iii) Class & Roll Number/Admission Number.
- (iv) Date of birth and age.
- (v) Details of accident. Date, place and time of accident.
- (vi) Details of death/ injuries to the insured. Place of Death-City/ State.
- (vii) Name of Nominee.
- (viii) Relationship of Nominee with the deceased.
- (ix) Whether FIR with police lodged, being lodged.
- (x) Name and Address of Hospital (if any treatment taken).

(b) **Detailed Report.** The detailed report will be submitted by by Principal / Director of School/ College/ AWES Cell to HQ AWES within 25 days of occurrence of accident resulting in death/ injury as given above to include the following in addition to information in para 9 (a) above :-

- (i) Claim form duly filled and signed by School/ College authorities. Specimen attached as **Appendix B.**
- (ii) Copy of FIR issued by the police station.
- (iii) Copy of Postmortem Report.
- (iv) Death certificate issued by the Municipality/ or authorities concerned.
- (v) Discharge summary incase of hospitalisation along with receipts/ cash memos and other such supporting documents.

10. **Procedure under Continuing Education Benefit.** In case of death of parent/ guardian who has been supporting the education of the student, following information will be forwarded by the school/ college to HQ AWES on telephone followed by fax/ E-mail:-

- (a) Name of the deceased parent/ guardian.
- (b) Name of insured student and class.
- (c) Name of the school/ college.
- (d) Details of accidental death:-
  - (i) Date and time.
  - (ii) Place and state.
  - (iii) Death certificate.
- (e) Relationship of deceased with the student.
- (f) Original school/ college fee receipts.

11. **Time Limit of submission of claims to the Insurance Company.** The insurance claims are required to reach Insurance Company with the documents within one month of the accidents. It is important that the claims reach HQ AWES with all necessary documents at the earliest but not later than 25 days of accidents.

12. **Action by HQ AWES.** On receipt of the above information, HQ AWES will inform National Insurance Company Limited on telephone and fax giving the above information after vetting and authenticating the same. The relevant documents when received will be forwarded to National Insurance Company Limited by HQ AWES. HQ AWES will expedite the insurance company for early payment of claim amount.

**PART – IV EXCEPTIONS**

13. **For Insured Personnel.** The Insurance Company shall not be liable for payment under the following circumstances :-

(a) Compensation under more than one sub-clauses under Para 8 (a) to (e) in respect of the same period of disablement.

(b) Payment of compensation in respect of Death, Injury or Disablement of the Insured Person :-

(i) From intentional self-injury suicide or attempted suicide .

(ii) Whilst under the influence of intoxicating liquor or drugs.

(iii) Whilst engaging in aviation or ballooning, or whilst mounting into, 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.

(iv) Directly or indirectly caused by venereal diseases or insanity.

(v) Arising or resulting from the Insured Person committing any breach of law with criminal intent.

(c) Payment of compensation in respect of death injury or disablement of the Insured Person due to or 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) Civil War, Rebellion, Revolution, Insurrection Mutiny Military or Usurped Power Seizure Capture Arrests Restraints and Detainments of all Kings Princes and people of whatever nation condition or quality.

(d) Payment of compensation in respect of death of or bodily injury or any disease or illness to the Insured Person:-

(i) Directly or indirectly caused by or contributed to by or arising from ionizing radiations or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For this purpose, combustion shall include any self sustaining process of nuclear fission.

(ii) Directly or indirectly caused by or contributed to by or arising from nuclear weapons materials.

(e) The insurance under this policy shall not extend to cover death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof.

14. **Continuing Education Benefit.** All exclusion conditions listed in Para 13 would be applicable. Continued Education Benefit would also be applicable in case of death/ Permanent total disablement of the fee paying parent/ guardian due to an accident including at border places. However, war is excluded from the coverage.

**PART V : MISCELLANEOUS ASPECTS**15. **Documents.**

(a) All Army Schools, Army Professional Colleges and AWES Cells will maintain nominal roll of students and employees as per format given at **Appendix C** and the same would be available for inspection of the Insurance Company, if required.

(b) All Army Schools, Army Professional Colleges and AWES Cells will submit the following to HQ AWES by 30 Sep 2009 :-

(i) Total No of students and employees as per format given at **Appendix D.**

(ii) Declaration that proper attendance register giving the names of students and employees is maintained through out the year.

(c) All Army Schools, Army Professional Colleges and AWES Cells will maintain proper records of nominees after ascertaining the same from the insured and obtain their signatures accordingly.

(d) All concerned will also keep record of claims on account of death / disability of students/ employees and under continuing education benefit.

16. **Payment of Premium.** HQ AWES has already paid the insurance premium to National Insurance Company Limited. All Army Schools, Army Professional Colleges and AWES Cells will forward the insurance premium at the rate of Rs 60/- per student and employee by bank draft drawn in favour of Army Welfare Education Society by 30 Sep 09 payable at New Delhi positively. All Army Schools, Army Professional Colleges and AWES Cells will recover the premium amount from students and employees. Insurance premium for 2010-11 will be paid by schools/ colleges/ AWSES Cells to HQ AWES by 30 May 2010.

17. **Nomination.** Any amount under the policy shall be made to the following nominees:-

(a) In case of death of a student, to the surviving parent.

(b) In case of death of students with no surviving parents, to the nominees as shown in records.

(c) In case of death of any of the employees of the concerned Schools/ Colleges and employees of AWES Cell (except those on daily wages/ outsourced employees) to the NOKs/ nominees as applicable.

18. **Submission of Details.** It is important that required details are submitted to HQ AWES in time for expediting the claims on account of Group Personal Accident Policy for timely settlement of claims.

19. **Check List.** A check list as per format attached at **Appendix E** will invariably be attached with the claim for amount payable at death, permanent disability due to accident, medical expenses and for Continuing Education Benefit.

**CONCLUSION**

20. Group Personal Accident Policy has been taken from National Insurance Company Limited. It covers the students of all Army Schools, Army Professional Colleges and their employees (except those on daily wages, outsourced personnel) and employees of HQ AWES and AWES Cells.

21. The details of insurance policy are laid down above for information of all Insured Personnel, Principals of All Army Schools, Army Professional Colleges and Directors/ Additional Directors of AWES Cells are requested to disseminate the information to all concerned.

22. It is important that details of cases on occurrence are expeditiously intimated to HQ AWES for early settlement of claims.

Sd/x x x x x x  
(Amar Narwat)  
Col (Retd)  
Director S, L & F  
For Adjutant General

Case No : B/45549/AWES

Army Welfare Education Society (AWES)  
Adjutant General's Branch  
Integrated HQ of MoD (Army)  
FDRC Building No 202, Shankar Vihar  
(Near APS) Delhi Cantt -110 010

13 Aug 2009

**Distribution:-****List A, B, E & F****Internal****Director Schools & Colleges**

**Appendix C**

(Refers to Para 15(a) of Army HQ letter No B/45549/AWES dated 13 Aug 09)

**NAME OF SCHOOL / COLLEGE / HQ AWES CELL**  
**(TO BE MAINTAINED AND UPDATED FOR EVERY CHANGE)**

S/No	Name of Student	Class	Date of birth	Admission No & Date	Parent / Nominee	Address of Parent / Nominee & Tele No	Remarks
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

**NAME OF SCHOOL / COLLEGE / HQ AWES CELL**  
**(TO BE MAINTAINED AND UPDATED FOR EVERY CHANGE)**

S/No	Name of Employee	Post Designation	Type of Employee	Date of birth	NOK / Nominee	Address of Nominee & Tele No	<u>Remarks</u> To exclude daily wages & outsourced personnel
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

**Appendix D**

(Refers to Para 15 (b) (i) of Army HQ letter No B/45549/AWES dated 13 Aug 09)

**NAME OF SCHOOLS / COLLEGES / AWES CELL**

S/No	Total No of students	Total No of employees	Grant Total	<u>Remarks</u> 1. Daily wages, outsourced personnel to be excluded. 2. State as on 01 Aug 09
(a)	(b)	(c)	(d)	(e)

**Note** :- To be submitted to HQ AWES by 15 Sep each year by Fax / E-mail.

**Appendix E**

(Refers to Para 19 of Army HQ letter No B/45549/AWES dated 13 Aug 09)

**CHECK LIST TO BE SIGNED BY PRINCIPAL**

<b><u>Ser No</u></b>	<b><u>Point</u></b>	<b><u>Remarks</u></b>
1.	Did you intimate the details of the case to HQ AWES on telephone ?	Yes/No, if yes, date_____
2.	Did you submit initial report of the case in writing to HQ AWES ?	Yes/No, if yes, date_____
3.	Have you written the policy No, name of the student/ employee correctly ?	Yes/ No
4.	Have you mentioned the class of the student and the remaining years of education in school/ college ?	Yes/ No
5.	Have you given the date of birth of student/ employee?	Yes/ No
6.	Have you mentioned the name of the school/college/ AWES Cell ?	Yes/ No
7.	Are details of insured filled correctly ?	Yes/ No
8.	Are details of injured/ deceased person filled correctly?	Yes/ No
9.	Have declarations been signed by the injured person/ NOK of deceased ?	Yes/ No
10.	Have you countersigned declaration ?	Yes/ No
11.	Have you given the details of accident ie date, place and time of accident ?	Yes/ No
12.	Are the details of nominee filled correctly and signed by him ?	Yes/ No
13.	Have the following documents been attached ?  (a) Death certificate. (b) Postmortem Report. (c) FIR. (d) Fee receipts-in case of CEB Claims. (e) Discharge summary incase of hospitalisation along with receipts/ cash memos and other such supporting documents.	Yes/No Yes/No Yes/No Yes/No Yes/No

Place :

(Signature of the Principal)

Date :

**Appendix B**

Refers to Para 9 (b) (i) of Army HQ letter  
No B/45549/AWES dated 13 Aug 09

**GROUP PERSONAL ACCIDENT CLAIM FORM**

Policy No : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_  
 Name of life insured : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Age of insured : \_\_\_\_\_ Roll No / Emp No, if any \_\_\_\_\_  
 Address of institution : \_\_\_\_\_  
 Profession or Occupation : \_\_\_\_\_

1. State when and where the accident took place ? Give date and time \_\_\_\_\_
2. State how it happened and what the insured/ the life insured was doing at the time ?
3. State as fully as you can the nature and extent of the injuries sustained . \_\_\_\_\_
4. Give the name and address of the doctor attending. Is he usual Medical Attendant ?  
Has any other medical man been consulted ?
5. If the insured/ the life insured is still disabled, please indicate when he/ she is likely to be fit to resume usual business or occupation either wholly or in part. \_\_\_\_\_
6. When and where can the insured/ the life insured be visited (if necessary) by medical officer or an official of the insurer \_\_\_\_\_
7. Was the insured/ Life insured in good health and free from physical defect or infirmity at the time of the accident ?
8. Is a claim being made under any other insurance ? If so, please give particulars.

**DECLARATION**

I, the undersigned do hereby declare that to the best of my knowledge and belief the foregoing particulars are true and correct.

Date : \_\_\_\_\_ (Signature of Insured/NOK)

Stamp of Institution

**COUNTERSIGNED**

Principal with date

**Appendix A**

(Refers to Para 9 (a) of Army HQ letter No B/45549/AWES dated 13 Aug 09)

**SAMPLE OF INITIAL REPORT/ INTIMATION OF CLAIM UNDER GROUP PERSONAL ACCIDENT POLICY NO \_\_\_\_\_**

1. Name of the School/ College/ AWES Cell.
2. Name of the insured student/ employee.
3. Class & Roll Number/Admission Number.
4. Date of birth and age.
5. Details of accident. Date, place and time of accident.
6. Details of death/ injuries to the insured. Place of Death-City/ State.
7. Name of Nominee.
8. Relationship of Nominee with the deceased.
9. Whether FIR with police lodged, being lodged.
10. Name and Address of Hospital (if any treatment taken).

Place :

(Signature of the Principal)

Date :