

# **Group Personal Accident Insurance (GPAI) Policy**

HR-PO837 Ver. 1.0

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## 1. PURPOSE

The Group personal Accident Insurance scheme provides compensation (specified amounts) in the event of disablement sustained by an Insured associate due to an accident, while eligible under the policy.

## 2. ACRONYMS AND DEFINITIONS

Term/ Acronym	Explanation
TML	Tech Mahindra Limited
PTD	Permanent Total Disablement
PPD	Permanent Partial Disablement
TTD	Temporary Total Disablement
GPAI	Group Personal Accident Insurance
%	Percentage
SPOC	Single Point of Contact

## 3. SCOPE

GPAI policy provides coverage to Tech Mahindra associates who are on Fixed Term Contract (also known as direct contract) and on permanent roles of the company across India. The company here includes Tech Mahindra Limited (TML) and any subsidiaries / branch in India who are also covered under TML policies.

## 4. BENEFITS

Benefits under the Group Personal Accident Policy (GPAI) can be availed in case of:

- Permanent Total Disablements (PTD)
- Permanent Partial Disablement (PPD)

The grade-wise sum insured for PTD/PPD in INR are:

Grade	Sum insured / annum (in Lacs)
U1 to U3	5,00,000
U4 & P1	7,00,000
P2 & above	10,00,000

- Temporary Total Disablements (TTD) – Payable, in case there is loss of pay owing to accidental injuries on a weekly basis, @ 1% of the sum insured or Rs.10,000/- or weekly actual salary for the number of loss of pay days due to accidental injuries, up to a max. of 104 weeks, whichever is less.

In the event of a Permanent Disability, the payout will be based on the Percentage of Capital Sum insured provided under PTD/PPD as listed in the Annexure I of this document.

## 5. Process for availing the benefit

An associate can avail the claim if s/he met with an accident and is not in a position to attend work for a certain period or sustains permanent disability.

Intimation of the accident should be sent to the HUB team immediately and no later than (or within) one week of the incident of accident of the associate.

Intimation may be sent via email by the Associate. In the event the associate is incapacitated, a relative, friend, colleague / Business HR can assist in sending intimation.

**For Queries / Remedies:**

Please find URL for Remedy and associate can raise queries in following category.

HR- HUB>>Insurance>> Medical Insurance – Queries/Clarifications

**URL for Remedy:**

**Non SSO Link:** (Intranet)

<http://hubint.techmahindra.com:8181/arsys/>

**SSO Link:** (Intranet)

<http://hub.techmahindra.com:8181/arsys/>

**Internet Link:**

<https://hub.techmahindra.com/arsys/>

The documents that are typically required for processing a claim are as per Annexure 2.

**6. Claims Submission**

Claims should be submitted as under:

- Temporary disablement - Within 07 days of resumption of normal duties.
- Permanent disability – Within 07 days of the accident.

All claim documents should be submitted to the HUB team (mentioned below) who will in turn forward the same to Brokers / Insurance Company for further processing. Please note that claims need to be submitted on a timely basis and delayed intimations may not be accepted by the Insurance provider.

All claims are governed by the terms & conditions agreed between the Insurance company and Tech Mahindra under the Group Personal Accident Insurance Policy.

**Claim Submission Contacts:**

Human Resources (Hub Team --Insurance SPOC)  
5<sup>th</sup> Floor, Sharada Center  
Erandwane, Pune

**7. Payment of claim**

Payment by the Insurance Company would be done in approximately one month post submission of all documents required to process the claims. In case of delay please contact the representatives mentioned in clause 4 above.

Payment will be made Online Transfer to the associate account.

## 8. Policy Exclusions

This policy does not include Medical Insurance coverage as that is a separate policy. Also payouts in the event of death as a result of accidents are not included here, associates may please refer the Group Term Life Insurance policy for details.

The following claims remain excluded from coverage as per terms and conditions:

- a. Compensation claim under more than one category for same period of disability (payment will always be as per the highest coverage and under any one category, not under multiple categories)
- b. Payment of compensation claim in respect of injury or disablement of insured (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, (d) directly or indirectly caused by venereal disease or insanity (e) arising or resulting from the insured committing any breach of the law with criminal intent.
- c. Payment of compensation claim in respect of Injury or disablement of the insured arising out of or directly or indirectly connected with war, Hostilities (whether war be declared or not) War, Insurrection, Military or usurped Power, Seizure, Restraints etc.
- d. Payment of compensation in respect of disablement caused by any disease or illness of the insured.
- e. Disablement directly or indirectly caused by or contributed by or arising from nuclear weapon materials; ionising radiation or contamination by radioactive substance etc.
- f. Disablement resulting directly or indirectly from pregnancy or in consequence thereof.

Note: This document cannot be considered a replacement for the detailed insurance policy document and associates will need to reach the vendor for any queries / details. In case of any ambiguity, the policy document agreed with the vendor will be final and binding.

## 9. DOCUMENT HISTORY

Version	Date	Author (function)	Reviewed by	Approved by	Nature of changes
1.0	10-Jan 2018	Process Owner	Function Owner	Function Head (Benefits)	First Integrated Issue

## 10. ANNEXURE I % Capital Sum Insured

If such an injury shall within twelve calendar months of its occurrence be the sole and direct causes of the total and/ or partial irrecoverable loss of use or 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:

Sr. No.	Disablement Type	Percentage of Capital Sum Insured
1	Loss of both eyes, two entire hands, two entire feet, one entire hand, one entire foot or loss of one eye	100
2	Loss of two hands or two feet or one hand and	100

Sr. No.	Disablement Type	Percentage of Capital Sum Insured
	one foot or Loss of one eye and loss of one hand or one foot	
3	Sight of one eye or the actual loss by physical separation of One entire hand or one entire foot.	50
4	Total and irrecoverable loss of use of a hand or a foot without	50
5	Physical separation	
	Loss of toes- All	20
	Both great phalanges	5
	One great Phalanx	2
	Other than great if more than on toe lost each	1
6	Loss of hearing- both ears	50
7	Loss of one ear	15
8	Loss of four fingers and thumb of one hand	40
9	Loss of four fingers	40
10	Loss of thumb	
	Both phalanges	25
	One phalanx	10
11	Loss of Index Finger	
	Three phalanges	10
	Two phalanges	8
	One phalanx	4
12	Loss of middle finger	
	Three phalanges	6
	Two phalanges	4
	One phalanx	2
13	Loss of little finger	
	Three phalanx	5
	Two phalanx	4
	One phalanx	2
14	Loss of little finger	
	Three phalanx	4
	Two phalanx	3
	One phalanx	2
15	Loss of Metacarpals	
	First or second (additional)	3
	Third, fourth or fifth (additional)	2
16	Any other permanent partial disablement	% as assessed by doctor

Any other injury not appearing in the above list, will be compensated as per the doctor's certificate for disablement

## 11. ANNEXURE II – List of Documents

For the Group Personal Accidental Claim registration, the following forms & documents are required to be filled, signed & submitted by the claimant.

**Checklist of documents: Permanent Total Disability (PTD) & Permanent Partial Disability (PPD)**

- Claim Intimation Sheet (brief description of the accident: when, how & where).
- Claim Form duly filled up and signed by the insured.
- Medical Part of Personal Accident claim form duly filled up, signed and stamped by the attending doctor
- Fitness Certificate issued by the Attending Medical practitioner (In Original)
- Disability Certificate from the civil surgeon. (in original)
- Photograph of the insured associate showing the disabled part of the body.
- Leave Certificate from the employer for the leave availed due to the accident.
- Discharge Card, in case the injured person admitted in the hospital, Prescriptions & Chemist Bills, Diagnostic Reports, X-Ray film (in original) and X-Ray Reports, etc.

**Checklist of documents for Total Temporary Disablement**

- Claim Intimation Sheet (brief description of the accident: when, how & where).
- Claim Form (duly filled up and signed by the insured).
- Medical Part of Personal Accident claim form (duly filled up, signed and stamped by the attending doctor)
- Fitness Certificate issued by the Attending Medical practitioner
- Leave Certificate from the employer for the leave availed due to the accident.
- Discharge Card, in case the injured person is admitted to the hospital.
- Prescriptions & Chemist Bills (in original)
- Diagnostic Reports
- X-Ray Plate (in original) and X-Ray Reports, etc