ANDHRA PRADESH POWER GENERATION CORPORATION LIMITED
VIDYUT SOUDHA :: VIJAYAWADA

Circular Memo No.CGM(Adm,IS&ERP)/DGM(L&IR)/PO-F/06/23,Dtd. 03.08.2023.

Sub: APGENCO - Welfare Measures - Coverage of Group Personal Accident Policy for APGENCO regular employees for sum assured of Rs.10,00,000/- for the period of one year i.e., from 20.07.2023 to 19.07.2024 – Reg.

Ref: 1. G.O.No.101/CGM(Adm,IS&ERP)/2023, Dtd.18.07.2023.
2. Issued GPA Policy No.181632329140000124, dtd.29.07.2023, from M/s. Reliance General Insurance Company Limited.

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In the reference 1st cited, APGENCO had accorded approval for providing Group Personal Accident Policy for sum of Rs.10,00,000/- (Rupees Ten Lakh only) each to the 5354 Nos. of regular employees working in APGENCO with self contribution of beneficiary employees for a period of 12 months i.e., from 20.07.2023 to 19.07.2024.

2. In the reference 2nd cited GPA policy has been extended to the 5354 Nos regular employees of APGENCO for the period 20.07.2023 to 19.07.2024. The claim if any shall be intimated to the M/s. Reliance General Insurance Company Limited within 3 days from the date of accident and claim Forms shall be submitted within one month to the said insurer along with supporting documents to process the same.

3. Hence, all the Station Heads/Functional Heads of APGENCO are requested to cause necessary instructions to the concerned to process the claims if any received from the employees of respective station immediately to avoid further complications. The copy of the Policy is have with enclosed for take further necessary action please.

Encl: Ref. 2nd cited.

M. GOWRIPATHI
CHIEF GENERAL MANAGER (ADM,IS&ERP)

To

All the Station Heads / Functional Heads of APGENCO

Copy to the:
Dy.EE (T) to the Managing Director/APGENCO/V.S./VJA
AO to the Director (Finance & Commercial)/V.S./VJA
Dy.EE (T) to the Director (Thermal)/V.S./VJA
Dy.EE (T) to the Director (Hydel)/V.S./VJA
Dy.EE (T) to the Director (Coal & Logistics.)/V.S./VJA
PO to the Director (HR & IR)/V.S./VJA
AS to the Chief of Vigilance & Security/V.S./VJA
AE (T) to the Chief General Manager (Adm, IS & ERP)/V.S./VJA
Stock file.

// FORWARDED :: BY ORDER //

PERSONNEL OFFICER

RELIANCE GENERAL INSURANCE *Live Smart*

reliancegeneral.co.in
022 4890 3009
74004 22200

GROUP PERSONAL ACCIDENT SCHEDULE

Corporate Office/Policy Issuing Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063.	**Policy Servicing Branch:** No.1-89/3/B/40 to 42/KS/301 3rd floor, Krishe sapphire, Madhapur, Hyderabad TELANGANA
Policy Branch Office Code: 1816	**Agent/Broker Code:Direct**
Policy No: 181632329140000124	
Date of proposal:29/07/2023 ProposalNo:P072723100247	Details of previous policy (in case of renewal) Previous policy No: Date of expiry:
TaxInvoice No & Date :P072723100247 & 29/07/2023	
INSURED NAME : M/S ANDHRA PRADESH POWER GENERATION CORPORATION LIMITED	
GSTIN /UN of the insured	37AACCA2734J1ZR
Policy Holder Address / Place Of Supply : VIDYUT SOUDHA GUNADALA VIJAYWADA ANDHRA PRADESH VIJAYAWADA 520004	
Period of Insurance: From 20/07/2023 to mid night on 19/07/2024	
Total No of Employees Covered	5342
Total No of Lives Covered	5342
Type of Policy	Named
Total Sum Insured(Rs)	5342000000.00
Description of Group	Employees
Nature of Business	
Coverage Details and List of members covered as per Schedule attached.	

Premium (Rs)	1223317.80
IGST (@18.00%)	220197.20
TOTAL PREMIUM PAYABLE(Rs)	**1443515.00**
Branch GSTIN :36AABCR6747B1ZH;HSN Code :997133;Description Of Services :Accident and Health Insurance Service;	
Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/78/2023/(Validity Period Dt.01/07/2023 to Dt.01/01/2024)/3029 DT.26 JUN2023" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.	

Notice of communication to be given in respect of claim to :	
Name:	
Address:	
City:	
Website Address:	
Customer care No	
Email id:	

In the event of dishonor of Cheque, this policy automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in

Policy wordings link :https://www.reliancegeneral.co.in/Insurance/About-Us/Downloads.aspx

In witness whereof this policy has been signed at Mumbai on 29/07/2023

In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located.Office of the Insurance Ombudsman,6-2-46,1st floor,"Moin Court",Lane Opp. Saleem Function Palace,A. C. Guards,Lakdi-Ka-Pool,Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in

For and on behalf of

Reliance General Insurance Company Limited.

Agent Code Direct

Agent Contact No

Authorised Signatory

User ID: 71008105 Policy Generation Date :29/07/2023

Schedule attached to and forming part of Policy No.181632329140000124			
Cover Name	**Sum insured**	**Co-pay**	**Special Conditions**
Table D-Death +Permanent Total Disability +Permanent Partial Disability + Temporary Total Disablement			Table D covers, Death+Permanent Total Disablement+Permanent Partial Disablement+Temporary Total Disablement due to accidental external means
Medical expenses			Medical expenses 10% of sum insured maximum of Rs 50000 or 40% of admissible claim amount or actual whichever is lower, only when claim is admissible under benefit table A,B,C or D
Carriage of Dead Body			Transportation of mortal remains / Carriages of Dead body :- The policy reimburse up to 2% of Capital Sum Insured or Rs. 2500/- Whichever is less to the family.
Education Grant			Children Education Welfare Fund for Dependent Children in case of a Death of an employee 10%of SI Subject to max Rs.15000/- per child restricted to 2 children up to 23 years.

General Conditions: 1) TTD benefit will be 1% of the SI OR 24 times monthly gainful income of employee OR Rs: 5,000/- whichever is lower on weekly basis for maximum of 100 weeks
2) Subject to condition that Table D sum insured does not exceed 24 times monthly gainful employment of any person
3) Policy will be on named basis; Cover for Outsourced workers, Contractor Labourer and engaged through 3rd party Agencies in AP POWER DEVELOPMENT COMPANY LIMITIED
4) AOA Rs.100 crores
5) Maximum any one life limit will be Rs. 10 Lakh
6) Individual sum insured can not be more than 100 times of the monthly gainful income or sum insured specified which ever is less.
7) This quote is subject to condition that no employee is involved in any hazardous activity or manual labour
8) Insured to submit salary certificate of month prior to date of accident at the time of claim
9) Addition-deletion will be done on pro-rata premium basis for employees once in a month only, subject to all relevant details being forwarded to insurer before 7th day of succeeding month.
10) Minimum age of beneficiary 18 years and maximum 70 years
11) Terrorism is covered, however, terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from the scope of this policy
12) Cremation / Funeral Charges: - The policy reimburses up to 2% of Capital Sum Insured or Rs. 2500/- Whichever is less.
13) Emergency family travel -When as a result of an accident the insured is confined to an hospital outside 150 Kms of his residence, we reimburse the actual transportation expenses incurred by the immediate family member to reach the insured person up to a maximum amount of 25,000/-
Special Conditions:
Below mentioned activity shall be outside the scope of the policy:-
Professional sports team in respect of specific benefit for inability to perform
Participation in any kind of motor speed contest
While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers)
Underground mining & contractor specializing in tunnelling and Offshore activities
Naval, military or air force personnel
Radioactivity, Nuclear risks, ionizing radiation
Animal bite/Insect bite is not covered.
Perils of the sea are excluded from the scope of the policy.
Exclusions:-
Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
Being under influence of drugs, alcohol, or other intoxication or hallucinogens
Participation in actual or attempted felony, riot, civil commotion, crime misdemeanour
Committing any breach of law of land with criminal intent.
Death or disablement resulting from Pregnancy or childbirth
Risk Category III people are out of the scope of the policy

SCHEDULE ATTACHED TO AND FORMING PART OF POLICY NO.:181632329140000124'
MEDICAL EXPENSES EXTENSION (Group Insurance)
Endorsement extending Insurance under Policy No. '181632329140000124' in the name of 'M/S ANDHRA PRADESH POWER GENERATION CORPORATION LIMITED ' In consideration of the payment of an additional premium paid under the policy it is hereby agreed and declared that notwithstanding anything in the within written policy contained to the contrary, this insurance is extended to cover the medical expenses necessarily incurred and expended in connection with any accident as specified in the Policy, for which a claim is made by the Insured and admitted by the Company. The Company shall reimburse to the insured person an amount up to but not exceeding ___% of the Admissible Claim or ___% of claim amount or actual whichever is less. Further, it is a condition precedent to the payment of such medical expenses that the medical attendant's detailed account shall, if the Company so requires be submitted to and is approved by the Company.

PROVIDED ALWAYS THAT:
1. The insurance shall not apply, in so far as it applies to a female to expenses incurred in respect of any condition arising from the traceable to any disease of the organs of generation, malignant diseases of mammary glands, pregnancy, childbirth, abortion or miscarriage or any complications and or sequels arising from the foregoing, unless otherwise provided hereafter.
2. The Company shall not be liable to may any payment under this Policy in respect of :-
i. Disease, Injury, Death or Disablement directly or indirectly due to war, Invasion, Act of Foreign Enemy Hostilities or Warlike Operations (whether war be declared or not) or Civil War or Rebellion, Revolution, Insurrection Mutiny, Military, Naval or Air Service or Breach of Law of Hunting Steeple chasing or engaging in aviation or Ballooning other than as a passenger (fare paying or otherwise) in any licensed Standard Type of Aircraft.
ii. Circumcision or Strictures of Vaccination or Inoculation or change of life or beauty treatment of any description of dental or eye treatment other than treatment for the diseases etc. or Intentional self injury or insanity or dissipation or Nervous Breakdown (which expression shall cover also general debility "run down" conditions and General "overhaul") or Venereal Disease or intemperance or the use of intoxicating drugs or liquors or any diseases, injury, death or disablement directly or indirectly due to any one or more of them.

Subject otherwise to the terms, exceptions, conditions and limitations of the Policy.