

**RuPay Insurance Programme 2017-18 - For the family of active PNB RuPay Debit Card Users, in case of their Accidental Death/Permanent Disability.**

As a value added service NPCI has introduced Insurance cover in case of accidental death or permanent disablement of Rs 1 Lac for Non-Premium cards (RuPay Classic) and Rs 2 Lac for Premium cards (RuPay Platinum) to eligible RuPay card holders.

**The RuPay Insurance programme will continue for financial year 2017-18 with The New India Assurance Co Ltd.**

Please note that:

- The New India Assurance Co Ltd will continue to be the Insurance partner with NPCI for RuPay Insurance Programme 2017-18.
- All accidental claims where incident has occurred on or after 1st April, 2017 and up to 31st March, 2018 will come under the purview of the RuPay Insurance Programme 2017-18.
- All branches need to report all such claims to **The New India Assurance Co Ltd** for intimation and subsequent assessment.

The detail of the scheme is as under:

**A. Eligibility:**

1. All RuPay card holder (Valid for Physical or Virtual RuPay card holder) i.e. Cards issued on BIN assigned by RuPay will be eligible for the benefit under the RuPay Insurance Programme 2017-18.

2. Benefit of Insurance will be available to the card holders who have performed Minimum one successful financial or non-financial transaction\* at any channel (ATM/Micro ATM/POS/e-Com/BC of the bank at locations)

- **Within 45 days** prior to date of accident including accident date **for Premium Cardholders;** and

- **Within 90 days** prior to date of accident including accident date **for Non Premium Cardholders.**

\*Transaction types means all customer induced transaction including AADHAAR Based Transactions **AT BANK BRANCH** or by any payment instrument whether on-us (Bank Customer / RuPay card holder transacting at same bank channels) and / off-us (Bank

Customer / RuPay card holder transacting at other bank channels i.e. ATM/ Micro ATM / POS/ e-Commerce/ BC Network).

3. Under the RuPay Insurance programme 2017-18 RuPay Card holders will be eligible for the compensation on only **ONE** eligible RuPay card per card holder or per customer, even if multiple cards held by cardholder of some/ different bank are meeting the eligibility criteria. The choice of the card for the claim would rest with the customer.

4. The personal Accident Insurance, **Death and Permanent Total Disability**, would be an open policy for any kind of accident related to death or permanent total disability. (Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means).

5. In the event that the date of accident is

**within 45 days** prior to date of accident including accident date for **Premium Cardholders**; and

**within 90 days** prior to date of accident including accident date for **Non Premium Cardholders**;

from the **date of issuance** of the RuPay card, the policy would respond in favour of the card holder **even if no transaction has been carried out using the card**.

6. Personal Accident Insurance is open to all RuPay cardholders above 5 years of age subject to fulfilment of the terms and conditions of the policy.

7. Compensation of insurance benefit will be made to the eligible beneficiary on submission of complete documentation prescribed under “**Procedure for Claim**”.

8. While filing insurance claim at the request of beneficiary, branch forwarding the claim, should ensure that applicant is bonafide beneficiary as per the law of land.

#### **B. Procedure for Claim:**

1. All the claims where accident has happened on or after 1st April, 2017 and upto 31st March, 2018 will be intimated to the dedicated e- mail id **rupay@newindia.co.in** under copy to Circle Office.

2. The claim intimation should be made within **NINETY (90) DAYS** from the date of accident. In case where a person is hospitalised (and under 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.

3. All supporting documents relating to the claim must be submitted **within SIXTY (60)**

**DAYS from the date of claim intimation** to respective Circle Office.

4. The officials at Circle office (not less than Chief Manager), after vetting the required documents submitted by the branch should send the eligible claim cases within 60 (sixty) days from the date of claim intimation at the below mentioned address.

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

5. 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 Programme 2017-18.

6. For any assistance from NPCI, Circle Offices can communicate at the e-mail ID [rupayinsurance@npci.org.in](mailto:rupayinsurance@npci.org.in).

1. [Annexure 'A'- Claim Process](#);
2. [Annexure 'C'- Claim Form](#);
3. [Annexure 'D' - Declaration from member bank](#).

**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  
1<sup>st</sup> 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.

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5. In case documents are not received within sixty (60) days of claim intimation, 1<sup>st</sup> reminder by email will be issued to Member Bank with copy to NPCI.
6. 2<sup>nd</sup> 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 90<sup>th</sup> 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](mailto:rupayinsurance@npci.org.in).

Reminder process would be same for the documents deficiency also.

1<sup>st</sup> reminder T+61

2<sup>nd</sup> 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 | <a href="mailto:anjali.mirchandani@newindia.co.in">anjali.mirchandani@newindia.co.in</a>             | 022-26590092   |
|        |                  | Mr. Anand Amritkar     | Asst. Manager          | <a href="mailto:anand.amritkar@newindia.co.in">anand.amritkar@newindia.co.in</a>                     | 022-26590070   |
|        |                  | Mr. V. Subramaniam     | Admin. Officer         | <a href="mailto:vaidyanathan.subramanian@newindia.co.in">vaidyanathan.subramanian@newindia.co.in</a> | 022-26590156   |
| 2      | Second           | Mr. Loknath Sethi      | Regional Manager       | <a href="mailto:loknath.sethi@newindia.co.in">loknath.sethi@newindia.co.in</a>                       | 022-26633235   |

*Handwritten signature/initials*

**RuPay Insurance Program 2017-18**

**Annexure- A**

|   |       |               |                  |                                  |                               |
|---|-------|---------------|------------------|----------------------------------|-------------------------------|
| 3 | Final | Mr.ramesh.nag | Chief<br>Manager | <u>Ramesh.nag@newindia.co.in</u> | 022-<br>22708400/<br>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.

RuPay Insurance Program 2017-18

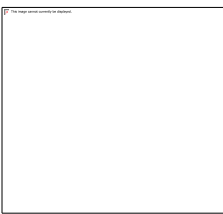
Annexure- A

**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.

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|                                                                                   |                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>The New India Assurance Company Limited</b><br>Regd & Head Office: New India Assurance Building, 87, M.G. Road, Fort,<br>Mumbai - 400 001.                                                             |
|                                                                                   | <b>Policy Issuing Office : Bandra Divisional Office 142300</b><br><b>C-6,NCL Business Premises, 1st Floor, Bandra-KurlaComplex, Mumbai 400051.</b><br><b>Contact no.(022) 26591702(Direct) / 26590156</b> |

|                                                                                                                                         |  |                            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--|
| <b>RuPay CARDHOLDER'S PERSONAL ACCIDENT INSURANCE CLAIM FORM</b><br>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 NUMBERS 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

| <b>The Disablement</b>                                                                                                                                                                                                                                             | <b><i>Compensation expressed as a percentage of Total Sum Insured.</i></b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1) <b><i>Permanent Total Disablement</i></b>                                                                                                                                                                                                                       | 100%                                                                       |
| 2) Permanent and incurable insanity                                                                                                                                                                                                                                | 100%                                                                       |
| 3) Permanent Total Loss of two <b><i>Limbs</i></b>                                                                                                                                                                                                                 | 100%                                                                       |
| 4) Permanent Total <b><i>Loss of Sight</i></b> in both eyes                                                                                                                                                                                                        | 100%                                                                       |
| 5) Permanent Total <b><i>Loss of Sight</i></b> of one eye and one <b><i>Limb</i></b>                                                                                                                                                                               | 100%                                                                       |
| 6) Permanent Total <b><i>Loss of Speech</i></b>                                                                                                                                                                                                                    | 100%                                                                       |
| 7) Complete removal of the lower jaw                                                                                                                                                                                                                               | 100%                                                                       |
| 8) Permanent Total <b><i>Loss of Mastication</i></b>                                                                                                                                                                                                               | 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 <b><i>Daily Activities</i></b> essential to life without full time assistance | 100%                                                                       |
| 10) Permanent Total <b><i>Loss of Hearing</i></b> in both ears                                                                                                                                                                                                     | 75%                                                                        |
| 11) Permanent Total Loss of one <b><i>Limb</i></b>                                                                                                                                                                                                                 | 50%                                                                        |
| 12) Permanent Total <b><i>Loss of Sight</i></b> of one eye                                                                                                                                                                                                         | 50%                                                                        |
| 13) Permanent Total <b><i>Loss of Hearing</i></b> 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                                                                                                                                                                                                                                                     | 5%                                                                         |
| • Two joints                                                                                                                                                                                                                                                       | 3.5%                                                                       |
| • One joint                                                                                                                                                                                                                                                        | 2%                                                                         |
| 19) Permanent Total Loss of use of toes: a) All-one foot                                                                                                                                                                                                           |                                                                            |
| • Big-both Joints                                                                                                                                                                                                                                                  | 15%                                                                        |
| • Big-one joint                                                                                                                                                                                                                                                    | 5%                                                                         |
| • Other than Big- each toe                                                                                                                                                                                                                                         | 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%                                                                        |

## Declaration from the Member Bank (on bank's letter head)

We hereby confirm that Mr/Ms. \_\_\_\_\_ aged \_\_\_\_\_ years, is  
holder of Account number \_\_\_\_\_ and was issued  
RuPay card number \_\_\_\_\_.

### A. Details of Customer Induced transaction qualifying for the RuPay Insurance Program 2017-18. :

Date of Transaction : \_\_\_\_\_

Type of Transaction : \_\_\_\_\_

Brief Description of the Transaction :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transaction fulfils the usage criteria of (45/90) days : YES / NO.

[ Copy of Account Statement showing the captioned transaction to be attached.]

### B. Details of Nominee\* :

Name of Nominee : \_\_\_\_\_

Relation with Cardholder : \_\_\_\_\_

Nominee's Bank name : \_\_\_\_\_

Nominee's A/c. No. : \_\_\_\_\_

Nominee's A/c. IFSC code : \_\_\_\_\_

[ Copy of the Pass book / Cancelled cheque to be attached.]

### C. Bank Officials Details :

Name of the Official : \_\_\_\_\_

Contact Number [ Mobile & Landline] : \_\_\_\_\_

Email : \_\_\_\_\_

We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

**Authorized Signatory and Bank Seal**

*\* Please Note - In case of nominee details not available, legal heir certificate as per competent court order to be provided by the beneficiary and attached to the documents by bank while submitting to The New India Assurance Co. Ltd.*

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