# **Group Personal Accident**

# **This group Personal Accident Insurance covers**

#### <u>Death</u>

We will pay the sum insured stated in the Schedule if death of the Insured or the insured person occurs within 12 calendar months due to an accident occurring during the policy period .

#### **Permanent Total Disablement**

We will pay up to 125 % of the total sum insured if the Insured or the insured person is injured due to an accident occurring during the period of insurance and within 12 calendar months of its happening, the Injury becomes the sole cause of permanent total disablement.

#### Permanent Partial Disablement

We will pay a proportion of the sum insured according to the scale of benefits if the Insured or the insured person is injured due to an accident occurring during the policy period and within 12 calendar months of its happening, the Injury becomes the sole cause of a permanent partial disablement.

## **Temporary Total Disablement**

We will pay a weekly benefit as stated in the Schedule if the Insured or the insured person is injured due to an accident occurring during the period of insurance and within 12 calendar months of its happening, the Injury results in the Insured or insured person being totally unable to attend his occupation as stated in the Schedule.

#### **Children Education Bonus**

In case of Death or Permanent Total Disability of Insured or the insured person we will pay an additional amount to the Insured's or the insured person's children to support their education.

## **Additional Benefits**

## Medical Expenses

We will pay a percentage of the admitted claim under other specified coverage towards the actual medical expenses necessarily and reasonably incurred for medical treatment within 100 weeks of its happening if the Insured or the insured person suffers injury during the period of insurance and provided such treatment is received from a qualified and registered medical practitioner.

## **Hospital Confinement Allowance**

In the event of the Insured or the insured person being confined in hospital for treatment of injury for which compensation is payable under this policy, a daily benefit is paid for such period of confinement subject to a maximum period of 30 days

## **Classification of occupation**

#### Risk Class 1:

You are mainly engaged in administrative or managing functions, Accountant, Doctor, Lawyer, Architect, Consulting Engineer, Teacher, Banker or primarily engaged in a similar occupation

## Risk Class II:

You are engaged in manual labour, garage or motor mechanic, machine operator, paid driver of a car, a truck, a lorry or other heavy vehicles, cash carrying employee, woodworking machinist, or you are a Builder, Contractor, Engineer superintending functions, veterinary doctor, or engaged in a similar occupation.

## Risk Class III:

You are working in underground mines, in explosive magazines or in electrical installations with high tension supply, or you are a Jockey, Circus personnel, engaged in racing wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice-hockey, river rafting, polo or in a similar activity or occupation.

If your personal occupation is not mentioned above, please do not hesitate to ask for specific information.

#### **Special notes:**

The Policy can be issued to persons aged between 18 and 65. In case of children, they need to be aged between 5 and 19 to become eligible for coverage.

The total sum insured is normally restricted to 70 times of Insured's monthly average earnings.

The minimum premium is **Rs.500** 

Scale of Benefits

Benefits	Compensation as % of the Sum Insured
Death	100
Loss of sight on both eyes	125
Loss of both hands	125
Loss of both feet	125
Loss of one hand and one foot	125
Loss of one eye and one hand	125
Loss of one eye and one foot	125
Other total permanent disablement	100
An arm at the shoulder joint	70
An arm above the elbow joint	65
An arm beneath the elbow joint	60
A hand at the wrist	55
A thumb	20
An index finger	10
Any other finger	5
A leg above mid-thigh	70
A leg up to mid-thigh	60

A leg up to beneath the knee	50
A leg up to mid-calf	45
A foot at the ankle	40
A large toe	5
Any other toe	2
An eye	50
Hearing on one ear	30
Hearing on both ears	75
Sense of smell	10
Sense of taste	5

In case of partial loss of one of these parts or sensory organs, we will pay a corresponding proportion. Should an accident affect parts, which are not mentioned here, then the payment depends on the degree of disability measured by a doctor on the panel of the Company.

## **General Exclusions:**

Suicide, self-inflicted injury, pregnancy or childbirth, pre-existing physical or mental defects, infections, bleeding from inner organs, aviation other than as a passenger, motor rallies, war, civil war, terrorism or similar situations