


संत गाडगे बाबा अमरावती विद्यापीठ
विद्यार्थी विकास विभाग

दूरध्वनी : २६६०९४७,८६००२८५८५७ Website:www.sgbau.ac.in/Student Development/Letter Email:directorsd@sgbau.ac.in

क्र.संगाबाअवि/१३/विवि/१७१/२०२२
दिनांक : १७.११.२०२२

प्रति,
मा.प्राचार्य/विभाग प्रमुख,
सर्व संलग्नित महाविद्यालये/पदव्युत्तर शैक्षणिक विभाग/
संत गाडगे बाबा अमरावती विद्यापीठ,
अमरावती.

विषय : सत्र २०२२-२०२३ विद्यार्थी सुरक्षा विमा योजनेबाबत...

महोदय,

सत्र २०२२-२०२३ मध्ये संत गाडगे बाबा अमरावती विद्यापीठाशी ३९८ संलग्नित महाविद्यालये व ३४ विद्यापीठ शैक्षणिक विभागात प्रवेशित एकूण २,१४,१७३ विद्यार्थ्यांचा प्रति विद्यार्थी रु. १०/- शुल्क आकारून The Oriental Insurance Company Ltd. Division Office "Saubhagya"1st Floor, Rajapeth, Badnera Road, Amravati या कंपनीकडे विमा पॉलीसी काढण्यात आली आहे. सत्र २०२१-२०२२ मध्ये सुध्दा याच विमा कंपनीकडे पॉलीसी काढण्यात आली होती.

या विमा पॉलीसीचा कालावधी दि. २० ऑक्टोबर, २०२२ ते १९ ऑक्टोबर, २०२३ असा असून विमा पॉलीसी क्र. १८२३००/४८/२०२३/२४१२ असा आहे.

विद्यार्थी सुरक्षा विमा शुल्क रु. १०/- च्या अनुषंगाने खालीलप्रमाणे वैद्यकिय प्रतिपूर्ती करीता भरपाई म्हणून देय राहिल.

अ.क्र.	विवरण	देय रक्कम
०१.	अपघाती निधन झाल्यास तसेच अपघातामध्ये पुर्णतः अपंगत्व आल्यास	रु. २,३०,०००/-
०२.	अपघातामध्ये दोन पाय, दोन डोळे, दोन हात (शरीराचे दोन अवयव पुर्णतः) निकामी झाल्यास	रु. २,३०,०००/-
०३.	एक डोळा किंवा एक हात किंवा एक पाय निकामी झाल्यास	रु. १,१५,०००/-
०४.	अपघात होवून दवाखान्यामध्ये दाखल झाल्यास	रु. ५०,०००/-

याकरीता विमा कंपनीशी झालेल्या कराराची प्रत सोबत जोडली आहे. तसेच एखादा अपघात विद्यार्थ्यांच्या संदर्भाने झाल्यास त्याबाबतची माहिती पुर्वसूचना स्वरूपात संबंधित कंपनीला खालील नमुद संपर्क क्रमांकावर देवून तसेच उपरोक्त पत्यावर लेखी स्वरूपात ३० दिवसाचे आत The Oriental Insurance Company Ltd. Division Office "Saubhagya"1st Floor, Above State Bank of India, Rajapeth, Badnera Road, Amravati यांना कळविण्यात यावी, तसेच यासंदर्भात कुठलाही दावा महाविद्यालयाने परस्पर सदर विमा कंपनीकडे करणे अनिवार्य आहे. विमा कंपनीकडे दावा सादर करण्याकरीता खालील प्रमाणे कागदपत्रे जोडणे आवश्यक आहे.

A) ACCIDENTAL DEATH CLAIMS (अपघाती निधन झाल्यास)

1)	Police F.I.R	5)	College Bonafide Certificate	9)	Claim Form duly completed
2)	Post Mortem Report	6)	I.D.Card of College	10)	Driving License if the death took place while the Student was driving the vehicle
3)	Visera Report (if preserved)	7)	Enrolment no. of student issued by University	11)	Final sheet from Police Dept
4)	Death Certificate	8)	Receipt of Rs. 10/- paid by Student to avail insurance by the concerned student towards the proof		

B) ACCIDENTAL HOSPITALIZATION CLAIMS : (अपघातात जखमी झाल्यास)

1)	Attending Doctor's Certificate	5)	Medicine prescription and its bill	9)	Enrolment no.of student issued from University
2)	X-Ray Film & Report (before and after operation)	6)	Hospital Bill/receipt	10)	Claim form duly completed
3)	Hospital's Admit-Discharge Card	7)	College bonafide certificate Of student	11)	Driving license if the accident took place while the student was driving the Vehicle
4)	Hospital Indoor Case Papers	8)	ID Card of student issued by college		

ज्या महाविद्यालयाने विद्यार्थी सुरक्षा विमा शुल्क विद्यापीठात जमा केले नसतील त्यांनी सदर राशी विद्यापीठात त्वरीत जमा करणे अनिवार्य आहे. जे महाविद्यालय विद्यार्थी सुरक्षा विमा शुल्क विद्यापीठात जमा करणार नाही अशा महाविद्यालयातील विद्यार्थ्यांना विद्यार्थी सुरक्षा विमा योजनेचा लाभ घेता येणार नाही. कृपया कटाक्षाने नोंद घेवून कार्यवाही करावी, ही विनंती.

आपला विश्वासू,



(डॉ.राजीव बोरकर)

संचालक,

विद्यार्थी विकास,

संत गाडगे बाबा अमरावती विद्यापीठ

सहपत्र :

- १) दावा अर्ज
- २) विमा कंपनीशी झालेल्या कराराची प्रत

संपर्क क्रमांक

1) The Oriental Insurance Company Ltd. Division Office "Saubhagya"1st Floor, Rajapeth, Badnera Road, Above State Bank of India, Amravati
E Mail 182300@orientalinsurance.co.in
Phone No. 9423848936

2) Mr. Nilesh Raul
Mb.No. 9850370056, 8329647085
E Mail nh.raul@orientalinsurance.co.in

3) Mr. Vijay Joshi
Email- vijay.joshi@orientalinsurance.co.in
Mb.No. 9423848936

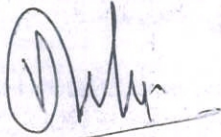
प्रतिलिपी :

- १) मा.कुलगुरु, संत गाडगे बाबा अमरावती विद्यापीठ.
- २) प्र-कुलगुरु, संत गाडगे बाबा अमरावती विद्यापीठ.
- ३) कुलसचिव, संत गाडगे बाबा अमरावती विद्यापीठ.
- ४) वित्त व लेखा अधिकारी, संत गाडगे बाबा अमरावती विद्यापीठ.
- ५) The Oriental Insurance Company Ltd. Division Office "Saubhagya"1st Floor, Rajapeth, Badnera Road, Above State Bank of India, Amravati

The list of documents required for settlement of claims shall be as under :-

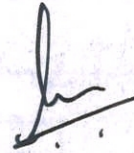
- A) ACCIDENTAL DEATH CLAIMS: 1) Police F.I.R. 2) Post Mortem Report 3) Visera report (if preserved) 4) Death certificate 5) College bonafide certificate 6) ID card of college 7) Enrolment no. of student issued by University. 8) receipt of Rs. 10/- paid by student to avail insurance by the concerned student towards the proof 9) claim form duly completed. 10) Driving license if the death took place while the student was driving the vehicle. 11) Final Chage sheet from Police Dept.
- B) ACCIDENTAL HOSPITALIZATION CLAIMS : 1) Attending Doctor's certificate, 2) X-ray Film and its Report (before and after operation) 3) Hospital's Admit-discharge card 4) Hospital indoor case papers 5) Medicine prescription and its bill. 6) Hospital Bill/receipt. 7) College bonafied certificate of student 8) ID card of student issued by college. 9) Enrolment no. of student issued from University 10) Claim form duly completed 11) Driving license if the accident took place while the student was driving the Vehicle.

This ageement is signed between both the parties at Amravati this



VIJAY S. JOSHI,

DIVISIONAL MANAGER,
THE ORIENTAL INSURANCE CO.LTD.
DIVISIONAL OFFICE, AMRAVATI



REGISTRAR

Saint Gadge Baba Amravati University,
Amravati

विजय स. जोशी
मंडलीय प्रबंधक
दि ओरिएण्टल इन्शुरेन्स कं. लि.
मंडलीय कार्यालय, अमरावती

द्वि ओरिएण्टल इन्श्योरेंस कंपनी लिमिटेड
THE ORIENTAL INSURANCE CO. LTD.

Incorporated in India Subsidiary of General Insurance Corporation of India
 Regd. Office : Oriental House, A-25/27, Asaf Ali Road, New Delhi 110 002.

NOTE : This form is to be completed by the Claimants Medical Attendant whose replies should be full as possible.

Policy No. _____		Claim No. _____	
1. CLAIMANT Name in full _____		Age _____	
2. The nature and extent of injuries : (it to a limb state whether right or left)			
3. The cause of the accident, so far as known to you.			
4 (a) Date of your first attendance upon him in consequence of the injuries sustained.		(a)	
(b) Are you still in attendance?		(b)	
5. Are you his usual Medical Attendant and if so how long have you known him, and for what have you been attending him?			
6. (a) Are the symptoms (i) due exclusively to the accident or (ii) traceable to disease, infirmity or any other cause.		(a) (i)	
(b) Has he ever suffered from Gout, Pnaumatism, Diabetes or Flts ?		(b)	
(c) Is there anything in his medical history which may have contributed directly or indirectly, to the accident or which may likely to retard his recovery ?		(c)	
(d) Have you any reason to suppose that he was under the influence of Intoxicants at the time of the accident ?		(d)	
7. (a) State the time within your own knowledge that the claimant has been, as the direct and sole fined consequence of the injuries sustained, necessarily confined to his house.		From _____	
(b) If still so confined state to which and the probable duration or confinement to.		to _____ (Both inclusive)	
8. (a) Has he been able to attend to any portion of his business or occupation ?		(a)	
(b) If so, from what date		(b)	
(c) if not, please state probable date		(c)	
(i) of his being so able		(i)	
(ii) of his complete recovery		(ii)	
9. Is there now any disability ? If not Please give date of recovery			
10. Any further recovery			

I hereby certify that above named met with the accident referred to and that the foregoing are correct.

Signature _____ Qualification _____

Address _____ Date _____

Doctor's Seal

or Rubber Stamp