



RAGHNALL INSURANCE BROKING
AND RISK MANAGEMENT PVT, LTD.

Group Personal Accident Insurance Employee Benefit Manual for Privi Life Sciences Pvt. Ltd.

Employee Benefits



Agenda

- Welcome to Raghnall
- Partners to “**Privi Life Sciences Pvt. Ltd.**” employee Group Personal Accident Insurance benefit policy
- Coverage under the plan
- Points to remember
- Claim Intimation
- Document Submission
- Exclusions under the policy
- Points of Contact

Group Personal Accident Insurance Policy

What is Accident Insurance?

The insurance covers accident mainly for the employees under corporate group insurance.



Welcome to Ragnall IBRM Pvt. Ltd.



- We are your employee benefit program partner and we are committed to serving you for the Group Personal Accident Program .
- We are dedicated to providing you with service of the highest quality and with utmost transparency

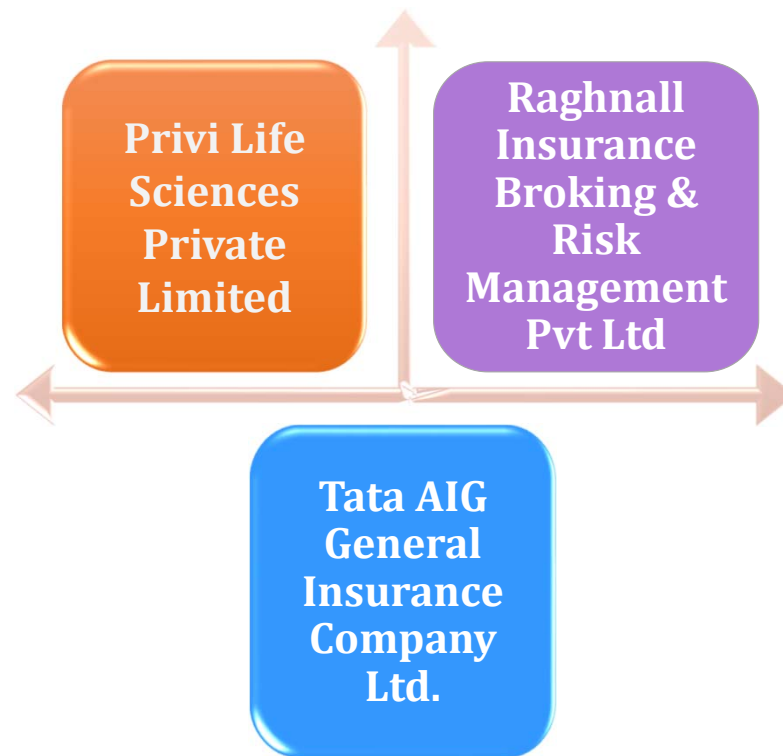
We offer :-

- Personalized Claims Support.
- Dedicated Support for the process.

Partners to the Group Personal Accident Insurance.



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Benefit Details

Policy Period	30 November, 2022 to 29 November, 2023
Family Definition	Only Employee
Sum Insured	INR 5 Lac
Age Band	18 to 70 years
Accidental Death	Covered
Permanent Total Disablement	Covered
Permanent Partial Disability	Covered
Temporary Total Disablement	Temporary Total Disablement up to limit of 1% of sum insured subject to maximum of Rs 5,000/-per week with max upto 104 weeks whichever is less.
Accidental Medical Expenses	Accidental Medical expenses with a limit of 10% of CSI or 40% of Admissible Claim or Actuals whichever is less(On IPD Basis)
Accidental Dismemberment and Paralysis	Covered

Benefit Details

Terrorism	Covered
24-Hrs & Worldwide Cover	Covered

Definition

Accidental Death	It provides for payment of compensation on the insured person's death caused by bodily injury arising out of accidental, violent, external and visible means and resulting in death within 12 (twelve) calendar months of occurrence of the accidental injury.
Permanent Total Disablement	It provides for payment of compensation for bodily injury caused by accidental, violent, external and visible means resulting in Permanent Total Disablement resulting from an accident.
Permanent Partial Disablement	It provides for payment of compensation for bodily injury caused by accidental, violent, external and visible means resulting in Permanent Partial Disablement within 12 (twelve) calendar months of occurrence of such injury.
Temporary Total Disablement	It provides for payment of compensation for bodily injury caused by accidental, violent, external and visible means resulting in Temporary Total Disablement. The compensation shall be payable for the temporary period for which the Insured Person suffers from total disablement due to accidental bodily injury.

General Exclusions

- Under influence of intoxicating liquor or drugs.
- Intentional self injury, suicide or attempted suicide
- Racing on wheel, Hunting Big game shooting, Mountaineering, engaged in winter sports, skiing & Ice Hockey.
- Insanity.
- Breach of law with criminal intent.

Claims Document Submission

- [GPA documents need to submit on below address :-](#)

CLAIMS DEPARTMENT

TATA-AIG General Insurance Company Limited,

Romell Tech Park, 7th and 8th Floor,

Goregaon East, Mumbai, Maharashtra 400063

Note :- Once you courier the original documents then share the POD details with Ms. Priyanka Bhandare. (priyankab@raghnall.co.in).

List of Claim Documents

1. Claim Form
2. List of Employees with Employee Number and Category.
3. Employer Confirmation Letter with description in writing about the accident in details in Letter Head.
4. Copy of Sub Contract, if any.
5. Copy of Appointment Letter and Joining Letter (Attested By the Employer.)
6. Attested Id Card of Employee issued by the company.
7. Salary slips from the time of inception of the policy till the date of settlement of dues attested by the Employer.
8. Muster Roll/Attendance Register from for Last Six Months attested by Employer.
9. Bank Statement for proof of payment of Salary/Wages for 6 months.
10. FIR copy, if any.
11. Copy of Cancelled Cheque with ECS details.
12. Attested ID Proof of injured person like Aadhaar Card, Pan Card, Election Card,
13. Admission and Discharge Certificate from the hospital duly attested.
14. Fitness Certificate attested by the treating doctor.
15. Witness Statement in writing with ID Proof (**If Any**)
16. Confirmation of amount claimed and original bills with Money Receipt to substantiate the claim from hospital/clinic etc.
17. Any other documents relevant to this claim.

Reimbursement Claim Intimation

- Intimation email should be send on below mentioned email id's in below mentioned format.

To:- priyankab@raghnall.co.in

Policy Number :	
Company Name :	
Employee Code :	
Employee Name :	
Date of Admission :	
Hospital Name with Complete Address:	

Points of Contact

Contact Point	Name	Mobile No	Email ID
SPOC	Ms. Priyanka Bhandare	7400087023	priyankab@raghnall.co.in
Level 2	Mr. Sandeep Pawar	9136916182	sandeep pawar@raghnall.co.in
Level 3	Ms. Rekha Nagrani	9821239099	rekhanagrani@raghnall.co.in



THANK YOU