

NPCI/2023-24/RuPay/033

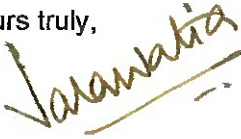
29<sup>th</sup> Mar'24

RuPay Insurance Program FY 2024-25 – RuPay PMJDY Cards

1. We wish to inform that the RuPay Insurance Program for RuPay PMJDY Cards has been extended for FY 2024-25, i.e., from 1<sup>st</sup> Apr'24 upto 31<sup>st</sup> Mar'25. The New India Assurance Company Ltd will continue to be the insurance partner with NPCI for RuPay PMJDY cards.
2. All terms and conditions along with the claims process pertaining to RuPay Insurance Program for RuPay PMJDY cards for FY 2024-25 will remain the same as mentioned in circular: NPCI/2020-21/RuPay/061 dated 15<sup>th</sup> March 2021.

All the necessary documents have been enclosed as Annexure to this circular.

Yours truly,



Kunal Kalawatia

Chief of Products

**Claims Process – RuPay Insurance Program FY 2024-25 for RuPay PMJDY  
Cards**

**A) Claim intimation**

1. All the claims where incident has happened in the financial year 2024-25, should be intimated to the dedicated claims id **rupay@newindia.co.in**
2. A printed copy of the captioned intimation email should be sent to The New India Assurance Co. Ltd. along with all other documents.
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:

Mr. Satish Palav  
The New India Assurance Co.Ltd.,  
A-102, Bhattad Towers,  
Opp.Kora Kendra ground,  
Off S.V.Road,  
Borivali (W), Mumbai-400 092

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 honored, 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. In case the settlement is not confirmed, the Bank should follow up with The New India Assurance Co. Ltd. &/OR NPCI for status update of the claim and comply for the pending requirements in hard copy by post/courier. (Scanned images of required documents shall not be sent to the Insurance Company).
  5. In case documents are not received within sixty (60) days of claim intimation, 1<sup>st</sup> reminder, hard copy letter will be issued to Member Bank by The New India Assurance Co. Ltd. followed by an email communication.
  6. 2<sup>nd</sup> reminder hard copy letter will be sent by The New India Assurance Co. Ltd. after eighty one (81) days from claim intimation followed by an email.
  7. Closure letter, hard copy letter 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 letter in hard copy / email will be sent to client 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**

##### **For Claims & Policy Administration**

<b>Sr. No.</b>	<b>Escalation Level</b>	<b>Name</b>	<b>Designation</b>	<b>E-Mail Id</b>	<b>Contact No.</b>
	First	Mr.Satish Palav	Asst. Manager	satish.palav@newindia.co.in	022-26590156
		Mrs. Sangeeta Kamble	Admin. Officer	Sangita.kamble@newindia.co.in	022-26590156
		Ms Deepa Bavdankar	Sr.Divisional Manager	Deepa.b@newind.co.in	022-26591702
	Second	Mr. Umesh Rathod	Chief Manager	Umesh.rathod@newindia.co.in	022-26633237
	Final	Ms. Uma Iyer	Chief Regional Manager	Uma.iyer@newindia.co.in	022-26633231

**F) Claim Payment**

Once the claim is approved, the payment in the form of **NEFT** shall be done to the cardholder (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 –****For Accidental Death Claims:**

- a) Claim Form duly completed and signed.
- b) Original or Certified copy of Death Certificate.
- c) Original or Certified copy of FIR/ Police report giving description of the accident.
- d) Original or certified copy of Post Mortem Report along with Chemical Analysis/ FSL reports (wherever applicable).
- e) Aadhar copies of Cardholder and Nominee.
- f) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp: specifying that:
  1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
  2. Compliance of 90 days transaction criteria (to be supported with transaction log / account statement from the bank's system)
  3. Nominee Name and its banking details (including Passbook copy)
  4. Brief description of Accident as per FIR translated in English or Hindi.

5. Bank official's Name and contact details with email ID.

**Permanent Total Disability Claim: –**

- a) Claim Form duly completed and signed.
- b) Discharge card along with case history confirmation therein duration & percentage of disability duly certified by the concerned/treating Physician/Surgeon.
- c) Original or Certified copy of FIR/ Police report giving description of the accident.
- d) All investigation report in original copies\* thereof in respect of tests had undergone pertaining to accident.
- e) Additional documents, if any, based on merit of the loss.
- f) Aadhar copies of Cardholder and Nominee
- g) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:
  - 1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
  - 2. Meeting 90 days transaction criteria (include the transaction log / account statement from the system)
  - 3. Nominee Name and his banking details (including Passbook copy)
  - 4. Brief description of Accident as per FIR translated in English or Hindi.
  - 5. Bank official's Name and contact details with email ID.

\*\* 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.

**RuPay Insurance Program - RuPay PMJDY Cards for FY - 2024-25****Frequently Asked Questions**Death Claims**Q1. What is an accident?**

Ans. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

**Q2. What are the benefits payable under this policy?**

Ans. Now you can protect yourself with Personal Accident Insurance against accidental injuries caused by all kind of accidents. The policy provides the benefits to you, for Accidental Death and Permanent Total Disability.

**Q3. Does the Personal Accident policy cover natural death, suicide or death due to some illness/disease/pregnancy?**

Ans. No, Personal Accident policy covers death occurring only due to accidents or accidental injuries which are non- intentional or not self-inflicted.

**Q4. What is the available sum insured under the plan?**

Ans. Sum insured of Rs 1 lakh for RuPay cardholders of Old\* PMJDY Cards and of Rs 2 lakhs for RuPay cardholders of New\*\* PMJDY Card.

**Q5. What is the eligibility criterion to avail Personal Accident Insurance cover on my RuPay Card?**

Ans: Benefits of Insurance will be available to the Cardholders who have performed minimum one successful transaction as under:

1. financial or non-financial transaction at any Channel both Intra and Inter-bank i.e. on-us (ATM/MicroATM/POS/e-com/Business Correspondent of the bank at locations by any payment instrument) within 90 days prior to date of accident including accident date of RuPay PMJDY Cardholders or off us (same bank channels- Bank Customer/RuPay cardholder transactions at other bank channels).

**Q6. Is there any age limit for availing Personal Accident Policy?**

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

PMJDY OLD\* – RuPay PMJDY Cards issued on PMJDY accounts opened till 28<sup>th</sup> Aug 2018

PMJDY New\*\* – RuPay PMJDY Cards issued on PMJDY accounts opened after 28<sup>th</sup> August 2018

**Q7. Does the policy have a worldwide coverage?**

Ans. Yes, the Personal Accident policy will cover you even if the incident has happened when out of the country. Claim will be paid in Indian rupees as per the sum insured on submission of required documentation. There is no negative list of countries.

**Q8. Who can be the beneficiary?**

Ans. The beneficiary could be nominee on the account of the cardholder or legal heir as per competent court order.

**Q9. Who is the beneficiary in case there are multiple heirs / beneficiaries?**

Ans. In case of multiple beneficiaries the claim is settled in the name of heir as per legal heir certificate submitted.

In case the legal heir absolute his right of claim (i.e. legal heir doesn't want to claim) we will need the NOC from him/her and the claim can be settled in the name of other beneficiary so nominated.

**Q10. How do I make a claim?**

Ans. Please fill the entire documents as per the checklist and submit the same to the Bank / Bank branch where RuPay cardholder has an account.

**Q11. Whom should I contact in case of a claim?**

Ans. Please contact RuPay cardholder Bank / Bank branch of which RuPay cardholder has a card for intimating claim.

**Q12. What are the claim documents to be submitted in case of a claim, whether incident has happened in India or overseas?**

Ans. For Accidental Death Claims:

- a) Claim Form duly completed and signed.
- b) Original or Certified copy of Death Certificate.
- c) Original or Certified copy of FIR / Police report giving description of the accident.
- d) Original or Certified copy of Post Mortem Report along with Chemical Analysis/FSL reports wherever applicable.
- e) Aadhar copies of Cardholder and Nominee.
- f) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:
  1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
  2. Compliance of 90 days transaction criteria (to be supported with transaction log / account statement from the bank's system)
  3. Nominee Name and his banking details (including Passbook copy)
  4. Brief description of Accident as per FIR translated in English or Hindi.
  5. Bank official's Name and contact details with email ID.



\*\* 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.

**Q13. In how many days the claims will be settled?**

Ans. The claims will be settled in ten (10) working days from the date of receiving the complete document set by The New India Assurance Co. Ltd.

**Q14. In how many days should I intimate about claim?**

Ans. The intimation should be immediate to The New India Assurance Co. Ltd. or Bank but not later than ninety (90) days of the date of accident. In case where the person is hospitalized (and under critical condition) and is unable to file claim within ninety (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.

**Q15. In how many days should I submit the claim documents?**

Ans. The claim documents must be submitted within sixty (60) days from the date of claim intimation.

**Q16. In case RuPay Cardholder having a Personal Accident policy with another insurance Company, will this Insurance Policy will be an additional cover?**

Ans. Yes, the policy is a benefit policy and hence it will be an additional cover over the other Personal Accident insurance policies being held by the cardholder.

**Q17. What do you mean by exclusions?**

Ans. Exclusions are situations or conditions wherein The New India Assurance Co. Ltd is not liable to pay the benefits to insured person in the event of accident.

**Q18. What are the exclusions applicable?**

Ans. The New India Assurance Co. Ltd. shall not be liable under this policy for the following exclusions:

1. Compensation under more than one of the foregoing Sub-clauses in respect of the same period 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), or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.  
*Sub-clause (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 Policy Schedule hereto, applicable to such insured person.  
*Sub-Clause (b):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
  - 1.a.a. Sight of both eyes, or of the actual loss by “physical separation” of 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 sight of one eye and such loss

of one entire hand or one entire foot, the Capital Sum Insured stated in the Policy Schedule herein applicable to such Insured person.

1.a.b. 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 Policy Schedule hereto, applicable to such Insured person.

*Sub-Clause (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

1. the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.
2. total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

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

*Sub-Clause (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 Policy Schedule hereto applicable to such insured person.

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 Policy schedule applicable to such Insured person would exceed the sum payable under sub-clause (a) of this Policy to such insured person. However, amount relating to medical expenses and carriage of dead body would be payable in addition if applicable.

*Sub-clause (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 Policy Schedule hereto, applicable to such insured person.

1. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
2. 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) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal diseases, aids or insanity, (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers ( for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.
3. 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 or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.
4. 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 ionizing radiations or contamination by radioactivity 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.
  - 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 conditions and all 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 Company under this Policy.

5. 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 prolonged by child birth or from pregnancy or in consequence thereof.

**Q19. If the incident occurs in a timeline of 0-90 days of issuance of the RuPay card, thereby not giving a window of 90 days qualifying criteria for doing a transaction in order to be eligible for the insurance benefit, is the Cover still valid?**

Ans. Yes, as an exception in such cases the cover is still valid and claim can be intimated as applicable for RuPay PMJDY Cardholders.

**Q20. Since the cover is effective 1<sup>st</sup> April, 2024 and upto 31<sup>st</sup> March, 2025, if incident happens on 15<sup>th</sup> April, 2024 and the transaction has happened prior to the policy period is the cover valid?**

Ans. Yes, as long as the incident has happened in the policy period the cover is valid.

**Q21. For how many cards will I be eligible for the compensation of Insurance cover?**

Ans. The Insurance policy is applicable for the compensation of only one eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholder of same / different banks meet the eligibility criteria. The choice of the card for the claim would rest with the customer.

**Permanent Total Disability****Q1. What is Permanent Total Disability?**

Ans. Permanent Total Disability is defined as permanent loss of ability to use a body part due to accidental injuries. The cover is restricted as mentioned in table in answer to Question No 3 below.

**Q2. What is the benefits payable under this policy?**

Ans. This policy pays for any Permanent Total Disability due to an accident.

**Q3. What is covered under Permanent Total Disability whether incident has happened in India or overseas?**

Ans. Permanent Total Disability due to an accident will cover the following:

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

**Q4. What is the available sum insured under this insurance cover?**

Ans. Sum insured of upto Rs 1 lakh for RuPay cardholders of Old PMJDY Cards and of upto Rs 2 lakhs for RuPay cardholders of New PMJDY Card.

**Q5. What is the eligibility criterion to avail Permanent Total Disability Insurance cover on my RuPay Debit Card?**

Ans : Benefits of Insurance will be available to the Cardholders who have performed minimum one successful transaction as under :

1. financial or non-financial transaction at any Channel both Intra and Inter-bank i.e. on-us (ATM/MicroATM/POS/e-com/Business Correspondent of the bank at locations by any payment instrument) within 90 days prior to date of accident including accident date of RuPay PMJDY Cardholders or off us (same bank channels- Bank Customer/RuPay cardholder transactions at other bank channels).

**Q6. Is there any age limit for opting Permanent Total Disability Policy?**

Ans. Permanent Total Disability Insurance policy is open to all RuPay cardholders above 5 years' subject to fulfilment of the terms and conditions of the policy.

**Q7. Does the policy have a worldwide coverage?**

Ans. Yes, the Permanent Total Disability policy will cover you even if the incident has happened when out of the country. Claim will be paid in Indian rupees as per the sum insured on submission of required documentation. There is no negative list of countries.

**Q8. Who can be the beneficiary?**

Ans. Beneficiary will be the insured under this policy.

**Q9. What are the claim documents to be submitted in case of claim?**

Ans. Permanent Total Disability Claim Forms:-

- a) Claim Form duly completed and signed.

- b) Discharge card along with case history confirmation therein duration & percentage of disability duly certified by the concerned/treating Physician/Surgeon.
- c) Original or Certified copy of FIR/ Police report giving description of the accident.
- d) All investigation report in original copies\* thereof in respect of tests had undergone pertaining to accident.
- e) Additional documents, if any, based on merit of the loss.
- f) Aadhar copies of Cardholder and Nominee
- g) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:
  1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
  2. Meeting 90 days transaction criteria (include the transaction log / account statement from the system)
  3. Brief description of Accident as per FIR translated in English or Hindi.
  4. Bank official's Name and contact details with email ID.

\*\* 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.

**Q10. In how many days the claim will be settled?**

Ans. The claims will be settled in ten (10) working days from the date of receiving the complete document set by The New India Assurance Co. Ltd.

**Q11. Whom should I contact in case of a claim?**

Ans. Please contact RuPay cardholder Bank/Bank branch of which RuPay cardholder has a card for intimating claim.

**Q12. How do I make a claim?**

Ans. Please fill the entire documents as per the checklist and submit the same to the Bank/Bank branch where RuPay cardholder has an account.

**Q13. In how many days should I intimate about claim?**

Ans. Please intimate about the claim within 90 days of the date of accident. In case where the person is hospitalized (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 honored, if all terms under the policy are met as on date of accident.

**Q14. In how many days should I submit the claim documents?**

Ans. The claim documents needs to be submitted within 60 days from the date of claim intimation.

**Q15. Can I claim additional cover on my existing Permanent Total Disability cover from other Insurer (s) company?**

Ans. Yes, it will be an additional cover over any other existing insurance cover being held by the cardholder.

**Q16. Accidental Injury can I avail the cashless facility?**

Ans. This is not a mediclaim policy hence, cashless facility is not available for Personal accident policy.

**Q17. What do you mean by exclusions?**

Ans. Exclusions are situations or conditions wherein The New India Assurance Co. Ltd is not liable to pay the benefits to insured person in the event of accident.

**Q18. What are the exclusions applicable?**

Ans. The New India Assurance Co. Ltd. shall not be liable under this policy for the following exclusions:

1. Compensation under more than one of the foregoing Sub-clauses in respect of the same period 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), or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.

*Sub-clause (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 Policy Schedule hereto, applicable to such insured person.

*Sub-Clause (b):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

1.a.a. Sight of both eyes, or of the actual loss by “physical separation” of 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 sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Policy Schedule herein applicable to such Insured person.

1.a.b. 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 Policy Schedule hereto, applicable to such Insured person.

*Sub-Clause (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

1. the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.
2. total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

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

*Sub-Clause (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 Policy Schedule hereto applicable to such insured person.

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 Policy schedule applicable to such Insured person would exceed the sum payable under sub-clause (a) of this Policy to such insured person. However, amount relating to medical expenses and carriage of dead body would be payable in addition if applicable.

*Sub-clause (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 Policy Schedule hereto, applicable to such insured person.

1. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
  2. Payment of compensation in respect of Death, injury of 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) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal diseases, aids or insanity, (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers ( for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.
  3. 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 or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.
  4. 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 ionising radiations or contamination by radioactivity 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.
    - 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 conditions and all 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 Company under this Policy.



5. 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 prolonged by child birth or from pregnancy or in consequence thereof.

**Q19. Is there is provision for interim relief on Insurance?**

Ans. There is no provision for interim relief until establishment of entitlement upon which the claim is payable as qualified.

**Q20. If the incident occurs in a timeline of 90 days of issuance of the RuPay card, thereby not giving a window of 90 days qualifying criteria for doing a transaction in order to be eligible for the insurance benefit, is the Cover still valid?**

Ans. Yes, as an exception in such cases the cover is still valid and can be intimated as applicable for Non-Premium Cardholders.

**Q21. Since the cover is effective 1<sup>st</sup> April, 2024 and upto 31<sup>st</sup> March, 2025 if incident happens on 15<sup>th</sup> April, 2024 and the transaction has happened prior to the policy period is the cover valid?**

Ans. Yes, as long as the incident has happened in the policy period the cover is valid.

**Q22. For how many cards will I be eligible for the compensation of Insurance cover?**

Ans. The Insurance policy is applicable for the compensation of only one eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholder of same / different banks meet the eligibility criteria. The choice of the card for the claim would rest with the customer.

## The New India Assurance Company Limited

Regd & Head Office: New India Assurance Building, 87, M.G. Road, Fort,  
Mumbai - 400 001.

**Policy Issuing Office: The New India Assurance Co.Ltd., A-102, Bhattad Towers,  
Opp.Kora Kendra ground  
Off S.V.Road, Borivali (W), Mumbai-400 092  
Contact no.(022) 26590070 / 26590156**

### **RuPay CARDHOLDER'S PERSONAL ACCIDENT INSURANCE CLAIM FORM 2024-25**

**Policy Number – 14230042230100000007**

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY

**ALL QUESTIONS ARE MANDATORY AND HAVE TO BE COMPULSORILY ANSWERED.**

RuPay CARD TYPE [ PMJDY [OLD/NEW] ]

NAME OF RUPAY CARDHOLDER

AADHAR NUMBER OF CARDHOLDER

BANK ACCOUNT NUMBER

RUPAY CARD NUMBER

A/c. Opening date in case of PMJDY  
account

NAME OF NOMINEE [CLAIMANT]

ADDRESS OF CLAIMANT WITH  
DISTRICT AND PINCODE

DATE AND TIME  
OF ACCIDENT

PLACE OF ACCIDENT

BRIEF DESCRIPTION OF  
ACCIDENT  
[MANDATORY IN ENGLISH / HINDI]

**IF SPACE IS INSUFFICIENT, PLEASE  
ATTACH SEPERATE SHEET.**

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.

BANK SEAL AND  
SIGNATURE

SIGNATURE OF  
CLAIMANT

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/SYMP TOMS 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>	<i>Compensation expressed as a percentage of Total Sum Insured.</i>
1) <b>Permanent Total Disablement</b>	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two <b>Limbs</b>	100%
4) Permanent Total <b>Loss of Sight</b> in both eyes	100%
5) Permanent Total <b>Loss of Sight</b> of one eye and one <b>Limb</b>	100%
6) Permanent Total <b>Loss of Speech</b>	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total <b>Loss of Mastication</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>Daily Activities</b> essential to life without full time assistance	100%
10) Permanent Total <b>Loss of Hearing</b> in both ears	75%
11) Permanent Total Loss of one <b>Limb</b>	50%
12) Permanent Total <b>Loss of Sight</b> of one eye	50%
13) Permanent Total <b>Loss of Hearing</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%
☉ 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%

**Annexure D**

**Declaration from Member Bank [on Bank's letterhead]**

We hereby confirm that Mr./Mrs. \_\_\_\_\_ having  
Aadhar number \_\_\_\_\_ is holder of  
account number no. \_\_\_\_\_ and was issued a RuPay  
PMJDY Card bearing no. \_\_\_\_\_.  
Account opening date: \_

Card type: **[PMJDY [OLD/NEW]** (please specify)

**A. Details of Customer induced transaction qualifying for the RuPay Insurance Program 2024-25**

Date of Transaction : \_\_\_\_\_  
Type of Transaction : \_\_\_\_\_  
Brief Description of transaction : \_\_\_\_\_

\_\_\_\_\_  
[Copy of Account Statement of cardholder with highlighted qualifying transaction to be attached]

**B. Details of Nominee / Legal Heir**

Name of Nominee / Legal Heir: \_\_\_\_\_  
Aadhar Number of Nominee/ Legal Heir: \_\_\_\_\_  
Relation with Cardholder: \_\_\_\_\_  
Nominee's/ Legal Heir's Bank Name: \_\_\_\_\_  
Nominee's/ Legal Heir's Account number: \_\_\_\_\_  
Nominee's/ Legal Heir's Account IFSC code: \_\_\_\_\_

[Copy of Pass Book / Cancelled Cheque of Nominee/Legal Heir's A/c. to be attached]

[In case Nominee details are not available, Legal Procedure to be adopted as per bank's guidelines and Legal Heirs details to be provided.]

AUTHORISED SIGNATORY  
WITH BANK SEAL.

C. Brief Description of Accident [to be narrated in English / Hindi only by Bank Official]

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D. Details of Bank's Official for follow up regarding the captioned claim.

Name and Address of Bank : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Contact Number : Mobile: \_\_\_\_\_  
Landline: \_\_\_\_\_

Email ID of Bank **Branch** : \_\_\_\_\_

Email ID of Bank **RO/ZO** : \_\_\_\_\_

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

We also confirm that the documents sent in support of the captioned claim are true copies and have been verified by us with the original documents.

AUTHORISED SIGNATORY  
WITH BANK SEAL.