


संत गाडगे बाबा अमरावती विद्यापीठ
विद्यार्थी विकास विभाग

दूरध्वनी : २६६०९४७ Website: www.sgbau.ac.in/Student Development/Letter Email: directorsd@sgbau.ac.in

क्र.संगाबाअवि/१३/१९६/२०१९

दिनांक : २३.११.२०१९

प्रति,
मा.प्राचार्य/विभाग प्रमुख,
सर्व संलग्नित महाविद्यालये/पदव्युत्तर शैक्षणिक विभाग/
संत गाडगे बाबा अमरावती विद्यापीठ,
अमरावती.

विषय : सत्र २०१९-२०२० विद्यार्थी सुरक्षा विमा योजनेबाबत...

महोदय,

सत्र २०१९-२०२० मध्ये संत गाडगे बाबा अमरावती विद्यापीठाशी संलग्नित महाविद्यालये व विद्यापीठ शैक्षणिक विभागात प्रवेशित विद्यार्थ्यांचा प्रति विद्यार्थी रु. १०/- शुल्क आकारून The Oriental Insurance Company Ltd. Division Office "Saubhagya" 1st Floor, Rajapeth, Badnera Road, Amravati या कंपनीकडे विमा पॉलीसी काढण्यात आली आहे. सत्र २०१८-२०१९ मध्ये सुध्दा याच विमा कंपनीकडे पॉलीसी काढण्यात आली होती.

या विमा पॉलीसीचा कालावधी दि. २० ऑक्टोबर, २०१९ ते १९ ऑक्टोबर, २०२० असा असून विमा पॉलीसी क्र. १८२३००/४८/२०२०/२६११ असा आहे.

विद्यार्थी सुरक्षा विमा शुल्क रु. १०/- च्या अनुषंगाने रु. २,२५,०००/- एवढ्या राशीचे अपघाती निधन व रु. ५०,०००/- अपघातात जखमी झाल्यास वैद्यकीय प्रतिपूर्ती करिता भरपाई म्हणून देण्याचा करार विमा कंपनीशी झालेला आहे. कराराची प्रत सोबत जोडली आहे.

एखादा अपघात विद्यार्थ्यांच्या संदर्भाने झाल्यास त्याबाबतची माहिती पुर्वसूचना स्वरूपात संबंधित कंपनीला खालील नमुद संपर्क क्रमांकावर देवून तसेच उपरोक्त पत्यावर लेखी स्वरूपात ३० दिवसाचे आत The Oriental Insurance Company Ltd. Division Office "Saubhagya" 1st Floor, Rajapeth, Badnera Road, Amravati यांना कळविण्यात यावी, तसेच यासंदर्भात कुठलाही दावा महाविद्यालयाने परस्पर सदर विमा कंपनीकडे करणे अनिवार्य आहे. याकरीता खालील कागदपत्रे जोडणे आवश्यक आहे.

ACCIDENTAL DEATH CLAIMS (अपघाती निधन झाल्यास)

1) Police F.I.R, 2) Post Mortem Report, 3)Viscera Report (if preserved), 4) Death Certificate, 5)College Bonafide Certificate, 6) I.D.Card, 7) Receipt of Rs. 10/- paid by Student to avail insurance by the concerned student towards the proof, 8) Claim Form, 9) Driving License if the death took place while the Student was driving the vehicle, 10) Adhar Card for KYC purpose.

ACCIDENTAL HOSPITALIZATION CLAIMS (अपघातात जखमी झाल्यास)

- 1) Attending Doctors Certificate, 2) X-Ray Film & Report before and after operation,
- 3) Hospital Admit-Discharge Card, 4) Hospital Indoor Case Papers, 5) Medicine prescription of doctor, 6) Medicine bill, 7) Hospital Bill/receipt, 8) College bonafide certificate, 9) ID Card, 10) Receipt of Rs. 10/- paid to avail insurance by the concerned student towards the proof, 11) Claim form duly completed, 12) Driving License if the accident took place while the student was driving the death vehicle.

ज्या महाविद्यालयाने विद्यार्थी सुरक्षा विमा शुल्क विद्यापीठात जमा केले नसतील त्यांनी सदर राशी विद्यापीठात त्वरीत जमा करणे अनिवार्य आहे. कृपया नोंद घेवून कार्यवाही करावी, ही विनंती.

आपला विश्वासू,



(डॉ.दिनेशकुमार सातंगे)

संचालक,

विद्यार्थी विकास,

संत गाडगे बाबा अमरावती विद्यापीठ

सहपत्र :

- १) दावा अर्ज
- २) विमा कंपनीशी झालेल्या कराराची प्रत

संपर्क क्रमांक

1) Oriental Insurance Company Ltd. Division Office "Saubhagya" 1st Floor,
Rajapeth, Badnera Road, Amravati
E Mail 182300@orientalinsurance.co.in
Phone No. 07212575404

2) Mr. Nilesh Raul
Mb.No. 9850370056, 8329647085
E Mail nh.raul@orientalinsurance.co.in

PRIVATE & CONFIDENTIAL

दि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड

THE ORIENTAL INSURANCE CO. LTD.

Incorporated in India Subsidiary of General Insurance Corporation of India
Regd. Office : Oriental House, A-25/27, Asaf Ali Road, New Delhi 110 002.

NOTE : This form is to be completed by the Claimants Medical Attendant whose replies should be full as possible.

Policy No. _____		Claim No. _____	
1. CLAIMANT Name in full _____		Age _____	
2. The nature and extent of injuries : (it to a limb state whether right or left)			
3. The cause of the accident, so far as known to you.			
4. (a) Date of your first attendance upon him in consequence of the injuries sustained.		(a)	
(b) Are you still in attendance?		(b)	
5. Are you his usual Medical Attendant and if so how long have you known him, and for what have you been attended him?			
6. (a) Are the symptoms (i) due exclusively to the accident or (ii) traceable to disease, infirmity or any other cause.		(a) (i)	
(b) Has he ever suffered from Gout, Pneumatism, Diabetes or Fits ?		(b)	
(c) Is there anything in his medical history which may have contributed directly or indirectly, to the accident or which may likely to retard his recovery ?		(c)	
(d) Have you any reason to suppose that he was under the influence of intoxicants at the time of the accident ?		(d)	
7. (a) State the time within your own knowledge that the claimant has been, as the direct and sole fined consequence of the injuries sustained, necessarily confined to his house.		From _____	
(b) If still so confined state to which and the probable duration or confinement to.		to _____ (Both inclusive)	
8. (a) Has he been able to attend to any portion of his business or occupation ?		(a)	
(b) If so, from what date		(b)	
(c) if not, please state probable date		(c)	
(i) of his being so able		(i)	
(ii) of his complete recovery		(ii)	
9. Is there now any disability ? if not Please give date of recovery			
10. Any further recovery			

I hereby certify that above named met with the accident referred to and that the foregoing are correct.

Signature _____ Qualification _____

Address _____ Date _____

Doctor's Seal

or Rubber Stamp



महाराष्ट्र MAHARASHTRA

१६८७९
० 2018 ०

५००१-

१३/११/२०१९
AP 431992

ओरिएण्टल इन्शुरन्स कंपनी लि. अमरावती

द. गिरीश शर्मा

[Signature]

[Signature]

परमेश्वर म. वानखेड
मुद्रांक विक्रेता
तहसिल, अमरावती. का. नं. १९/२००९



AGREEMENT UNDER STUDENT SAFETY INSURANCE POLICY

This agreement is executed between THE ORIENTAL INSURANCE CO. Amravati (hereinafter called "The Company") and Sant Gadge Baba Amravati University, Amravati (hereinafter called "The University"), for insurance of procedural guidelines in STUDENT SAFETY Insurance I POLICY for the students enrolled in various Colleges under Sant Gadge Baba Amravati University, Amravati during the year 2019-20 and Insd. i vide Policy No. 182300/48/2020/2.611 for the period 20.10.2019 to 19.10.2020. The Insurance vide this policy shall now be subject to the following terms and procedures agreed upon between both the party's of the Agreement.

- 1) The University has paid Insurance Premium for total 1,95,843 Students at the rate of Rs. 10/- per student, which will include the GST Charges for the aforesaid policy period.
- 2) The Company has issued insurance policy in the name of "The Vice Chancellor, Sant Gadge Baba Amravati University Amravati, covering the risk of Accidental Death for Capital Sum Insured (CSI) of Rs. 225000/- per student and Accidental Hospitalization Expenses upto the amount of Rs. 50,000/- per student. The limit of claim per accident will be Rs. 1.00 Crore and the limit per year will be Rs. 3.00 crores.

- 3) Accidental Death claim shall be intimated to the Insurance Company within 30 days of the accident/death and Accidental Hospitalization claim shall be intimated within 15 days of the accident.
- 4) All claim documents shall be routed through the College in which the concerned Student is/was admitted or died.
- 5) Claim will be settled within 30 days from the date of submission of all the required documents. Claim amount shall be deposited in the Bank A/c of the Legal Heir of the deceased student (in case of death claim) and in the Bank Account of the concerned student or his guardian (in case of hospitalization claims.) For this purpose, the Bank Account details of the concerned parties shall be provided along with MICR & IFSC code.
- 6) The Discharge voucher for settlement of claim will have to be counter signed by the Principal of the concerned College.
- 7) The Term "kAccidenty" shall mean the student sustaining bodily injury resulting solely and directly from any accident caused by External, violent and visible means which include Road Accidents, drowning, Snake Bite also. For hospitalization claims – Simple OPD care and treatments of sickness/illness/injury are excluded from the Cover. If required, the Co. may get the case investigated in case there is any doubt on cause of death. It is also agreed and understood with both parties that Pre and Post Hospitalization expenses will not be covered under this policy. The Insurance will be subject to Terms, Conditions and exclusions of Personal Accident Insurance policy.
- 8) The List of documents required for settlement of claims shall be as under:

A) ACCIDENTAL DEATH CLAIMS.

- 1) Police FIR 2) Post Mortem Report 3) Visera Report (if preserved)
- 4) Death Certificate 5) College Bonafide Certificate 6) ID Card.
- 7) Receipt of Rs. 10/- paid by student to avail insurance by the concerned student towards the proof. 8) Claim Form
- 9) Driving license if the death took place while the student was driving the vehicle. 10) Adhar Card for KYC purpose.

B) ACCIDENTAL HOSPITALIZATION CLAIMS.

- 1) Attending Doctors certificate 2) X-ray Film and Report before and after operation. 3) Hospital Admit-Discharge Card.
- 4) Hospital Indoor Case Papers. 5) Medicine prescription of doctor
- 6) Medicine bill. 7) Hospital Bill/receipt. 8) College bonafide certificate 9) ID Card. 10) Receipt of Rs. 10/- paid to avail insurance by the concerned student towards the proof.
- 11) Claim form duly completed 12) Driving license if the accident took place while the student was driving the vehicle.

This Agreement is signed between both the parties at Amravati this day of October, 2019.


विजय स. जोशी
 मंडलीय प्रबंधक
 दि. ओरिएण्टल इन्शुरंस कं. लि.
 मंडलीय कार्यालय, अमरावती.

VIJAY S. JOSHI
 DIVISIONAL MANAGER
 THE ORIENTAL INSU.CO.
 DIVL. OFFICE, AMRAVATI.



REGISTRAR
 Sant Gadge Baba Amravati University
 A M R A V A T I