



KERALA STATE ELECTRICITY BOARD LIMITED

(Incorporated under the Companies Act, 1956)

CIN:U40100KL2011SGC027424

**Regd. Office - Vidyuthi Bhavanam, Pattom,
Thiruvananthapuram, Kerala-695004.**

Phone No.0471 2514472, 2514527, 2514455 FAX No.0471 2514472

Web: www.kseb.in e-mail:pokseb@gmail.com

No.PS2/Group Personal Accident Insurance /21-22/

Dated: 18.05.2022

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. Minutes of the Governing Body of KSEBEWF dated 30.12.2021.
2. B.O (FTD) No.94/2022(P52/EWF/GB/2016 TVPM dated 04.02.2022.
3. Group Accident Policy No.73020342210100000084 for the employees of KSEBL
4. Note No.WF.GB/2016 dated 11.04.2022 submitted to the Director (Finance) by the Chief Personnel Officer.

As per the Board Order read as 2nd 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 agreement New India Assurance Company Limited shall provide Insurance coverage to the insured employees for the period from 16/02/2022 to 15/02/2023.

There are certain terms and conditions in the Service Level Agreement which are to be dealt with by ARU Heads for claiming fatal/non fatal accident claims. Hence the ARU Heads are directed to strictly comply with the conditions enumerated below.

1. The Group Personal Accident Insurance premium for the year 2022-2023 for 31203 employees of KSEBL, @ Rs.708/- per employee, had already been deducted 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 (16/2/2022-15/2/2023) 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 in pro-rata basis directly to the bank account provided by New India Assurance Company Limited. The premium amount in pro-rata basis shall be calculated and provided to the employee by the ARU Head.

calculation of premium amount in prorata basis for newly joined employees

Insurance Premium X number of days / 365

* Insurance Premium =708/-

* number of days = date of joining of the employee to date of expiry of policy
ie,15/02/2023

The employees who were on Leave without allowance or any other eligible leave/ suspension / deputation shall remit the insurance premium (708/-) to the bank account provided by New India Assurance Company Limited.

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

Name of Bank	:- Tamilnadu Merchantile Bank
Name of Branch	:- Vandiyur
Account Number	:- 354150050800034
IFSC code	:- TMBL0000354

After the submission of challan/pay-in-slip towards the remittance of insurance premium amount, by the employee/employees (who joins during the intervening months) the ARU Head shall submit the duly filled Form A, 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 be forwarded to the O/o The Chief Personnel Officer forthwith.

As per the agreement the insurance coverage of each employee will commence only after the remittance of the said premium against each employee to the insurer.

3. All ARU Heads are directed to ensure prompt remittance of premium amount to the Bank Account of New India Assurance Company Limited of all employees under his/her jurisdiction.

4. As per the said agreement the Insurance Coverage for employees, who retire/dismissed/terminated from service during the intervening months of the policy period is extended up to 15/02/2023. Hence necessary steps shall be taken by the ARU Heads concerned for processing the claims of those employees also.

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 Branch Manager
New India Assurance Company Limited
Melemadai Branch office -730203
Plot No-196, 1st Floor, Vaigai colony,
Anna Nagar, (Near Ambika Theater)
Madurai-625020 Phone 0452-2530430
(Email :- nia.730203@newindia.co.in)
(Email:- m.kanimuthu@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 Permanent 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.

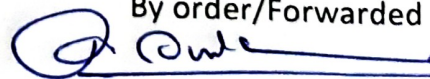
11. Details of closure of the claim along with the proof of disbursement and receipt of claim amount forwarded by the New India Assurance Company Limited shall be forwarded to the O/o The Chief Personnel Officer, Personnel Department, Vydyuthi Bhavanam, Pattom.

12. All ARU 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.

Sd/-
Secretary (Administration)

Copy to:

All Chief Engineers/The Financial Adviser/Chief Internal Auditor/Legal Adviser & Disciplinary Enquiry Officer/The Chief Vigilance Officer/ The Company Secretary (i/c)
The TA to Chairman & Managing Director /The TA to Director (D & IT)/
The TA to Director (Trans. & SO) The TA to Director (Plg, Safety & SCM)/
The TA to Director {Generation & Electrical/The TA to Director {(Generation (Civil)/
The Ta to Director (REES, Saura, Sports & Welfare)/
The PA to Director (Finance)/ The FC Superintendent/Record Section/Library/Stock File.

By order/Forwarded by


Senior Superintendent