

  
**संत गाडगे बाबा अमरावती विद्यापीठ**  
**विद्यार्थी विकास विभाग**

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

क्र.संगाबाअवि/१३/विवि/८३/२०२०

दिनांक : ०४.११.२०२०

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

**विषय : सत्र २०२०-२०२१ विद्यार्थी सुरक्षा विमा योजनेबाबत...**

**महोदय,**

सत्र २०२०-२०२१ मध्ये संत गाडगे बाबा अमरावती विद्यापीठाशी संलग्नित महाविद्यालये व विद्यापीठ शैक्षणिक विभागात प्रवेशित 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 २०१९-२०२० मध्ये सुध्दा याच विमा कंपनीकडे पॉलीसी काढण्यात आली होती.

या विमा पॉलीसीचा कालावधी दि. २० ऑक्टोबर, २०२० ते १९ ऑक्टोबर, २०२१ असा असून विमा पॉलीसी क्र. १८२३००/४८/२०२१/५०६३ असा आहे.

विद्यार्थी सुरक्षा विमा शुल्क रु. १०/- च्या अनुषंगाने रु. २,००,०००/- एवढ्या राशीचे अपघाती निधन व रु. ४०,०००/- अपघातात जखमी झाल्यास वैद्यकिय प्रतिपूर्ती करीता भरपाई म्हणून देण्याचा करार विमा कंपनीशी झालेला आहे. कराराची प्रत सोबत जोडली आहे.

एखादा अपघात विद्यार्थ्यांच्या संदर्भाने झाल्यास त्याबाबतची माहिती पुर्वसूचना स्वरुपात संबंधित कंपनीला खालील नमुद संपर्क क्रमांकावर देवून तसेच उपरोक्त पत्यावर लेखी स्वरुपात ३० दिवसाचे आत The Oriental Insurance Company Ltd. Division Office "Saubhagya" 1st Floor, Rajapeth, Badnera Road, Amravati यांना कळविण्यात यावी, तसेच यासंदर्भात कुठलाही दावा महाविद्यालयाने परस्पर सदर विमा कंपनीकडे करणे अनिवार्य आहे. याकरीता खालील कागदपत्रे जोडणे आवश्यक आहे.

**ACCIDENTAL DEATH CLAIMS (अपघाती निधन झाल्यास)**

1) Police F.I.R, 2) Post Mortem Report, 3)Visera Report (if preserved), 4) Death Certificate, 5)College Bonafide Certificate, 6) I.D.Card, 7) Receipt of Rs. 10/- paid by Student to avail insurance by the concerned student towards the proof, 8) Claim Form, 9) Driving License if the death/injury took place while the Student was driving the vehicle, 10) Adhar Card for KYC purpose.

## ACCIDENTAL HOSPITALIZATION CLAIMS (अपघातात जखमी झाल्यास)

1) Attending Doctors Certificate, 2) X-Ray Film & Report before and after operation, 3) Hospital Admit-Discharge Card, 4) Hospital Indoor Case Papers, 5) Medicine prescription of doctor, 6) Medicine bill, 7) Hospital Bill/receipt, 8) College bonafide certificate, 9) ID Card, 10) Receipt of Rs. 10/- paid to avail insurance by the concerned student towards the proof, 11) Claim form duly completed, 12) Driving License if the accident took place while the student was driving the death vehicle.

ज्या महाविद्यालयाने विद्यार्थी सुरक्षा विमा शुल्क विद्यापीठात जमा केले नसतील त्यांनी सदर राशी विद्यापीठात त्वरीत जमा करणे अनिवार्य आहे. कृपया नोंद घेवून कार्यवाही करावी, ही विनंती.

आपला विश्वासू,



(डॉ.दिनेशकुमार सातंगे)

संचालक,

विद्यार्थी विकास,

संत गाडगे बाबा अमरावती विद्यापीठ

सहपत्र :

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

संपर्क क्रमांक

1) Oriental Insurance Company Ltd. Division Office "Saubhagya" 1st Floor,  
Rajapeth, Badnera Road, Amravati  
E Mail 182300@orientalinsurance.co.in  
Phone No. 07212575404

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

**PERSONAL ACCIDENT CLAIM FORM**

**दि ओरिएण्टल इश्योरेंस 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.

This form issued without admission of liability and must be completed and returned within seven days after its receipt. No claim can be admitted unless a medical certificate overleaf be furnished at the Claimant.

Claim No. _____		Policy No. _____	
1. Name in full _____		Present Age _____ Years	
Residence _____		Height _____ M. Cms.	
Business Address _____		Weight _____ Kgs.	
Present Business or Occupation _____			
if more one, state all _____			
2. (a) When and how did accident occur ? State day, date and hour			
(b) Where did it occur ?			
(c) Give full particulars of the cause and the injuries sustained			
3. Give name and address of the witness of the accident.			
4. (a) Give name and address of the doctor who attended you.			
(b) Name and address of the usual Medical Attendant.			
5. State where and when a Medical or other officer of the Company can visit you, if necessary			
6. (a) State the number of days you have been necessarily and entirely confined to Bed, Room or House as the sole and direct result of the injuries sustained and disabled from engaging in any employment or occupation of any description whatsoever.		for _____ days from _____	
(b) have you in any way attended to business or work during the above period ?		To _____ (Both inclusive)	
(c) If you have been able to attend to any portion of your business or occupation please, state from what date.		(a) _____ (b) _____	
7. Have you previously claimed or received compensation under an Accident and/or Sickness policy ? if so please, give particulars.			
8. (a) Are you insured elsewhere ?		(a) _____	
(b) if so please, give full details of such company or Insurer and amount you are entitled to claim.		(b) _____	

I HEREBY DECLARE that I have received the injuries above described and warrant the truth of the foregoing particulars in every respect and I have made, or it shall fall or under statement, suppression or concealment my right to compensation shall be absolutely forfeited.

I claim to be paid sum of \_\_\_\_\_ per week or the total sum of \_\_\_\_\_ which I agree to accept in full settlement of my claim on the Company.

Date \_\_\_\_\_ 200

Signature \_\_\_\_\_

PRIVATE & CONFIDENTIAL

# दि ओरिएण्टल इश्योरेंस 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 Claimant's 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 : ( if 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. (b) Are you still in attendance?	(a) _____ (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. (b) Has he ever suffered from Gout, Rheumatism, Diabetes or Fits? (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? (d) Have you any reason to suppose that he was under the influence of intoxicants at the time of the accident?	(a) (i) _____ (b) _____ (c) _____ (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. (b) If still so confined state to which and the probable duration of confinement to.	From _____ to _____ (Both inclusive)
8. (a) Has he been able to attend to any portion of his business or occupation? (b) If so, from what date (c) If not, please state probable date (i) of his being so able (ii) of his complete recovery	(a) _____ (b) _____ (c) _____ (i) _____ (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 \_\_\_\_\_





महाराष्ट्र MAHARASHTRA

● 2020 ●

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गेल्या  
१९११०१ शुक्र

२०२०/२०/२० संज्ञे रोजे दिनी

बि विमये २०२०

*[Handwritten Signature]*

डॉ. विमल, जगत कान्त  
भारती शहर, ला. नं. ११/१११  
फोन - २२००००००००००



**AGREEMENT UNDER STUDENT SAFETY INSURANCE POLICY**

This agreement is executed between THE ORIENTAL INSURANCE CO. Amravati (hereinafter called "The Company") and Sant Gadge Baba Amravati University, Amravati (hereinafter called "The University"), for insurance of procedural guidelines in STUDENT SAFETY Insurance I POLICY for the students enrolled in various Colleges under Sant Gadge Baba Amravati University, Amravati during the year 2020-2021 and Insured vide Policy No. 182300/48/2021/5063 for the period 20.10.2020 to 19.10.2021. The Insurance vide this policy shall now be subject to the following terms and procedures agreed upon between both the party's of the Agreement.

- 1) The University has paid Insurance Premium for total 1,76,734 Students at the rate of Rs. 10/- per student, which will include the GST Charges for the aforesaid policy period.
- 2) The Company has issued insurance policy in the name of "The Vice Chancellor, Sant Gadge Baba Amravati University Amravati, covering the risk of Accidental Death for Capital Sum Insured (CSD) of Rs. 200000/- per student and Accidental Hospitalization Expenses upto the amount of Rs. 40,000/- per student. The limit of claim per accident will be Rs. 1.00 Crore and the limit per year will be Rs. 3.00 crores.

- 3) Accidental Death claim shall be intimated to the Insurance Company within 30 days of the accident/death and Accidental Hospitalization claim shall be intimated within 15 days of the accident.
- 4) All claim documents shall be routed through the College in which the concerned Student is/was admitted or died.
- 5) Claim will be settled within 30 days from the date of submission of all the required documents. Claim amount shall be deposited in the Bank A/c of the Legal Heir of the deceased student (in case of death claim) and in the Bank Account of the concerned student or his guardian (in case of hospitalization claims.) For this purpose, the Bank Account details of the concerned parties shall be provided along with MICR & IFSC code.
- 6) The Discharge voucher for settlement of claim will have to be counter signed by the Principal of the concerned College.
- 7) The Term "Accidenty" shall mean the student sustaining bodily injury resulting solely and directly from any accident caused by External, violent and visible means which include Road Accidents, drowning, Snake Bite also. For hospitalization claims – Simple OPD care and treatments of sickness/illness/injury are excluded from the Cover. If required, the Co. may get the case investigated in case there is any doubt on cause of death. It is also agreed and understood with both parties that Pre and Post Hospitalization expenses will not be covered under this policy. The Insurance will be subject to Terms, Conditions and exclusions of Personal Accidednt Insurance policy.
- 8) For vehicular accidental death/injury claim while student driving vehicle, **VALID & EFFECTIVE** driving license will be must and mandatory requirements for settlement of such type of claim i.e. "NO DRIVING LICENSE NO CLAIM"
- 9) The List of documents required for settlement sof claims shall be as under:

**A) ACCIDENTAL DEATH CLAIMS.**

- 1) Police FIR. 2) Post Mortem Report 3) Visera Report (if preserved
- 4) Death Certificate. 5) College Bonafide Certificate 6) ID Card.
- 7) Receipt of Rs. 10/- paid by student to avail insurance by the concerned student towards the proof. 8) Claim Form
- 9) Driving license if the death/injury took place while the student was driving the vehicle. 10) Adhar Card for KYC purpose.

**B) ACCIDENTAL HOSPITALIZATION CLAIMS.**

- 1) Attending Doctors certificate 2) X-ray Film and Report before and after operation. 3) Hospital Admit-Discharge Card.
- 4) Hospital Indoor Case Papers. 5) Medicine prescription of doctor
- 6) Medicine bill. 7) Hospital Bill/receipt. 8) College bonafide certificate 9) ID Card. 10) Receipt of Rs. 10/- paid to avail insurance by the conederened student towards the proof.
- 11) Claim form duly completed 12) Driving license if the accident took place while the student was driving the vehicle.

This Agreement is signed between both the parties at Amravati this day of October, 2020.



विजय स. जोशी  
संस्थापक कुलगुरु व. वि.

**VIJAY S. JOSHI**  
DIVISIONAL MANAGER  
THE ORIENTAL INSU.CO.  
DIVL. OFFICE, AMRAVATI.



REGISTRAR  
Sant Gadge Babar Amravati University  
A.M.R. Gadge Baba  
Amravati University,  
Amravati.

CIN: U  
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