


KERALA STATE ELECTRICITY BOARD Ltd

(Incorporated under the Companies Act, 1956)

The Chief Personnel Officer

Registered Office: Vidyuthi Bhavanam, Pattom, Thiruvananthapuram – 695 004

CIN: U40100KL2011SGC027424

Web: www.kseb.in

Phone :914712514472, 2514527, 2514455, 2514608

Email : pokseb@gmail.com

No.KSEBL/SEC/PD/82/2023-S7

Date:24-04-2024

CIRCULAR

- Sub:** Group Personal Accident Insurance Policy of New India Assurance Company Limited-Procedures to be followed by the ARU Heads as per the Terms and Conditions of the Service Level Agreement -reg.
- Ref:** 1.Office Order (CMD) No.143/2024/KSEBL/SEC/PD/82/2023-S7
Thiruvananthapuram,dated 23.01.2024.
2.Group Personal Accident Insurance Policy No.73080042220100000032
for the employees of KSEBL

As per the Office Order referred 1st above, KSEBL has decided to provide Group Personal Accident Insurance coverage to its employees through New India Assurance Company Limited. Accordingly a Service Level Agreement has been executed between KSEBL and The New India Assurance Company Limited. As per the said agreement New India Assurance Company Limited shall provide Insurance coverage to all insured employees for the period from 0:00 Hrs of 15.02.2024 to 23:59 Hrs of 14.02.2025.

Certain terms and conditions contained in the Service Level Agreement shall be complied with by ARU Heads for claiming fatal/non fatal accident claims. Hence the ARU Heads are hereby directed to strictly comply with the conditions enumerated below.

1. The Group Personal Accident Insurance premium for the year 2024-2025 for 28077 employees of KSEBL, @ Rs.708/-(Rupees Seven Hundred and Eight Only) per employee, had already been recovered from the salary of employees and the same has been remitted to the Bank Account of The New India Assurance Company Limited. The employee/employees who join KSEBL during the intervening months of the existing insurance coverage period (15.02.2024-14.02.2025) shall be permitted to join the said Insurance Scheme on payment of premium applicable for that respective period. For this, on the date of joining the service, the employee/employees shall remit the insurance premium amount on a pro-rata basis directly to the bank account provided by The New India Assurance Company

Limited. The premium amount payable on pro-rata basis in respect of employees joining KSEB Ltd in respective months of coverage period of the policy are detailed below. The same shall be informed to the newly joined employee by the ARU Head.

Month wise premium amount on pro rata basis for newly joined employees:-

| Year | Month | Net Premium | Tax @ 18% | Total |
|------|-----------|-------------|-----------|-------|
| 2024 | February | 600 | 108 | 708 |
| 2024 | March | 600 | 108 | 708 |
| 2024 | April | 550 | 99 | 649 |
| 2024 | May | 500 | 90 | 590 |
| 2024 | June | 450 | 81 | 531 |
| 2024 | July | 400 | 72 | 472 |
| 2024 | August | 350 | 63 | 413 |
| 2024 | September | 300 | 54 | 354 |
| 2024 | October | 250 | 45 | 295 |
| 2024 | November | 200 | 36 | 236 |
| 2024 | December | 150 | 27 | 177 |
| 2025 | January | 150 | 27 | 177 |
| 2025 | February | 150 | 27 | 177 |

Those employees who are on Leave without allowance/other eligible leave/suspension/deputation/unauthorized absence/absconding etc, in respect of whom premium has not been remitted so far, the insurance premium (Rs.708/- Rupees Seven Hundred and Eight Only) shall be remitted directly to the bank account provided by The New India Assurance Company Limited. A written intimation instructing them to directly remit insurance premium may be given to such employees. A consolidated list of such employees in respect of whom the premium has not been paid so far shall be forwarded to personnel Department for further necessary action.

2. The bank account details of New India Assurance Company Limited for remittance of insurance premium are as follows:-

Name of Bank :- Union Bank of India
Name of Branch :- Ravipuram Branch
Account Number :- 510101000196869
IFSC code :- UBIN0901318

On receipt of challan / pay-in-slip towards the remittance of insurance premium amount, by those employee/employees mentioned in above cases, the ARU Head shall submit the duly filled Form A (copy enclosed), along with copy of challan

t o New India Assurance Company Limited on the date of remittance of insurance premium amount. The copy of the said details shall also be forwarded to the O/o The Chief Personnel Officer forthwith for information and further necessary action.

As per the Agreement, the insurance coverage of each employee will commence only after the premium amount is transferred and credited to the Bank Account of The New India Assurance Company Limited.

3. All ARU Heads are directed to ensure prompt remittance of premium amount of all employees under his/her jurisdiction t o the Bank Account of The New India Assurance Company Limited.
4. As per the said agreement, those employees who remitted Group Personal Accident Insurance Premium for the year 2024 and retires/dismissed/terminated from service during the intervening months of the policy period, their insurance coverage period shall be valid up to 14.02.2025. Hence necessary steps shall be taken by the ARU Heads concerned for forwarding the claim applications in respect of those employees upto the coverage period of 14.02.2025.
5. The Insurance coverage is applicable for the following cases:-
 - a. Death
 - b. Permanent disablement (total/partial)
 - c. Temporary disablement

** (Temporary disablement - When an insured employee becomes temporarily/totally disabled from engaging in any employment or occupation of any description whatsoever, a sum at the rate of 1% of the capital sum insured, but not exceeding Rs10000/-per week in all or weekly salary shall be granted by the Insurance Company).*

6. In the event of an accident, ARU Head concerned shall intimate the New India Assurance Company Limited about the occurrence of the accident within 60 days. A copy of the intimation letter shall also be forwarded t o the O/o The Chief Personnel Officer.
7. In the event of an accident, the following documents shall be collected and submitted to the O/o the New India Assurance Company Limited within 12 months from the date of occurrence of accident by the ARU Heads concerned. The documents shall be forwarded to the address mentioned below

The Chief Regional Manager

The New India Assurance Co. Limited

Ernakulam CBO- 860000

Ist Floor, Kottakkal Arya Vaidya

Sala Buildings, PBN0.2451, M.G

Road,

Ernakulam, Kochi – 682016

Phone Office: 0484-2376277

2376653

2375279

Email - nia.860000@newindia.co.in.

8. The ARU Head concerned, shall certify the identity of the insured employee/legal heir for claiming the policy amount. Certification to the effect that the insured employee had been working under his jurisdiction from the date of joining (under the ARU concerned) till the date of occurrence of accident shall also be given by the ARU head.

9. The documents mentioned below are necessary for settling the claims.

(i). Documents to be submitted for Death Claims

1. Claim form duly filled, signed and sealed by the ARU Head.
2. First Report of accident
3. Detailed report of accident
4. Death certificate Original/duly attested
5. FIR Original/duly attested
6. Police Inquest Report Original/duly attested
7. Post Mortem Certificate Original/ duly attested
8. Legal Heirship Certificate issued by Thalsidar, duly Notarized.
9. Succession Certificate issued by competent court of law is necessary only in case of dispute existing between legal heirs
10. Copies of PAN Card, Aadhar card of the insured and claimants
11. Any other documents having relevance to the claim as required by the insurer.

The employee/legal heir may be informed that the '**Documents once submitted to the Insurance Company for settling claims, as specified above will not be returned back by the Insurance Company**'.

ii. Documents to be submitted for Disablement Claims (total/ partial)

1. In case of total/partial disablement sustained by an employee - certificate issued by the District Medical Board specifying percentage of disablement sustained by victim.

2. In case of injuries sustained as specified in the list attached (Schedule-1)- certificate from medical practitioner (a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine for Homeopathy set up by 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 his license.

iii. Documents to be submitted for Temporary Disablement Claims

In addition to the documents (1), (2), (3), (5), (10) & (11) the following documents may also be submitted

1. Period of treatment and rest advised by doctor in specified format.
 2. Fitness Certificate in specified format certifying the date from which the employee is fit to resume duties.
 3. Copy of treatment details attested by medical practitioner concerned.
 4. Leave Certificate issued by ARU Head concerned
12. When the claim of the insured employee is sanctioned by the Insurance Company 'Settlement Intimation Voucher' will be issued by the New India Assurance Company Limited. In token of that, the ARU Head shall submit a 'Disbursement Certificate' to the New India Assurance Company Limited in prescribed format, specifying the details of apportioning of claim amount among the legal heirs of the insured employee as specified in the legal heirship certificate / succession certificate along with details of bank account (copies of bank pass book to be attached) for death claims and details of insured employee with bank account details (copies of bank pass book to be attached) for non fatal accident claims whichever is applicable.
13. Copy of the details of closure of the claim along with proof of disbursement and receipt of claim amount by the beneficiaries forwarded by the New India Assurance Company Limited shall be forwarded to the O/o The Chief Personnel Officer, Personnel Department, Vydyuthi Bhavanam, Pattom for record purposes
14. All ARU Heads concerned are also directed to take necessary actions for submission of claims within time limit to the Insurance Company and ensure the prompt settlement of claims in respect of the Insured employees. The ARU Heads shall be held liable for the liabilities arising out of lapses if any occurred in this regard and non observance of the above guidelines.

Schedule I

| | | Percentage of Capital Sum Insured |
|-----|--|---|
| 1. | Loss of toes - all | 20 |
| 2. | Great - both phalanges | 05 |
| 3. | Great one phalanx | 02 |
| 4. | Other than great, if more than one toe lost for each | 01 |
| 5. | Loss of hearing - both ears | 75 |
| 6. | loss of hearing - one ear | 30 |
| 7. | loss of four fingers and thumb of one hand | 40 |
| 8. | Loss of four fingers | 35 |
| 9. | Loss of thumb - both phalanges | 25 |
| 10. | Loss of thumb - one phalanx | 10 |

| | | |
|-----|---|--|
| 11. | Loss of index finger - three phalanges or two phalanges or one phalanx | 10 |
| 12. | Loss of middle finger - three phalanges or two phalanges or one phalanx | 06 |
| 13 | Loss of nine fingers – three phalanges or two phalanges or one phalanx | 05 |
| 14 | Loss of middle finger- three phalanges or two phalanges or one phalanx | 04 |
| 15 | Loss of metacarpals - first or second (additional) or third, fourth or fifth (additional) | 03 |
| 16 | Any other permanent partial disablement | Disability Certificate issued by Disability Assessment Board / Standing disability Assessment Board or Permanent Partial Disability certificate issued by Medical Practitioner can be accepted for claim purpose. percentage as assessed by the panel doctor of the Insurance Company. Where, the % certified by Doctors belonging to government service in Kerala, varies, percentage as assessed by the said panel can be taken as final for claim purposes. |

Schedule 2**CERTIFICATE**

This is to certify that Sri....., at has been working under my jurisdiction since..... Also certifies that salary in the pay scale has been disbursed to the said incumbent for the last twelve months. The certificate is issued only for the purpose of producing before the Branch Manager, New India Assurance Company Limited for availing insurance claims.

Place :

Date:

Seal of

Signature, Designation and

the Drawing/Disbursing Officer

**New India Assurance Company Limited
Form A**

Statement showing deduction towards Group Personal Accident Insurance Scheme to the employees of Kerala State Electricity Board Employees Limited.

Name of the office

Address

.....

Mode of Payment.....

Details of remittance.....

| SI No | Name of Employee | Gender | DOB | Age | Designation | Amount |
|-------------|------------------|--------|-----|-----|-------------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Grand Total | | | | | | |


(RupeesOnly).

Place :

Name and Signature of

Date :

Drawing & Disbursing Officer


SECRETARY