

## **GROUP PERSONAL ACCIDENT INSURANCE**

**With**

**Royal Sundaram Alliance Insurance Co.Ltd**

Insured persons – All Employees of 5G  
Sum Insured - 2 lacs for every employee

### **Scope of Cover**

The policy pays to the insured or his legal representative(s) as the case may be, the sum insured, in the event of the insured person sustaining any bodily injury resulting from an accident caused by violent and visible means as follows:-

Sl.No.	Table of Benefits under the Policy	Percentage of capital sum insured payable
01	Death	100%
02	Permanent Total Disablement i) Sight of both eyes or the actual loss by physical separation of two entire hands or two entire feet or one hand and one entire foot or loss of sight of one eye or one limb. ii) Use of two hands or two feet or of one hand and one foot iii) If the person is absolutely, totally and permanently disabled from engaging in any employment or occupation of any description	100%  100%  100%
03	Permanent Partial Disablement i) the sight of one eye or of actual loss by physical separation of one entire hand or one entire foot ii) Total and irrecoverable loss of use of hand or a foot without physical separation iii) Total loss of use or actual loss by physical separation of other parts of the body.	50%  50%  Percentage as specified in the policy.
04	Temporary Total Disablement If the insured person is temporarily and totally disabled from engaging in any employment or occupation, then so long as he remains totally disabled.	1% per of the capital sum insured per week subject to maximum of Rs 3000/-per week upto a maximum of 52 weeks .
05	Medical Benefits Extension	10% of the sum insured or 40% of admissible claim under Personal Accident Section whichever is lower.

Claims Procedure

1. Upon happening of any event, written notice with full particulars to be given to the insurance company immediately.
2. Documents to be submitted in original
  - Certified copy of FIR
  - Post Mortem Report, wherever applicable.
  - Medical Certificate for disability claims
  - Leave Certificate for weekly compensation benefits.
  - Any other relevant medical records.

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