

**Government of Himachal Pradesh  
Finance (IF) Department.**

No.Fin-IF(F)9-5/2012

Dated: Shimla-171002, the 16<sup>th</sup> Nov, 2016

The Governor, Himachal Pradesh is pleased to renew the Group Personal Accident Insurance Scheme for Regular, Adhoc, Part-time, Contractual and Daily Waged employees of Government Departments, Boards, Corporations, Universities and Autonomous Bodies on compulsory basis for a period of one-year w.e.f. 18.11.2016. The scheme would be implemented by the State Government through Heads of Departments.

**Salient features of the scheme are as under:-**

1. Premium Rs. 80/- per annum per employee
2. Coverage
  - i) Any kind of accident (Post Mortem Report and FIR is compulsory).
  - ii) Drowning, washing away in floods, landslides, snakebite, earthquakes & cyclone (Post Mortem Report and FIR is compulsory).
  - iii) The cover is available on twenty-four hour basis and includes all types of accidents arising anywhere, i.e., at home, in public, whilst engaged in any occupation/vocational activity and/ or travelling by any mode of conveyance, directly caused by external violent & visible means in sudden, unforeseen manner.
  - iv) Natural deaths, i.e. deaths not occurring due to accidents, however not covered under the scope of this scheme.
3. **Sum assured/Benefits in case of accident:-**
  - (a) Death Rs.2.00 Lakh
  - (b) Permanent total disablement Rs.2.00 Lakh

contd

- |                               |              |
|-------------------------------|--------------|
| (c) Loss of one limb+ one eye | Rs.2.00 Lakh |
| (d) Loss of one limb/eye      | Rs.1.00 Lakh |

**A. Mode of premium payment**

1. Since the scheme is implemented on compulsory basis, each & every DDO(s) would ensure deduction of Rs.80/- as premium from each employee from the salary for the month of Nov, 2016 in one installment only and the same will be deposited in receipt Head-0235-60-105-02 positively.
2. The Boards/Corporations/Universities/Autonomous Bodies will also deposit the premium in above stated Receipt Head in respect of their employees who are being paid salaries by these organizations.

**B. Procedure for claims**

The concerned DDO(s) shall prefer the claims to their Head of Department. The following documents will required to be attached with the claim form duly countersigned by the concerned DDO.

**(i) In case of death**

- (a) Intimation from Legal heir of deceased within 30 days of death;
- (b) Claim form along with copy of FIR, post mortem report by appropriate authority;
- (c) Death certificate issued by the appropriate authority
- (d) Legal heir certificate issued by the appropriate authority.

**(ii) In case of injury;**

- (a) intimation from claimant;
- (b) Claim form;
- (c) Treatment & disability certificate in event of permanent total disability/permanent partial disability.

Specific proof of deduction & deposit of premium in designated Receipt Head in respect of beneficiary would be attached/ensured.

Contd.



In the event of claim, the concerned HOD will decide/ settle the claims at his own level on being satisfied that the claim falls within the scope of the scheme as explained in Para 2 of these guidelines. The payments of compensation shall be made to the nominee(s) or legal heirs of the deceased by the concerned Head of Department. The expenditure on this account shall be charged to Major Head 2235-60-105-02-SOON-NP-OC.

In case of claims under the scheme from Boards/ Corporations/Universities/ Autonomous Bodies, the claims will be settled by their respective Administrative Departments. Specimen copies of Claim Intimation Letter & Claim Form is enclosed as per Annexure I& II.

The HOD/ AD shall ensure that relevant documents as mentioned at Annexure-I & II as may apply to the particular case are attached with the claim form.

By order

Addl. Chief Secretary(Finance) to the  
Govt. of Himachal Pradesh.

No.Fin-IF(F)9-5/2012, Dated:Shimla-171002, the 16-11-2016.

Copy for information & necessary action to:-

1. All Administrative Secretaries to the Govt. of Himachal Pradesh.
2. All the Heads of Departments.
3. Registrar General, H.P. High Court, Shimla.
4. The Director, Treasuries and Accounts with 120 copies for circulation to all the treasuries in the State so that recovery of premium is ensured.
5. All Deputy Commissioners in Himachal Pradesh.
6. All Boards/ Corporations/Universities/ Autonomous Bodies in H.P.
7. Controller, Printing & Stationery Department, H.P. for publication in the extra ordinary Raj Patra.

  
(Akshay Sood),

Special Secretary(Finance) to the  
Government of Himachal Pradesh

CLAIM INTIMATION LETTER

To  
The Director,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sub:- INTIMATION OF LOSS UNDER GROUP PERSONAL  
ACCIDENT INSURANCE SCHEME FOR GOVT.  
EMPLOYEES.**

Sir,

It is to intimate to you that  
Sh.....s/o  
Sh.....R/o.....working  
as.....in.....  
... posted at.....has died/lost following body parts  
..... Suffered permanent total disability/permanent partial  
disability due to accident of.....on  
Dated.....You are requested to register the claim at the earliest in favour  
of insured under the captioned scheme.

Thanking You  
( )  
SIGNATURE  
(Not in case of death)

Countersigned by Head of the  
Office/Department

Documents to be submitted in event of claim:

- Claim intimation immediately after knowledge of occurrence.
- Claim Form along with: -
- Copy of FIR
- Post Mortem report in the event of death/death certificate from competent authority.
- Treatment/disability certificate in the event of Permanent Disability/Permanent Partial Disability.

**NOTE:- ALL DOCUMENTS SHOULD BE DULY ATTESTED BY HOD.**



CLAIM INTIMATION LETTER

1. NAME OF INSURED: \_\_\_\_\_  
 DESIGNATION: \_\_\_\_\_  
 PARENTAGE \_\_\_\_\_  
 RESIDENTIAL ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 POSTED AT \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_  
 PREMIUM PAID ON ( \_\_\_\_\_
2. AGE; \_\_\_\_\_ SEX \_\_\_\_\_  
 DATE OF ACCIDENT \_\_\_\_\_ TIME OF ACCIDENT \_\_\_\_\_  
 HOW DID ACCIDENT OCCUR: \_\_\_\_\_  
 WITNESS OF ACCIDENT \_\_\_\_\_ HIS NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_
3. NATURE OF INJURY RECEIVED \_\_\_\_\_  
 NATURE OF DISABLEMENT \_\_\_\_\_  
 NAME & ADDRESS OF HOSPITAL \_\_\_\_\_  
 PRESENT STATE OF INJURY/HEALTH \_\_\_\_\_
4. DETAIL OF POLICY REPORT LODGED  
 WITH FIR NO AND DATE; \_\_\_\_\_  
 ULTIMATE LOSS; \_\_\_\_\_ (loss of body parts,PTD)  
 DETAIL OF BODY PARTS LOST: \_\_\_\_\_  
 DETAIL OF PERMANENT TOTAL DISABILITY) \_\_\_\_\_  
 POSTMORTEM /TREATMENT TAKEN FROM: \_\_\_\_\_
5. I hereby declare that the foregoing statements are true to the best of my knowledge and belief and I have not attempted to conceal any relevant pertinent information. In case of any false/ fraudulent /untrue averment whatsoever the said policy shall be void ab-initio and my right /my claim for compensation will be forfeited.

( \_\_\_\_\_ )

SIGNATURE

(Not in case of death)

Dated: Countersigned by Head of the \_\_\_\_\_

Place: \_\_\_\_\_

( \_\_\_\_\_ )  
Office/DepartmentFOLLOWING DOCUMENTS ENCLOSED IN SUPPORT OF THIS CLAIM

- FIR
- POST MORTEM REPORT
- BRIEF ACCIDENT REPORT BY THE DEPARTMENT
- ANY OTHER DOCUMENT