

**KERALA STATE ELECTRICITY BOARD Ltd**

(Incorporated under the Companies Act, 1956)

O/o The Chief Personnel Officer

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

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NoKSEBL/SEC/PD/82/2023-S7

Date:28-05-2025

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) B.O(FTD) No.25/2025(KSEBL/SEC/PD/82/2023-S7) dated 24.01.2025
2) Group Personal Accident Insurance Policy No.86000042240100000100 for the employees of KSEBL

As per the Board 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 00:00 Hrs of 15.02.2025 to 23:59 Hrs of 14.02.2026.

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 2025-2026 for 26367 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 (15.02.2025-14.02.2026) 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 through the Samagra portal. 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
2025	February	600	108	708
2025	March	600	108	708
2025	April	550	99	649

2025	May	500	90	590
2025	June	450	81	531
2025	July	400	72	472
2025	August	350	63	413
2025	September	300	54	354
2025	October	250	45	295
2025	November	200	36	236
2025	December	150	27	177
2026	January	150	27	177
2026	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 through the Samagra portal. A written intimation instructing them to remit insurance premium may be issued 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. As per the said agreement, those employees who remitted Group Personal Accident Insurance Premium for the year 2025 and retires/dismissed/terminated from service during the intervening months of the policy period, their insurance coverage period shall be valid up to 14.02.2026. Hence necessary steps shall be taken by the ARU Heads concerned for forwarding the claim applications in respect of those employees up to the coverage period of 14.02.2026.

3. The Insurance coverage is applicable for the following instances:

- 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 Rs.10000/-per week in all or weekly salary shall be granted by the Insurance Company)

4. In the event of an accident, ARU Head concerned shall intimate by mail to the O/o the Chief Personnel Officer about the occurrence of the accident within 30 days. (A copy of the same shall also be forwarded to the Insurance Company)

'Failure to report accidents within 30 days shall lead to rejection / denial of insurance claims followed by initiating strict disciplinary action against the department head & staff responsible for the same'

5. In the event of a Fatal accident, the documents detailed below shall be collected and submitted to the O/o the Chief Personnel Officer 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 Personnel Officer
KSEB Employees' Welfare Fund
Personnel Department
Vydyuthi Bhavanam, Pattom
Thiruvananthapuram - 695004
Email: pokseb@gmail.com**

6. In the event of a Non Fatal accident, the documents detailed below shall be collected and submitted to the New India Assurance Company Limited within 12 months from the date of occurrence of the 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
1st Floor, Kottakkal Arya Vaidya Sala Buildings,
PBNo.2451, M.G Road
Ernakulam, Kochi - 682016.
Phone Office : 9995277464
:9895111464
Email - nia.860000@newindia.co.in./ Copy to pokseb@gmail.com**

Copy of the accident intimation send to the New India Assurance Limited, shall be forwarded to the O/o the Chief Personnel Officer for information.

7. 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 jurisdiction of that office from the date of joining (under the ARU concerned) till the date of occurrence of accident shall also be given by the ARU head

8. The documents mentioned below shall be submitted for processing the claims

(i) Documents to be submitted for Death Claims (to be forwarded to the O/o The Chief Personnel Officer)

1. Claim form duly filled, affixing signature and seal of 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. Postmortem Certificate Original/ duly attested
8. Final Report.
9. Legal Heirship Certificate issued by Thalsidar, duly attested.
10. NOC from other legal heirs.
11. Succession Certificate issued by competent court of law is necessary only in case of dispute existing between legal heirs.

12. Bank Account Details
13. Copies of PAN Card, Aadhar card of the insured and claimants.
14. 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) (to be forwarded to the New India Assurance Co. Ltd)

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 (to be forwarded to the New India Assurance Co. Ltd)

To claim both total / partial disablement claims, as detailed in section 8(ii), and temporary disablement claims in section 8(iii), in addition to the documents (1), (2), (3), (5), (13) & (14) specified in 8(i), the following additional documents shall 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.

9. 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

10. Copy of the details of closure of the claim along with proof of disbursement and the receipt of claim amount by the beneficiaries issued 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.

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.

All ARU Heads concerned are also directed to take time bound necessary

actions for submission of claims within time limit prescribed as above 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 if any arising out of lapses occurred in this regard in addition to the loss sustained by the claimants on account of the non observance of the above guidelines.



SAJEEV E P
SECRETARY