



# UNITED INDIA INSURANCE CO. LTD.

## POLICY SCHEDULE

425613

Dept : Rural Insurance - Miscellaneous

Rural Accident Package Policy

Policy Number : 101400/47/13/99/00000002

Agent Code: 99999

Agent Name: Direct Agent

Agent Contact No:

Insured's Name: GOVERNMENT OF KERALA

Issuing Office Code : 101400

Address : REPRESENTED BY THE PRINCIPAL CHIEF CONSERVATOR OF FORESTS FOREST OFFICE VAZHUTHACAUD THIRUVANANTHAPURAM Dist. : THIRUVANANTHAPURAM, Kerala 695014 Tel. No.:

Address : DIVISIONAL OFFICE No.2, P.B.No.552, MALANKARA BUILDING, V J T HALL ROAD, PALAYAM, TRIVANDRUM Telephone : 2475817, 2467344 Fax: 2476342 e

Development Officer : 060

Date Of Proposal & Declaration: 21/06/2007 Client Type: Non-Corporate

Policy Period: 00:00 Hrs On 21/06/2013 To Midnight of 20/06/2014

Net Premium : 600748

RUPEES SIX LAKH SEVEN HUNDRED FORTY EIGHT ONLY e & No. : 07/06/2013 101400/81/13/0000000729

(Outgoing) UIIC 100300 : 20% (Rs. 120150), UIIC 101400 : 80% (Rs. 480598)

Srl.No	Description	Sum Insured (Rs)
1	TRIBAL POPULATION OF 73462 (1991 CENSUS) SC ST & OTHERS RESIDING OUTSIDE FOREST	1,87,50,00,000.00

Total Sum Insured (Rs.) : Rs. 1,87,50,00,000.00

Total Sum Insured (In Words) : RUPEES ONE HUNDRED EIGHTY SEVEN CRORE FIFTY LAKH ONLY

Risks Covered : 1. PA/Death/PTD 2. a. Hospitalisation Expense b. Transportation to Hospital 3. Loss of Hut due to Natural calamities/attack of animal 4. Cover to persons (other than SC ST) residing outside the forest

Location : 21 TERRITORIAL & 5 WILD LIFE DIVISIONS OF KERALA STATE

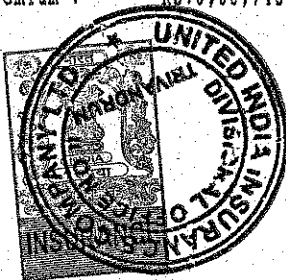
Special Peril : Cover for persons outside forest area is limited to death due to wild animal attack & liability during a policy period will be rs. 500000/- only

Subject To Clause : Other terms and conditions as per our standard Personal Accident Policy.

Special Conditions: Benefits-1. Death and disability due to accident (irrespective of age)-Rs. 1,00,000/-, 2. Hospitalisation expenses due to accident-Rs. 5,000/-/person/per year and transportation to hospital-Rs. 1,000/-/person/per year 3. Loss of hut due to animal attack/natural calamity-Rs. 5,000/- and 4. For Persons residing outside forests for attack by wild animals only -benefit 1&2 applicable -limited to Rs. 1,00,000/- per person and Rs. 5000/- resp. The maximum coverage per year is limited to Rs. 5,00,000/-.

### Premium Computation :

Net Premium :	Rs. 6,00,748.00	Service Tax :	Rs. 74,252.00	Stamp Duty :	Rs. 1.00	Total :	Rs. 6,75,000.00
				Chargeable :	No		



In witness whereof this policy has been signed at TRIVANDRUM on this 07th day of June, 2013.

For And On Behalf Of  
United India Insurance Company Limited



## युनाइटेड इंडिया इश्यूरेस कंपनी लिमिटेड UNITED INDIA INSURANCE COMPANY LIMITED

### RECEIPT

425595

ISSUING OFFICE : 101400 (Office Code), DIVISIONAL OFFICE No:2, P.B.No.552, MALANKARA BUILDING, V J T HALL ROAD, PALAYAM, TRIVANDRUM Phone : 2475817, 2467344 Fax: 2476342 e	Collection No: 101400/81/13/0000000729 Collection Date: 07/06/2013 Business Source Code: 60 Bank Account: 9100 Scroll No/Date : 1010 06/06/2013
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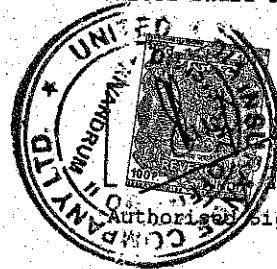
Received with thanks from GOVERNMENT OF KERALA a sum of Rs. (), by Others towards Rural Accident Package Policy as per details given hereunder

Sl No.	Policy No End/Ren/Dec/Clm No	Tr Cd	A/C particulars	Credit Amt (Rs.)	Amt Received (Rs.)	A/C Head
				Debit Amt (Rs.)		Genl Sub
1	101400/47/13/99/00000002	11	CASH PREMIUM CONTROL	6,00,748.00	6,00,748.00	5083 99999
2	101400/47/13/99/00000002	11	Inward Remittance Su	6,75,000.00	-6,75,000.00	5434 0
3	101400/47/13/99/00000002	11	SERVICE TAX	72,090.00	72,090.00	5528 99999
4	101400/47/13/99/00000002	11	EDU CESS	2,162.00	2,162.00	5528 99999
Total Cr				6,75,000.00	0.00	
Dr				6,75,000.00		
Grand Total				6,75,000.00	0.00	
				6,75,000.00		

Particulars :

Service Tax Registration No : AAACU5552CST001

Nature of Service: General Insurance Service.

For  
United India Insurance Company Limited

Note:

- 1 Receipt valid subject to Realisation of cheque
- 2 Please quote Document No., Collection No. and date in all correspondences.

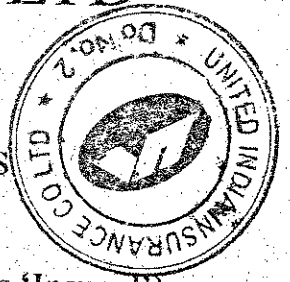
Authorised Signatory

Cashier's Initial

# UNITED INDIA INSURANCE CO. LTD

REGD & HEAD OFFICE : 24, WHITES ROAD, MADRAS - 600 041.

## INSURANCE SCHEME OF HOSPITALISATION BENEFITS AND PERSONAL ACCIDENT BENEFITS FOR THE SCHEDULED TRIBES AND SCHEDULED CASTES IN THE FORESTS OF KERALA



Whereas the Insured named in the Scheduled hereto (hereinafter called the 'Insured') has made to the UNITED INDIA INSURANCE COMPANY LIMITED (hereinafter called the Company) a proposal vide G.O (MS) 12/95/F & WLD dated Trivandrum 14<sup>th</sup> March, 1995 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 herein after set forth in respect of Scheduled Tribes and Scheduled Castes within the age group of 1 year to 70-years in the forests of Kerala as per census for 1991 published by the Department of Forests for the State of Kerala (hereinafter called the 'Insured Persons').

Now this Policy witnesseth that subject to and in consideration of the payment made to the Company the premium for the period stated in the Scheduled for the renewal of this Policy subject of the terms, provisions, exceptions and conditions herein expressed or contained or hereon endorsed, the "Company 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 set forth in respect of any the Insured persons specified in the Schedule:-

(a) If such injury shall within 12 calendar months of its occurrence be the sole and direct cause of the death of the Insured Persons, the Capital Sum insured in the Schedule hereto applicable to such Insured Person.

(b) If such injury shall within 12 calendar months of its occurrence be the sole and/or direct cause of the total and irrecoverable loss of :

(i) the sight of both eyes, or of the actual loss by physical separation of the two entire hands or two entire feet or one entire hand, or one entire foot the capital sum insured stated in the Schedule here to.

(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 or one foot the capital sum insured stated in the Schedule hereto.

(c) If such injury shall within 12 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.

(ii) total and irrecoverable loss of use of a hand or foot without physical separation, 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 clause (c) above physical separation of a hand or foot means separation 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 lumpsum equal to hundred percent (100%) of the Capital Sum Insured stated in the Schedule hereto applicable to such Insured Persons.

(e) If such injury shall within 12 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 percentage of the Capital Sum Insured applicable to such Insured Person in the manner indicated below:

	Percentage of Capital Sum Insured.
1. Loss of toes-all	20
great - both phalanges	5
great - one phalanx	2
other than great-if more than one toe lost each	1
2. Loss of hearing- both ears	50
3. Loss of hearing- one ear	15
4. Loss of four fingers & thumb of one hand	40
5. Loss of four fingers	35
6. Loss of thumb	
-both phalanges	25
-one phalanx	10
7. Loss of index finger	
- three phalanges	10
- two phalanges	8
- one phalanx	4
8. Loss of middle finger	
- three phalanges	6
- two phalanges	4
- one phalanx	2

9. Loss of ring finger	- three phalanges	5
	- two phalanges	4
	- one phalanx	2
10. Loss of little finger	- three phalanges	4
	- two phalanx	3
	- one phalanx	2
11. Loss of metacarpals	- first or second (additional)	3
	- third, fourth or fifth (additional)	2
12. Any other permanent partial disablement	percentage as assessed by a qualified and Registered medical practitioner.	

#### EXCEPTIONS

PROVIDED ALWAYS THAT The Company shall not be liable under this Policy for:-

1. Compensation under more than one of the foregoing Sub-Clause in respect of the same period of disablement of the Insured Person.
2. 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 Company specified in the Schedule applicable to such Insured Person exceeds the Capital Sum Insured specified in this Policy to such Insured Person.
3. 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 intoxicating liquor or drugs. (c) directly or indirectly caused by venereal disease or insanity. (d) arising or resulting from the Insured Person committing any breach of the law with criminal intent (e) death/disability due to disease/natural causes/starvation (f) disability existant at the inception of cover.
4. 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 Hostilities (Whether war be declared or not) Civil war, Rebellion Revolution, Insurrection, Mutiny, Military or usurped Power.
5. Payment of compensation in respect of Death of or bodily injury or any disease or illness to the Insured Person:-
  - (a) directly or indirectly caused by or contributed to by or arising from ionising radiations of contamination by radio activity from 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.
  - (b) directly or indirectly caused by or contributed to by or arising from nuclear weapons material. Provided also that the due observance and fulfilment of the terms and conditions of this Policy (which condition and all endorsements hereon are to be read as part of this Policy) shall so far as

The relate to anything to be done or not to be done by the Insured be a condition precedent to any liability of the Company under this Policy.

6. Pregnancy 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 pro longed by childbirth or pregnancy or in consequence thereof.

#### Conditions/ claim procedure

1. When a claim arises due to accidental death or injury the forest guard will intimate the company in Form A.
2. If the claim is on account of the death of the tribal covered under the policy the dependant or nominee of the dependant or nominee of the deceased person may claim the compensation.
3. The insurers do not take any responsibility as regards identification, genuineness or the rights of the nominee or dependant. This responsibility is entirely with the forest department. i.e. The privity of the contract is between the insurance company and the forest department and not be tween the insurance company and the tribal population (the beneficiaries)
4. The territorial ranger shall submit the following documents for claim finalisation.
  - a) Claim Form
  - b) Department particulars in cases of death.
  - c) Death Certificate
  - d) Inquest report attested by a Police Officer.
  - e) Post mortem report
  - f) Certificate of Relationship (dependency) from the Territorial Ranger
  - g) Medical Report as regards disability in the case of disablement.
  - h) The discharge form with the signature/ thump impression of the nominee/insured counter signed by the guard and Territorial Ranger.

#### 5. Claim payments.

The claim cheque shall be drawn in favour of the respective Territorial Ranger

#### 6. Disputes

Incase of disputes regarding the identify of claimant/ beneficiary the final appellate authority shall be the Secretary, Forest Department.