

GOVERNMENT OF RAJASTHAN
STATE INSURANCE PROVIDENT FUND DEPARTMENT
(GENERAL INSURANCE FUND)
2nd FLOOR, 'D' BLOCK, VITTA BHAWAN, JANPATH, JAIPUR. PHONE 2746

STUDENT SAFETY ACCIDENTAL INSURANCE POLICY
(CLASS 9 TO 12)
Policy No. GIF/81/SSI/2015-16/06



WHEREAS the Insured named in the Schedule hereto (hereinafter called the insured) has made and/or caused to be made to the State Insurance & Provident Fund Department (General Insurance Fund), Jaipur (hereinafter called the General Insurance Fund) proposals and/or declaration dated as stated in the Schedule hereto which together with any statements and warranties contained therein shall be the basis of this contract and is/are deemed to be incorporated herein, for the insurance hereinafter set forth in respect of persons detailed in the Schedule of insured Persons (hereinafter called the Insured Persons).

NOW THIS POLICY WITNESSETH that subject to and in consideration of the payment made or agreed to pay to the General Insurance Fund the premium for the period stated in the Schedule or for any further period for which the General Insurance Fund may accept payment for the renewal of this policy and Subject to the terms, provisions, exceptions and conditions General Insurance Fund shall pay to the INSURED to the extent and in the manner hereinafter provided that if any of the Insured persons shall :-

1. Sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means, the sum hereinafter forth in respect of any of the Insured Persons specified in the Schedule.
 - a) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the insured person the Capital Sum insured stated in the Schedule hereto applicable to such Insured Person.
 - b) if such injury within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of :
 - i) Sight of both eyes, or of the actual loss by physical separation of the two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Schedule hereto applicable to such Insured Person.
 - ii) Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Capital Sum Insured stated in the Schedule hereto.
 - c) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of :
 - i) the sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot, fifty percent(50%) of the Capital Sum Insured stated in the Schedule hereto applicable to such Insured person.

NOTE : For the purpose of Clauses(b) and (c)above, 'physical separation' of a hand of foot means separation of hand at or above the wrist and/or of the foot at or above the ankle.

- d) If such injury shall, as a direct consequence thereof, immediately permanently totally and absolutely, disable the Insured Person from engaging in being occupied

with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured stated in the Schedule hereto applicable to such Insured Person.

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of use or of the actual loss by physical separation of the following, then the Capital Sum Insured applicable to such Insured Person in the manner indicated below:

	Benefit/Compensation payable Rs. (For Class 9 to 12)
a) Loss of hearing :	
i) Both ears	50000/-
ii) One ear	15000/-
b) Loss of thumb and finger of hand :	
i) Loss of four fingers and thumb of one hand (All phalanges)	40000/-
ii) Loss of four fingers except thumb (All phalanges)	35000/-
c) Loss of thumb :	
i) One thumb (both phalanges)	25000/-
ii) One thumb (One phalanx)	10000/-
d) Loss of Fingers except thumb :	
i) Any finger (All phalanges)	10000/-
ii) Any finger (Two phalanges)	8000/-
iii) Any finger (One phalanx)	4000/-
e) Loss of toes of any leg :	
i) Including great toe (All phalanges)	20000/-
ii) One great toe (Both phalanges)	5000/-
iii) One great toe (One phalanx)	2000/-
iv) Toes except great toe(Both phalanges)	1000/- (Per toe)
f) Loss due to burning :	
BURNS	
i) 50% or more of entire body	50000/-
ii) 40% or more but less than 50% of entire body	40000/-
iii) 30% or more but less than 40% of entire body	30000/-

Treatment Expenses & Re-embursement in Accident :-

In addition to above a claimant injured by accident must be admitted in Hospital more than 24 hours than he entitle to get the medical re-embursement amount maximum Rs. 5000/-.

EXCEPTIONS

PROVIDED ALWAYS THAT:

The General Insurance Fund shall not be liable under this policy for :

1. Compensation under more than one of the foregoing sub-clauses in respect of the same period of disablement of the Insured Person.
2. Any other payment to the same person after a claim under one of the Sub-clauses(a),(b),(c) or (d) or (e) has been admitted and become payable.
3. Any payment in case of more than one claim in respect of such Insured Person under the policy during any one period of insurance by which the maximum liability of the General Insurance Fund specified in the Schedule applicable to such Insured Person exceed the sum payable under sub-Clause(a) of this policy to such Insured Person.

4. Payment of compensation in respect of Death, injury or Disablement of the Insured Person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxication liquor or drugs or any such substances whether directly or indirectly caused by or contributed to by it, (c) whilst engaging in Aviation or Ballooning, or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft any where in the world, (d) directly or indirectly caused by any diseases or insanity, (e) arising or resulting from the Insured Person committing any breach or law with or without Criminal intent.
5. Payment of compensation in respect of death, injury or Disablement of the Insured Person due to or arising out of or directly or indirectly connected with or traceable to War, Invasion, Act of foreign enemy and Hostilities (whether war be declared or not).
6. Payment of compensation in respect of death of, or bodily injury or any disease or illness to the insured Person:
- Directly or indirectly caused by or contributed to by or arising from and ionising radiations or contamination by radioactivity any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
 - Directly or indirectly caused by or contributed to by or arising from nuclear weapons materials.
- Provided also that the due observance and fulfilment of the terms and conditions of this policy (which condition and endorsements hereon are to be read as part of this policy) shall so far as they relate to anything to be done or not to be done by the Insured and/or Insured Person be a condition precedent to any liability of the General Insurance Fund under this policy.
7. **Surgical Exclusion Clause :**
The Insurance under this policy shall not extend to cover death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by any Surgical Operation.
8. The death caused by an accident in case the applicant has been travelling by unauthorised means of transportation e.g. over-crowded Jeep, Jugad, roof of bus or train etc. etc.

CONDITIONS

- Persons who can be Claimants :-
 - Father, Mother or Spouse of the insured can be claimants.
 - Other person are entitled to be claimants if no relation mentioned in (1) above is alive at the time of death of insured.
Note (i) 'Step' mother, father, brother, sister.
Note (ii) Claim by any person if relation as mention in Rule 1(1) is alive shall be deemed to be null & void.
- Upon the happening of any event which may give rise to a claim under this policy, written notice with all particulars must be given to the GIF immediately. In case of death, written notice also for the death must, unless reasonable cause is shown, be given before internment/cremation and in any case, with one calendar month after the death and in the event of loss of sight or amputation of limbs written notice thereof must also be given within one calendar month after such loss of sight or amputation.
- Proof satisfactory to the Fund shall be furnished of all matters upon which a claim is based. Any medical or other agent or investigator/officers of the Fund shall be allowed to examine the proximate cause & circumstance evidence for insured person(s) on the occasion of any alleged injury of disablement/death when and so often as the same may reasonably be required on behalf of the Fund and in the event death to make a post-

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Phone:- 0141 2740219, Fax:- 0141 2740292

STUDENT SAFETY ACCIDENT INSURANCE POLICY
SCHEDULE

POLICY NO. : GIF/81/GPA/SSI/15-16/06

Name of the Insured & Address : Director,
Secondary Education Rajasthan,
Bikaner.

Period of Insurance : 15.8.2015 to 14.8.2016

Premium : 23025004/- + S.T. 3223501/- = Total 26248505/-

No. of Insured Students : All Students of the State
Government Schools.

(Insured student should mean and : School from 9 to 12 classes.
Include, all those who are and
Continue to be on the rolls of the
Institution at inception and
during the currency of the poloicy.)

Sum Assured : Any one Insured Student Rs. 100000/-.

Terms & Conditions of the Policy as mentioned.

In WITNESS whereof this policy has been signed at JAIPUR, this 9th day of Sept. 2015.

Premium received vide B.T., Bill No. 22403 dated 13.8.15 (TV No. 36742/14.8.15) Rs. 19454000/-, Bill No. 22403 dated 13.8.15(TV No. 36744/14.8.15) Rs. 4761000/- and Bill No. 22403 dated 13.8.15(TV No. 36743/14.8.15) Rs. 3468000/-.

PLACE : JAIPUR
DATE :

FILE:D:\GPA_POLICY\SSA 9-12 15-16
राज्य बीमा एवं प्रावधानी निधि विभाग
(साधारण बीमा निधि) वित्त भवन
जयपुर


निदेशक
AUTHORISED SIGNATORY
(साधारण बीमा निधि)
जयपुर