

JANATA PERSONAL ACCIDENT POLICY
MARKET AGREEMENT
(With effect from 15/01/99)

SALIENT FEATURES

Any person irrespective of sex, occupation and profession in the age group of 10 to 80 years may be covered under JANATA PERSONAL ACCIDENT POLICY.

SCOPE OF COVER:

This insurance will pay to the Insured (or in case of death, to the assignee) the amount shown against the table of benefits, if the insured shall sustain any bodily injury resulting solely and directly from accident caused by outward violent and visible means and such bodily injury within the twelve calendar months of its occurrence be the sole and direct cause of:

	Table of Benefits	Sum Insured Payable
(i)	Death	100% of S.I.
(ii)	Total and irrecoverable loss of sight of both eyes or loss of use of two hands or feet or loss of sight of one eye and loss of use of hand or foot.	100% of S.I.
(iii)	Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot.	50% of S.I.
(iv)	Permanent total disablement due to accident.	100% of S.I.

SUM INSURED :

The policy may be issued for minimum sum insured of Rs.25,000/- per person per annum and the maximum sum insured is to be limited to Rs.5,00,000/- person per annum.
Income proof is required if sum insured is more than Rs. 2 lakhs.

PREMIUM :

The rate of premium is Rs.15/- for a sum insured of Rs.25,000/-. The sum insured shall be increased in multiples of Rs.25,000/- and premium is charged accordingly.

GROUP DISCOUNT :

GROUP SIZE	DISCOUNT
101 to 1000	5%
1,001 to 10000	7.5%
10001 to 50000	10%
50001 to 100000	12.50%
100001 to 200000	15%
Above 2 lacs	Upto 70%

Group Insurance policy should be issued only in respect of the named Groups. For the purpose of availing of Group Discount and other benefits, the proposed “Group” should fall clearly under any one of the following categories:

- Employer-employee relationship including dependents of the employee.
- **Pre identified segments/groups where the premium is to be paid by the State/Central Governments.**
- Members of a registered co-operative society.
- Members of Registered service clubs.
- Holders of credit cards of Banks/Diners/Master/Visa.
- Holders of Deposit Certificates issued by Bank/NBFCs.
- Shareholders of Banks/Public Limited Companies.
- In case a particular group proposed for insurance does not clearly fall inder any one of the above categories, such a proposal should be referred to the HO who, in turn, should refer it to the Market Committee. Written prior approval and acceptance of the Market Committee will be necessary before such a ‘Group’ can be eligible for Group Discount.
- No group discount can be offered on the ‘anticipated’ group size. Group discount is to be considered and worked out only on the actual number of members registered in the ‘Group’ at the time of taking out the policy.

- Under no circumstances, claims under such policies can be paid to any one other than the individual insured.
- Wherever group policies for higher sum insured are needed, the same shall be covered under Personal Accident policy.

LONG TERM DISCOUNT :

Term of the Policy (Years)	Discount (%)
1	Nil
2	5
3	10
4	15
5	20
6	25
7	30
8	35

SPECIAL CONDITION :

All discounts including group discounts, long term discounts, (except special discount in lieu of agency commission) put together would be restricted to 30% under all circumstances.

EXCLUSIONS :

- I. Any existing disability.
- II. Death injury or disablement due to intentional self injuries, suicide or attempted suicide.
- III. Disablement or death under influence of liquor or drug.
- IV. Death or disablement during racing, shooting, big game hunting, mountaineering, ice hockey, winter sports.
- V. Insanity.
- VI. Breach of law with criminal intention.
- VII. War group of perils.
- VIII. Nuclear group of perils.

IMPORTANT UNDERWRITING INSTRUCTIONS:

- I. The policy in respect of Individual or Group JPA should be issued for a maximum period of 8 years.
- II. In case of long-term policy, the premium is to be collected in one lump sum amount in advance.
- III. No refund of premium will be allowed even if the claim arises in the earlier years under long-term policy.
- IV. No renewal of group policy should be encouraged where loss ratio is 70% and above.
- V. PTD should be covered as per existing JPA policy and only Death cover should not be given.

CLAIMS PROCEDURE:

1. Immediate notice to be given to the Policy issuing office.
2. Claim form to be submitted with medical certificate and bills.
3. For death claim, nominees should submit:
 - (a) Death Certificate
 - (b) Original Policy
 - (c) Claim Form
 - (d) Postmortem Report
 - (e) Police Report, if complaint is lodged
4. Claims of persons presumed to be dead due to drowning may be settled after two years of the submission of the following documents :
 - (a) Police report and final investigation report
 - (b) Report of findings by Customs/Port Authorities
 - (c) Affidavit duly notarized
5. Subject to above, claims of persons of fishing vessels which is missing or a total loss will be presumed dead and claim settled accordingly.



दि ओरिएण्टल इंश्योरेंस कम्पनी लिमिटेड
THE ORIENTAL INSURANCE COMPANY LIMITED

पंजीकृत कार्यालय: "ओरिएण्टल हाउस", ए-25/27, आसफ अली रोड, नई दिल्ली-110 002
Registered Office: "Oriental House", A-25/27, Asaf Ali Road, New Delhi-110 002
भारत सरकार का एक उपक्रम / A Govt. of India Undertaking

ग्रामीण / जनता व्यक्तिगत दुर्घटना बीमा के लिए प्रस्ताव प्रपत्र वार्षिक/दीर्घ अवधि पॉलिसी
PROPOSAL FORM FOR GRAMIN/JANATA PERSONAL ACCIDENT INSURANCE ANNUAL/LONGTERM POLICY

संदर्भ सं० /Ref. No: _____ संदर्भ तारीख/ Ref.Date: _____ प्रीमियम/ Premium _____
एजेंट कोड/ Agent Code: _____ विकास अधि० को० / Dev. Office Code: _____ पॉलिसी सं०/Policy No _____

1. प्रस्तावक का नाम श्री/श्रीमती/Name of Proposer Mr./Mrs. _____
2. पूरा पता/Full Address _____
3. उम्र/Age _____
4. जन्म तिथि/Date of Birth _____
5. व्यवसाय/Occupation _____
6. वार्षिक आय रु./Annual Income Rs. _____
7. क्या कोई अक्षमता है/If there is any disability _____
कृपया स्पष्ट करें/Please specify _____
8. नामित का नाम/Name of the nominee _____
9. उसका/उसकी उम्र _____
10. बीमाधारक से सम्बंध _____
His/Her Age _____ Relation with Insured _____
11. उसका/उसकी पूरा पता/His/Her full address _____
12. नामित का गवाह/Witness to Nomination _____
ए. A. नाम/Name: (1) _____ (2) _____
बी B. पता/Address: (1) _____ (2) _____
13. कुल बीमा राशि रु./Capital Sum Insured Rs. _____
14. पॉलिसी की अवधि(1 वर्ष से 15 वर्ष/Policy period (1 year to 15 years) _____
15. बीमा की अवधि/Period of Insurance _____ से _____ त
From _____ To _____
16. पॉलिसी के अन्तर्गत भुगतान किया गया प्रीमियम/Premium paid under the Policy _____
17. प्रीमियम भुगतान का माध्यम केश/चैक/डी.डी./पी.ओ./Mode of payment of Premium Cash/cheque/D.D./P.O. _____

मैं एतद्वारा घोषित एवं प्रमाणित करता हूँ कि उपरोक्त कथन सत्य है, इसमें जैसा बर्णित है उस आधार पर मैं बीमा करना चाहता हूँ कि तब
बात से सहमत हूँ कि यह प्रस्ताव एवं घोषणा मेरे तथा कम्पनी के बीच अनुबंध का आधार होगा, साथ ही मैं कम्पनी द्वारा निर्धारित पॉलिसी
के स्वीकार हेतु सहमत हूँ।

I hereby declare and warrant that the above statements are true. I desire to effect an insurance as describe
in and agree that this proposal and declaration shall be the basis of the contract between me and the
Company and I agree to accept a policy as prescribed by the Company.

दिनांक/Date

प्रस्तावक का हस्ताक्षर
Proposer's Signature

THE ORIENTAL INSURANCE CO LTD

Regd Office : ORIENTAL HOUSE, A-25/27, Asaf Ali Road, New Delhi 110 002

GENERAL MICRO INSURANCE PRODUCT JANATA / GRAMIN PERSONAL ACCIDENT CLAIM FORM

CLAIM NO :

SECTION I (TO BE COMPLETED IN RESPECT OF ALL CLAIMS)	
1.(a) Insured's name (b) Address (c) Age	(a) (b) (c)
2. (a) Policy NO (b) Period of Insurance (c) Issuing Office	(a) (b) (c)
3. (a) When did the accident occur ? (b) Details	(a) Date Time Place Whether reported to the Police : Yes/No (b)
4. (a) Were you removed to hospital immediately after the accident ? (b) If yes, Name and address of the hospital	(a) Yes / No (b)
5.(a) Have you taken any other Janata Personal Accident Policy? If yes, please state (i) Name of the Company (ii) Address of the issuing office (iii) Policy No. (iv) Period of Insurance (b) Are you entitled to recover medical/hospitalization expenses under any other medical / hospitalization scheme. If yes (i) Name of the Scheme (ii) Amount paid or payable	(a) Yes / No (i) (ii) (iii) (iv) (b) Yes / No (i) (ii)
SECTION II (To be completed by Hospital Authorities)	
	As in-patient / out-patient / emergency

	case
1. Name and Address of the Hospital	1.
2. Date of Admission	2.
3. Date of discharge	3.
4. (a) Nature of injury (b) Particulars of treatment	(a) (b)
5. Has the accident resulted into loss of hand/s, foot/feet or eye/s or permanent total disability of any other type which may prevent insured from engaging in or being occupied with or giving attention to any employment or occupation whatsoever ? If yes, please given details.	
6. Hospital Expenses (Please attach original bills)	
Date	Signature of the Competent Authority of Hospital / Nursing Home
Rubber stamp of Hospital	Name Designation
SECTION III (To be completed by nominee in the event of insured's death)	
Details of Nominee : (a) Full Name (b) (b) Address (c) Age (c) Relationship with the deceased	
Signature of the Nominee	
Please attach the following documents :	
1. Death Certificate 2. Post Mortem Report 3. Original Policy	
Declaration to be Signed by the Insured or by the Nominee(in the event of death of Insured) I HEREBY DECLARE and warrant the truth of the foregoing particulars in every respect. I have not concealed or suppressed any facts and agree that if I have made or shall make false or untrue statement or conceal any material information, my rights for compensation shall be forfeited. I ALSO HEREBY DECLARE that I am accepting the amount of rs._____ in full discharge of your obligations under the Policy to the Insured and/or his/her legal heirs and I will hold you indemnified in the event of any claim under this Policy being made against you by any other person or persons.	

Date _____ SIGNATURE _____