



KERALA STATE ELECTRICITY BOARD Ltd

(Incorporated under the Companies Act, 1956)

Registered Office: Vidyuthi Bhavanam, Pattom,

Thiruvananthapuram – 695 004

CIN: U40-00KL2011SGC027424

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No. PS-ST7/2022/3824 (5)

Dated: 03.03.2023

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.127/2023(PS/ST7/3824/2022) Thiruvananthapuram, dated 25.01.2023.
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 to its employees through New India Assurance Company Limited. Accordingly a Service Level Agreement has been executed between KSEBL and 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 15.02.2023 to 14.02.2024.

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 2023-2024 for 29662 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 New India Assurance Company Limited. The employee/employees who join KSEBL during the intervening months of the existing insurance coverage period (15/2/2023-14/2/2024) 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 New India Assurance Company Limited. The premium amount on pro-rata basis shall be calculated and informed to the employee by the ARU Head.

Calculation of premium amount on a prorata basis for newly joined employees:-

Insurance Premium x Number of days / 365

* Insurance Premium =Rs.708/-(Rupees Seven Hundred and Eight Only)

** number of days = date of joining of the employee to date of expiry of policy ie,14/02/2024

In respect of those employees who are on Leave without allowance/other eligible leave/suspension/deputation/unauthorized absence/absconding etc the insurance premium (Rs.708/- Rupees Seven Hundred and Eight Only) shall be remitted directly to the bank account provided by New India Assurance Company Limited.A written intimation regarding the same may be given to such employees.

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 :- Nagarcoil
Account Number :- 510101001804358
IFSC code :- UBIN0907537

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 to 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.

It may be noted that, 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 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 to the Bank Account of New India Assurance Company Limited.

4. As per the said agreement, those employees who remitted Group Personal Accident Insurance Premium for the year 2023 and retires/dismissed/terminated from service during the intervening months of the policy period, their insurance coverage is extended up to 14/02/2024. 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 14/02/2024..

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 to 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 Senior Divisional Manager
New India Assurance Company Limited
Divisional office -730800
Pillars Gate, Opposite- Anna Stadium
Balamore Road, Nagarcoil 629001
Phone No - 04652 231304
Email - nia.730800@newindia.co.in.**

8. The ARU Head concerned, shall certify the identity of the insured employee/legal heir, and also certify that the insured employee had been working under his jurisdiction from the date of joining (under the ARU concerned) till the date of accident.

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 Notarized
5. FIR Original/duly Notarized
6. Police Inquest Report Original/duly Notarized
7. Post Mortem Certificate Original/ duly Notarized

8. Legal Heirship Certificate/Succession Certificate issued by competent court of law, Original/ duly Notarized.

* (Succession Certificate issued by competent court of law is necessary only in case of dispute existing between legal heirs)

9. Any other documents having relevance to the claim.

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

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

10. 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.

11. Details of closure of the claim along with the proof of disbursement and receipt of claim amount forwarded by the New India Assurance Company Limited shall be forwarded to the O/o The Chief Personnel Officer, Personnel Department, Vidyuthi Bhavanam, Pattom.

12. All ARJ Heads concerned are also directed to take necessary actions for lodging the claims in time with the Insurance Company and ensure the prompt settlement of Insurance Claims in respect of the Insured employees. The ARU Heads will be responsible for the liabilities arising out of the lapses and non observance of the above guidelines.



SABITHA S
Secretary

Schedule 1

		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 little 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 assessec by thesaid panelcan 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

Signature, Designation and Seal of
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.....

Sl No	Name of Employee	Gender	DOB	Age	Designation	Amount
Grand Total						

(RupeesOnly).

Place
Date

Name and Signature of
Drawing & Disbursing Officer

Copy to:

All Chief Engineers/Financial Adviser/Chief Internal Auditor/The LA & DEC/ The Chief Vigilance Officer/ All Deputy Chief Engineers/The TA to Chairman & Managing Director/The TA to Director(REES, SOURA, NLAUVU Project, Sports & Welfare)//The TA to Director (G-C)/The TA to Director (Gen- Electrical & -HRM)/The TA to Director (D, SCM & IT)/The TA to Director (T, SO, Plg & Safety)/ The Company Secretary /The PA to Director Finance/All Executive Engineers/The Deputy Secretary (Admn) The Chief Public Relations Officer/All Regional Audit Officers/CA to Secretary (Admn)/ Stock file.