The New India Assurance Company Limited

Regd & Head Office: New India Assurance Building, 87, M.G. Road, Fort,
Mumbai - 400 001.

Policy Issuing Office : Bandra Divisional Office 142300
C-6,NCL Business Premises, 1st Floor, Bandra-KurlaComplex, Mumbai 400051.
Contact no.(022) 26591702(Direct) / 26590156

RuPay CARDHOLDER'S PERSONAL ACCIDENT INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY

POLICY NUMBER	14230042170100000067
CLAIM NUMBER	
RuPay CARD TYPE	
D/O ISSUE & LAST D/O SWIPING	
NAME OF RUPAY CARDHOLDER	
BANK ACCOUNT NUMBER	
RUPAY CARD NUMBER	
NAME NOMINEE [CLAIMANT]	
ADDRESS AND CONTACT NUMBER S OF NOMINEE / CLAIMANT	
DATE AND TIME OF ACCIDENT	
PLACE OF ACCIDENT WITH DISTRICT AND PINCODE	
BRIEF DESCRIPTION OF ACCIDENT [MANDATORY IN ENGLISH / HINDI]	
NATURE OF CLAIM	DEATH / DISABLEMENT
ANY OTHER RuPay CARD HELD BY THE SAME PERSON	YES / NO IF YES PLEASE GIVE DETAILS

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and also that I have not abstained from any usual occupation longer than absolutely necessary and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and I am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

NAME OF CARD ISSUING BANK		SIGNATURE OF CLAIMANT	
SIGNATURE AND SEAL OF BANK		MOBILE NUMBER OF CLAIMANT	

WITNESS CERTIFICATE

[TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT IF ANY]

I hereby certify that I was present when the Accident occurred to Mr./ Ms._____ on the _____ day of _____20 __ in the manner stated by him/her over leaf, that it was caused by _____which * was / was not his/her wilful act and that he /she * was / was not under the influence of intoxicating liquor at the time.

*Strike out which is not applicable
SIGNATURE & DATE

NAME OF WITNESS
ADDRESS
OCCUPATION

MEDICAL CERTIFICATE for DISABILITY CLAIMS ONLY

Disability Claims must be supported by medical evidence furnished by the Insured and at his expense.

NAME OF INJURED PERSON [CLAIMANT]	
SEX : [MALE / FEMALE]	AGE :
NATURE OF ACCIDENT	
WHETHER THE INJURIES ARE CONSISTENT TO THE DESCRIPTION OF ACCIDENT.	
DATE ON WHICH YOU FIRST ATTENDED THE CLAIMANT FOR THE INJURY	
HAS THE CLAIMANT BEEN DISABLED TOTALLY OR PARTIALLY	
IS THE CLAIMANT SUFFERING FROM ANY DISEASE/ ILLNESS/SYMPTOMS APART FROM THE INJURY WHICH MAY TEND TO RETARD RECOVERY? IF YES, PLEASE GIVE DETAILS.	
TYPE OF DISABILITY AS DEFINED IN ANNEXURE	

Having personally examined the above named Insured, I certify that the above statements are correct and that the insured person is necessarily disabled by the accident referred to

Signature : _____

Name & Qualification : _____
Address : _____
Date : _____

ANNEXURE

The Disablement	***Compensation expressed as a percentage of Total Sum Insured.***
1) ***Permanent Total Disablement***	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two ***Limbs***	100%
4) Permanent Total ***Loss of Sight*** in both eyes	100%
5) Permanent Total ***Loss of Sight*** of one eye and one ***Limb***	100%
6) Permanent Total ***Loss of Speech***	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total ***Loss of Mastication***	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out ***Daily Activities*** essential to life without full time assistance	100%
10) Permanent Total ***Loss of Hearing*** in both ears	75%
11) Permanent Total Loss of one ***Limb***	50%
12) Permanent Total ***Loss of Sight*** of one eye	50%
13) Permanent Total ***Loss of Hearing*** in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand: a) Both Joints	20%
b) One joint	10%
18) Permanent Total Loss of one finger of either hand: • Three joints • Two joints • One joint	 5% 3.5% 2%
19) Permanent Total Loss of use of toes: a) All-one foot • Big-both Joints • Big-one joint • Other than Big- each toe	 15% 5% 2% 2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5cms	7.50%
22) Ankylosis of the elbow, hip or knee	20%

Claims Process - RuPay Card for Personal Accident Benefit

A) Claim intimation

1. All the claims where incident has happened in the financial year 2017-18, will be intimated to the dedicated claims id **rupay@newindia.co.in**
2. The New India Assurance Co. Ltd. will register the claim and provide the claim number to the Member Bank within 2 working days with policy number in subject line.
3. Claim intimation should be within Ninety (90) days from the date of accident. In case where a person is hospitalized (and under a critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted by The New India Assurance Co. Ltd. for investigation and honoured, if all terms under the policy are met as on date of accident.

B) Documents Receipt / Follow-up

All documents are to be received at The New India Assurance Co. Ltd. office at the below mentioned address:

Senior Divisional Manager
Department - RuPay Insurance Program 2016-17
The New India Assurance Co. Ltd.
DO 142300
1st Floor, NCL Premises
Plot No. C-6, Bandra Kurla Complex
Bandra East, Mumbai- 400051

1. Claim intimation should be within Ninety (90) days from the date of accident. In case where a person is hospitalized (and under a critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted by The New India Assurance Co. Ltd. for investigation and honoured, if all terms under the policy are met as on date of accident.
2. All supporting documents relating to the claim must be submitted within sixty (60) days from the date of intimation.
3. The eligible claims will be settled in ten (10) working days from the date of receiving the complete documents set.
4. Any claim that is intimated after 120 days from the date of the policy period shall not be eligible for compensation under the RuPay Insurance Program 2017-18.

5. In case documents are not received within sixty (60) days of claim intimation, 1st reminder by email will be issued to Member Bank with copy to NPCI.

6. 2nd reminder by email will be issued to Member Bank with copy to NPCI.

7. Closure letter by email will be sent to Member Bank on 90th day from claim intimation in case of no communication received from Member Bank.

C) Investigator Appointment (Specific cases that need detailed investigation)

Based on the merit of the claim, The New India Assurance Co. Ltd investigation team shall be appointed. TAT: T +3 (T is the day on which the claim documents received from the Member Bank).

In 30 days, Investigation report will be finalized. If there is a delay because of some more facts, an interim report will be requested.

D) Claims Follow up / Processing

The reminders shall be sent by New India Assurance Co. Ltd. to Member Bank at regular intervals for pending claim documents, a communication via email will be sent to NPCI with defined timeline. All emails sent for the purpose of follow up should be marked to NPCI Insurance mail id rupayinsurance@npci.org.in.

Reminder process would be same for the documents deficiency also.

1st reminder T+61

2nd reminder T+81

Closure Letter T+90

T is Date of Intimation

E) Escalation Matrix:

Escalation Matrix Only for the exclusive use of the NPCI officials and the nodal officers of the member banks. Not to be shared with the Cardholders by Banks.

For Claims & Policy Administration

Sr. No	Escalation Level	Name	Designation	Email ID	Contact Number
1	First	Ms. Anjali Mirchandani	Sr. Divisional Manager	anjali.mirchandani@newindia.co.in	022-26590092
		Mr.Anand Amritkar	Asst. Manager	anand.amritkar@newindia.co.in	022-26590070
		Mr.V. Subramanium	Admin. Officer	vaidyanathan.subramanian@newindia.co.in	022-26590156
2	Second	Mr. Loknath Sethi	Regional Manager	loknath.sethi@newindia.co.in	022-26633235

3	Final	Mr.ramesh.nag	Chief Manager	Ramesh.nag@newindia.co.in	022-22708400/ 22708100

F) Claim Payment

Once the claim is approved the payment in the form of **NEFT** shall be done to the card holder (in case of Disablement) / to nominee or legal heir (in case of Death) along with a covering letter.

G) Dispute Management

Committee of 3 people as mentioned below to resolve the dispute.

1. Representative from The New India Assurance Co. Ltd.
2. Representative from NPCI.
3. Representative/s of the disputing Bank/s.

H) Document check list –

H1) Accidental Death Claim*:-

1. Claim Form duly completed and signed.
2. Original or Certified copy of Death Certificate.
3. Original or Certified copy of FIR, Panchnama / Inquest Panchnama.
4. Declaration from Card Issuing Bank duly signed by authorized signatory and bank stamp:

a Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number.

b Meeting 90/45 days usage criteria (include the transaction log from the system).

c Nominee details (including NEFT details along with a copy of Cancelled Cheque)

*Additional documents may be requested by The New India Assurance Co. Ltd. based on the case requirement such as Medical Reports, post mortem report etc.

H2) Permanent Total Disability:-

1. Claim Form duly completed and signed.
2. Discharge card along with case history confirmation therein duration & percentage of disability duly certified by the concerned/treating Physician/Surgeon.
3. All investigation report in original copies* thereof in respect of tests had undergone pertaining to accident.
4. Additional documents, if any, based on merit of the loss.

5. **Declaration from Card Issuing Bank duly signed by authorized signatory and bank stamp:**
    a. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number.
    b. Meeting 90/45 days usage criteria (include the transaction log from the system).
    c. Beneficiary details (including NEFT details).

** If the original claim documents are submitted to any particular General Insurance co., copies of the same duly certified by Branch in-charge of RuPay card issuing bank can be submitted.