

GOVERNMENT OF RAJASTHAN  
STATE INSURANCE PROVIDENT FUND DEPARTMENT  
(GENERAL INSURANCE FUND)  
2nd FLOOR, 'D' BLOCK, VITTA BHAWAN, JANPATH, JAIPUR. PHONE 2740219.



GROUP PERSONAL ACCIDENT POLICY  
**State Government Employees (Special Protection Uniform Police Employees)**  
(Period- 13.06.2020 to 12.06.2021)  
Policy No. GIF/81/GPA/2020-21/04

ERT

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 any terrorist activity caused by external, violent and visible means, the sum, in respect of any of the Insured Persons specified in the Schedule. Other Accidental deaths would be covered under uniformed police GPA policy according to the premium Slab/original designation of the concerned Police personnel.
  - a) This policy is exclusively designed to provide coverage under specific conditions. Specific condition means as this policy is specially designed to cover all employees of special branches such as Emergency Response Team (ERT) herein after called ERT of Rajasthan Police.
  - i) Policy coverage remains effective the moment he/she joins these special branches of Rajasthan Police & premium is received by GIF. Policy coverage remains effective until he/she is on duty under above mentioned special branches. Policy coverage remains effective even if he/she is out of Rajasthan state for performing special task under these branches and during policy period.
  - j) Policy coverage remains effective even if he/she is on leave, if he/she is hit by some terrorist attack.
  - k) The policy will cover death caused by act of terrorism. Other Accidental deaths would be covered under uniformed police GPA policy according to the premium Slab/original designation of the concerned Police personnel.
  - l) As and when the employee get transferred / Retired from the above mentioned special branches the employee will be covered under this Policy for the policy period.
  - m) After transfer from above branches if the administrative department considers that there is a threat perception the department shall continue to pay premium in succeeding years for that employee. Employee after receipt of payment shall be covered for the policy period.



- n) In case during policy period new police personnel enters in any of the above mentioned special branches in place of those personnel who were working in these branches but died or got totally disabled, then the new entrant would be provided coverage under this policy only after receiving pro-rata premium along with his original proposal form forwarded by his office.
- o) The total amount of claim for one police personnel under this policy shall in no case exceed the sum assured payable at the time of death.
2. Fund shall pay to an insured in case of injury occurred during his posting under these special branches if –
- c. Such injury shall within twelve months of its occurrence be the sole and direct cause of death of the insured. The capital sum insured stated in the schedule hereto applicable to such insured person.
- d. Such injury shall within twelve 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.
3. If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of 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 2 (b) and (3) above, 'physical separation' of a hand or foot means separation of hand at or above the wrist and/or of the foot at or above the ankle.

4. 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.
5. 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  
in % on capital Sum Insured

- |  |     |
|--|-----|
| a) Loss of hearing :   |     |
| i) Both ears   | 50% |
| ii) One ear  | 15% |
| b) Loss of thumb and finger of hand :                            |     |
| i) Loss of four fingers and thumb of one hand<br>(All phalanges) | 40% |
| ii) Loss of four fingers except thumb<br>(All phalanges)         | 25% |



7. The death caused by an accident in case the insured has been travelling by unauthorised means of transportation e.g. over crowded Jeep, Jugad, roof of bus or train etc..
8. Injury or death caused by any accident while not performing the activity in fighting terrorism.

### CONDITIONS

2. Persons who can be appointed nominee :-
- (1) The insured shall be entitled to appoint husband/wife, child/children, brother/sister(s), father or mother as his/her nominee.
- (2) The insured shall be entitled to appoint other person as his/her nominee if no relation mentioned in (1) above is alive at the time of making nomination.
- Note (i) 'Step' mother, father, brother, sister or children are included in 1(1) above.
- Note (ii) Nomination of any person if any relation as mentioned in Rule 1(1) is alive shall be deemed to be null & void. However if any such relation except husband/wife is acquired after filing of nomination, the nomination shall not become invalid.

Provided, however, that nomination made in favour of any person before marriage of the insured and not cancelled thereafter will after his/her marriage be automatically deemed to have been cancelled in favour of wife/husband.

2. Payment of Claim in the absence of nomination:

In the absence of nomination, the claim amount will be paid in equal proportion to the following:-

- (a) Wife or Husband, Sons and Unmarried daughters.
- (b) In case of no such member as mentioned at (a) above are alive, to the widow, daughters, brothers below the age of 18 years. Unmarried and widowed Sisters, Father or Mother.
- (c) In case no members amongst those mentioned at (a) & (b) above are alive, the claim amount shall be paid to the person producing the Succession Certificate of the Competent Court of Law.

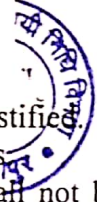
NOTE: (a) and (b) will include step Children.

3. 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, unless reasonable cause is shown, be given before interment/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.

4. Proof satisfactory to the Fund shall be furnished in 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 of death to make a post-mortem examination of the body of the insured person(s). Such evidence as the Fund may from time to time require shall be furnished immediately. No sum payable under this policy shall carry interest.

5. Provided that any event which may give rise to a claim under this policy, written notice with all particulars must be given to the Fund immediately and claim form with all satisfactory proofs i.e. death certificate, PMR, treatment report, FIR & FR/Challan, Panchnama, Naksha Moka, Witness Statement, original proposal form etc. be submitted within 6 months from the date of incident. In case of justified reasons for delay in submission of claim all such documents/information must be submitted to the Fund within 12 months along with mentioning the reasons of delay otherwise claim to be closed as "No claim". Claim would be entertained in such cases only if reasons of delay are found

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valid and justified. No claim form would be entertained after 12 months under any circumstances.

6. The Fund shall not be liable to make any payment under this policy in respect of any claim, if such claim be in any manner fraudulent or supported by any fraudulent statement or device, whether by the insured or by any person on behalf of the insured person(s).
7. The insured on the renewal of this policy shall give notice in writing to the Fund of any disease, physical defect or infirmity with which any of the insured person(s) have become affected since the payment of last preceding premium.
8. The Fund shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. The receipt of the Insured or his legal personal representative shall in all cases be an effective discharge to the Fund.
9. If any difference shall arise as to the amount to be paid under this policy, (liability being otherwise admitted) such differences shall independently of all other questions be referred to the decision of State Government and the decision of the state Govt. will be final and abiding to all concerned.
10. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the claimant shall first file an application for review/revision against the decision of repudiation before the competent authority of the fund within 3 months from the date of decision.
11. It is also hereby further expressly agreed and declared that if the Fund shall disclaim liability to the insured/claimant(s) for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, then the claim shall for all the purpose be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
12. "The onus of proving the death by the accident will lie with the applicant" which means that it will be duty of the applicant to lodge an F.I.R., get a post-mortem done etc. to substantiate the claim that the death was by accident.
13. "The department will not be liable for interest on the sum assured of the policy for delays caused bonafide or by the process of law or by the redressal of grievances from the courts of law".
14. Cause of death or injury (as defined in policy) was an act of terrorism, shall be decided by a Committee headed by Additional Chief Secretary (Finance) or Principal Secretary (Home). Special Secretary (Finance) and Commissioner/Director, SI & PF shall be members of the committee.

The Committee shall submit its recommendation within one month from the date the matter is submitted to it.

अतिरिक्त निदेशक  
राज्य बीमा निधि  
वित्त भवन, जयपुर  
AUTHORISED SIGNATORY

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संयुक्त निदेशक  
राज्य बीमा एवं प्रा. नि. विभाग  
(सा. बी. नि.) वित्त भवन, जयपुर

GOVERNMENT OF RAJASTHAN  
STATE INSURANCE PROVIDENT FUND DEPARTMENT  
(GENERAL INSURANCE FUND)

2nd FLOOR, 'D' BLOCK, VITTA BHAWAN, JANPATH, JAIPUR, PHONE 2740219, 2740292

GROUP PERSONAL ACCIDENT POLICY  
State Government Employees (Special Protection Uniform Police Employees)

SCHEDULE

POLICY NO. GIF/81/GPA/2020-21/04

DATED : 12.06.2020

INSURED – Additional Director General of Police  
Rajasthan, Jaipur

PERIOD OF INSURANCE : 13.06.2020 to 12.06.2021

BENEFITS COVERED As per Policy

Schedule of Insured Persons

This Policy covers Uniformed police Employees of Special Branches of ERT of Rajasthan Police whose premium duly paid by B.T. from BH 2055-00-113-01-00 to BH 8011-00-105-02-01 Dated 20.5.2020 of Premium Amount 2620000/- (Total Amount for renewal of 3 Policies ASC, BDS/ERT/ATS is 5730000/-).

Insured Person	Sum Insured	Rate
Uniformed police Employees of Special Branches of Rajasthan ERT-262	2500000/- each employee	Rs. 10000/-

(Total no. of Employees = 262 as per your letter no. 2619/7.5.2020)

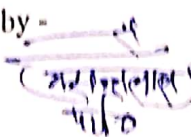
Subject to Special police GPA Policy.

In witness Where of this Policy has been signed at Jaipur.

Date : 12.06.2020

Note:- List of 262 Employees is submitted by the Insured.

Examined by -





संयुक्त निदेशक  
राज्य बीमा एवं प्रा. वि. विभाग  
(सा. बी. वि.) वित्त भवन, जयपुर

अतिरिक्त निदेशक  
राज्यापण बीमा निधि  
वित्त भवन, जयपुर

AUTHORISED SIGNATORY

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