



Group Accident Insurance Scheme (GAIS)

Standard Operating Procedure (SOP)

Under

**PRADHAN MANTRI MATSYA SAMPADA YOJANA
(PMMSY)**

National Fisheries Development Board

Department of Fisheries, Ministry of Fisheries Animal Husbandry and Dairying, GOI.

Fish Building, Pillar No:235, PV Narasimha Rao Expy,SVPNPA,

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I. Introduction

The Government of India has approved the Pradhan Mantri Matsya Sampada Yojana (PMMSY) scheme to bring out Blue Revolution through sustainable and responsible development in fisheries sector in India at a total investment of Rs 20,050 crores for its implementation for a period of five years in all the States and Union Territories (UT). Insurance of fishers is one of the sub components of PMMSY scheme and accordingly "fishers" which will also mean fishermen, fish workers, fish farmers and any other categories of persons directly involved in fishing and fisheries related allied activities are covered under Group Accident Insurance Scheme (GAIS). Men or women fishers who are in the age group from 18 years to 70 years as identified by State/UT fisheries department are insured under the scheme.

The management of claims for the above said Insurance scheme will be done by Providence India Insurance Broking Pvt. Ltd as intermediary for insurance coverage of fishers through M/s Oriental Insurance Company Limited (OICL) under two restructured policies as given below:

Policy Type	Coverage	Rate Incl. of GST
Policy 1: Group Janata Personal Accident Policy with CSI of Rs. 5 Lakhs	Death: 100% CSI PTD: 100% CSI	Rs. 68.44/- (GST@0%)
Policy 2: Special Contingency Policy (with 100% Claims Capping on Premium Paid)	PPD: up to Rs. 2,50,000/- Hospitalisation: Rs.25,000/-	Rs. 4.00/- (GST@18%)
Total Premium Per Person		Rs. 72.44/-

II. Benefits

Under the scheme the fishers shall be eligible for insurance and insurance coverage as below:

- **Rs.5.00 lakh** against death or permanent total disability
- **Rs. 2.50 lakh** against permanent partial disability
- **Rs. 25,000** against accidental hospitalization

Type of Policy	Loss		% Of Capital Sum Insured
GJPA: Group Janata Personal Accident Policy	1	Accidental Death of the Insured	100 %
	2	Total and Irrecoverable loss of i) Sight of both eyes or, of the actual loss by physical separation of two entire hands or two entire feet or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot. ii) Use of two hands or two feet, or of one hand or one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot.	100 %
	3	Permanent, Total and Absolute Disablement of the Insured from engaging in any employment or occupation of any description whatsoever	100 %
	4	Total and irrecoverable loss of i) The sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot ii) Total and irrecoverable loss of use of hand or a foot without physical separation	50 %
Special Contingency Policy	1	Loss of toes – all	20 %
	2	Both Great phalanges	5 %
	3	One Great phalanx	2 %
	4	Other than great, if more than one toe lost each	1 %
	5	Loss of hearing both ears	50 %
	6	Loss of hearing one ear	15 %
	7	Loss of four fingers and thumb of one hand	40 %
	8	Loss of four fingers	35 %
	9	Loss of thumb both phalanges	25 %
	10	Loss of thumb-One Phalanx	10 %
	11	Loss of index finger- three phalanges	6 %
	12	Loss of index finger - two phalanges	4 %
	13	Loss of index finger- one phalanx	2 %
	14	Loss of middle finger- three phalanges	6 %
	15	Loss of middle finger - two phalanges	4 %
	16	Loss of middle finger- one phalanx	2 %
	17	Loss of ring finger- three phalanges	5 %
	18	Loss of ring finger - two phalanges	4 %
	19	Loss of ring finger- one phalanx	2 %
	20	Loss of little finger- three phalanges	4 %
	21	Loss of little finger - two phalanges	3 %
	22	Loss of little finger- one phalanx	2 %
	23	Loss of metacarpals - first or second & additional	3 % & 1%
	24	Loss of metacarpals-third, fourth or fifth(additional)	2 %
	25	Any other permanent-Partial disablement	As assessed by the Doctor
	26	Accidental Hospitalisation	Up to Rs. 25,000/-

The insurance cover will be for a period of 12 months and premium shall be paid annually. The entire premium amount will be shared between the center and State Government as per the funding pattern of the PMMSY. Thus, **no beneficiary contribution** is envisaged. The pattern of sharing of premium between Centre and States/ UTs is as follows:

S. No.	Sharing pattern	Type of Policy	State/ UT Share (Rs.)	Centre Share (Rs.)	Total (Rs.)
1	60:40 between the Centre and General State Government	i. GJPA	27.38	41.06	68.44
		ii. Special Contingency Policy	1.6	2.40	4.00
		Total	28.98	43.46	72.44
2	90:10 between the Central and North Eastern and Himalayan States	i. GJPA	6.84	61.6	68.44
		ii. Special Contingency Policy	0.40	3.6	4.0
		Total	7.24	65.2	72.44
3	For UTs	i. GJPA	-	68.44	68.44
		ii. Special Contingency Policy	-	4.00	4.00
		Total	0.00	72.44	72.44

III. Important Definitions

- Policy:** A Group Janata Personal Accident Insurance (GJPA) Policy - to provide accidental death, disability & hospitalisation insurance to insured fishers, who sustains any bodily injury resulting solely and directly from accident caused by external violent and visible means resulting in Death, Permanent Total Disablement, Permanent Partial Disablement & Hospitalisation.
- Accident:** An accident is a sudden, unforeseen, and involuntary event caused by external and visible and violent means.
- Bodily Injury:** The use of this term excludes death or disease from natural causes, but disease proximately caused by accident, is bodily injury. Disablement caused by electric shock is also bodily injury.
- Insured Persons/ Fishers:** Fishers, fish workers, fish farmers and any other categories of persons directly involved in fishing and fisheries allied activities.
- Eligibility:** At the time of claim, every claimant/ insured/ fisher will be duly verified and

occupation, otherwise the claims will not be entertained/ forwarded. Such verification cum identification certificate shall contain information such as Name, Identification Number (As per list of acceptable Documents as Proof of Identity and Proof of Address from General Public in the Country), Membership Details (If registered in a Primary Fishermen Cooperative Society, District Level Societies, Fishermen Welfare Board, Regional/ State & National Federations, any other agencies related to fisheries), such other relevant details required on case-to-case basis.

- f) **Age:** 18 years to 70 years as on date of commencement of policy/ payment of premium however the insured should not have completed 71 Years on the date of accident.
- g) **Appropriate Authority:** Gazetted officers at District/ State/ UT level fisheries department
- h) **Medical Practitioner:** A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The term Medical Practitioner would include Physician, Specialist and Surgeon. (The Registered Practitioner should not be the insured or close family members such as parents, in-laws, spouse and children).
- i) **Permanent Total Disablement (PTD):** The bodily injury, within twelve (12) calendar months of its occurrence be the sole and direct cause, which is direct cause of permanently, totally and absolutely disabling the person insured from engaging in being occupied with or giving attention to any employment or occupation of any description
- j) **Permanent Partial Disability (PPD):** The bodily injury, within twelve (12) calendar months of its occurrence be the sole and direct cause, which is the sole and direct cause of total and irrecoverable loss of use of or the actual loss by physical separation permanently incapacitating the Insured Person
- k) **Hospitalisation:** Means admission in a Hospital/Nursing Home for a minimum period of 24 Inpatient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours. In case of Ayurvedic / Homeopathic / Unani treatment, Hospitalisation expenses are admissible only when the

treatment is taken as an in-patient, in a Government Hospital or a hospital associated with a Medical College.

- l) **Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, and visible and evident means which is verified and certified by a Medical Practitioner
- m) **Loss of Limbs:** It shall mean physical separation of one or more hands or feet or permanent and total loss of use of one or more hands or feet.
- n) **Physical Separation:** It shall mean separation of hand at or above the wrist and/or of the foot at or above the ankle.
- o) **Insurance Cell:** The monitoring unit for GAIS-PMMSY located within the premises of NFDB, Hyderabad. The cell constitutes officials of NFDB, insurance company and insurance intermediaries.

IV. Role of National Fisheries Development Board (NFDB)

- MoA (Memorandum of Agreement) would be signed with insurance company and Service level agreement (SLA) with insurance intermediary with rate, coverage, policy period, terms of service, escalation matrix, turnaround time, value added services to be provided, claims settlement procedure, documents require for claims settlement, grievance handling mechanism etc
- Collects and consolidates the total no of fishers to be covered from respective States/UTs.
- After receipt of State's share, NFDB will forward the premium amount to insurance company along with centre's share for the commencement of the policy. Risk will be covered within 7 working days from the date of receipt of State's share premium by NFDB.
- Monitor the entire activity through insurance cell established at NFDB.

V. Role of State/UT Fisheries Departments

- State/UT will identify the fishers to be insured

- States/UTs shall submit the details of identified fishers in the prescribed format (17 columns) for maintaining a database at Insurance division, NFDB. (Annexure-I - Proforma)
- The participating State/ UT shall inform the Name, Designation, Address, Contact Number and E-mail IDs of all the "Appropriate Authorities" i.e., Gazetted officers at District/ State/ UT level fisheries department and also the details of one Nodal Officer for better coordination with States/UTs.
- The State has to remit its premium share as per the PMMSY sharing pattern in NFDB GAIS account. The list of fishers and amount should match. (Annexure-II - Account Details)
- The claim intimation received from the beneficiary or dependents will be forwarded to the insurance cell within 90 days as per the mode of communication as indicated under Section XI.
- States/UTs should verify and certify all the claim documents before submitting them to Insurance Cell/ Insurance Intermediary/ Insurance Company.
- States/UTs should ensure the submission of the claim documents within the time limit of 180 days from the occurrence of the accident for avoiding rejection of claims
- States/UTs should monitor the weekly, fortnightly & monthly MIS, GAIS reports that are intimated, settled, rejected and outstanding by the insurance cell.
- After uploading to PMMSY-GAIS Portal, all hard copies of claim documents should be sent to insurance cell at NFDB.

VI. Role of Insurance Cell

For effective managing and monitoring the implementation of Group Accident Insurance Scheme (GAIS), Insurance cell is established at NFDB, Hyderabad whose constitution is as follows:

S. No	Designation
1	Executive Director (Tech), NFDB
2	Senior Executive (Tech), NFDB
3	Executive (Tech), NFDB
4	IT Representative, NFDB
5	Representatives of Insurance Intermediary- 2
6	Representative of Insurance Company

- It will coordinate with State/UT Fisheries Department and Insurance Company for settlement of Insurance Claims
- It will monitor the claim settlement process through Management Information System (MIS).
- It will remind the States/UTs to submit the required documents on time.
- It will scrutinize the claims sent by States/UT before they are sent to the Insurance Company
- It will ensure that all documents required for settlement of the claim are complete (in full shape) before forwarding the same to the insurance company.
- It will follow up with insurance company till the claim is paid within timeline.
- It will appraise NFDB and State/UT Fisheries Department on the status of claims through weekly, fortnightly & monthly MIS that are intimated, settled, rejected and outstanding with respective reasons.
- Grievances will be registered and settled accordingly.

VII. Role of Insurance Company (M/s The Oriental Insurance Company Limited):

- The insurer has to issue insurance policy in total conformity with terms and conditions as per MoA.
- The insurance company should open a CD (Cash Deposit) account in the name of the National Fisheries Development Board and credit all incoming premium into the respective CD account. Premium should be receipted from the balances of CD account only. A weekly CD account utilisation Statement should be provided to NFDB through the Insurance Cell and intermediary.
- The risk will be held covered from the date of receipt of premium by the insurance company.
- The insurer will issue the Policy Copy within 5 (Five) working days from the date of payment of premium.
- The insurer will issue the endorsement copies within 2 working days from the date of payment of premium.
- The insurer will provide monthly MIS on number of claims that are intimated, settled, rejected and outstanding along with appropriate reasons for claims that are outstanding.

details of settled claims with Name of the Claimant, Claim Amount Settled, Claim Type, Bank Details, UTR No and such other relevant information.

- The insurer's authorised representative will attend the periodic review meetings and VCs at NFDB.
- After receiving the complete claim documentation, the insurance company will settle the claim within 15 working days. If such claim whose complete documentation is submitted is found to be "not admissible claim", the same should be informed to the insurance cell within 15 days from the date of receipt of completed documentation.
- The claim amount/ proceeds will be deposited in the claimant/ nominee/legal heir's Savings Account through Direct Benefit Transfer (DBT). All the claim intimations received from the claimants/ nominees/ legal heirs within the policy period and within 90 days from the date of the accident will be accepted for processing.
- The Insurance Company will be liable to pay the claim on the basis of the documents as Stated in this document.
- Insurance company will accept the digitally signed documents, scanned copies of original certificates/ documents and documents issued by the Appropriate Authority as uploaded to the IT&ITES (Information Technology & Information Technology Enabled Services) platform facilitated by insurance intermediary.
- The insurance company will accept the date of receipt of first recognised communication as the date of intimation. For this purpose, the following are the recognised means of communication:
 - Letter to Insurance Company/ Insurance Cell/ NFDB/ Intermediary (Date of Postage in case of RPAD and date of receipt in all other cases)
 - e-Mail to Insurance Company/ Insurance Cell/ NFDB/ Intermediary.
 - Intimation through IT & ITES platforms facilitated by the intermediary.
 - Intimation through Toll-Free Number of NFDB and the same to be intimated to the designated insurance office by mail immediately.
 - Intimation submitted to "Appropriate Authorities".
- Intimations received by the intermediary, NFDB, Insurance Cell, Toll Free number or by any other recognised means of communication shall be forwarded to the insurance

company within 3 working days. Intimations received by the "Appropriate Authorities" should be forwarded to the insurance company within 15 working days.

- Insurance Company will issue the document deficiency letter/s to the claimant/s giving them sufficient time to send the documents before closing the claim. Such communications will be marked to the Insurance Cell at NFDB, Hyderabad and appropriate authority at State/ district level fisheries department.
- M/s Oriental Insurance Company Limited should, at all times, act in the right spirit of insurance and adhere to IRDAI (Protection of Policyholders' Interests) Regulations, 2017 as amended from time to time.
- Translation of records from the local/ regional language to English should be facilitated by the intermediary.
- Expenses/ Charges towards investigation of claims will be incurred by insurance company only.
- If an admissible claim is not settled within 15 days from the date of receipt of all the relevant required claim documents, the insurance company will pay, from the date of submission of all relevant required claim documents till the date of payment of the claim, a simple interest of 10% over the admissible claim amount.

VIII. Role of Insurance Intermediary(M/s Providence India Insurance Broking Pvt Ltd)

- To ensure that the insurance company is implementing the policy in accordance with SLA and its subsequent addendum and applicable IRDAI regulations.
- With the co-operation of insurance company, the insurance intermediary must ensure the settlement of claims in the following ways:
- Efficiently scrutinize the claim before it is sent to the Insurance Company.
- Ensure that all documents required for settlement of the claim are complete before forwarding the same to the insurance company.

- Once the documents are forwarded to the insurer, the intermediary shall continue to follow up with them till the claim is paid within 15-day period.
- Will appraise to NFDB, the status and performance of the policy through weekly, fortnightly & monthly MIS on Claims that are Intimated, Settled, Rejected and Outstanding with respective reasons.
- To put forth such disputed claims during weekly/ fortnightly review meetings for deliberations amongst Officials of NFDB, Insurance Company and Intermediary.
- Without waiting for decision from minutes of such review meetings, to put forth disputed claims before Grievance Redressal Machinery of the Insurance Company/ IRDAI – IGMS.
- Despite this, even if some claims/proposals are not settled by the Insurance Company, as a last resort the intermediary should advise in initiating the matters as necessitated in different forums viz. District, State & National Consumers Redressal Forums respectively, to settle the claims in their right spirit.
- Will give prompt and effective service in Pre-Placement, Placement, Post-Placement Services such as Invoicing, Underwriting, Policy Generation, Allocation and Placement of Premium, Subsequent Endorsements, Intimation, Processing & Settlement of Claims, Handling, Resolution of Grievances, Contesting Unpaid and Underpaid claims with Insurance Ombudsman/ Consumer Forums and such other services that are imperative, obligatory and essential for the successful implementation of GAIS - PMMSY at all times.
- All related data and documents such as insurance policies, claims etc., are to be kept confidential while abiding by the SLA.
- To establish Insurance Cell as mentioned in I (p) of Service Level Agreement.
 - Will provide liaison cum coordination cells at various locations across the country as required.
 - Will provide technically strong IT & ITES platform to intimate claims, upload claim documents, report grievances and such other ancillary and value-added

services that can be incorporated in the platform towards servicing the policy in its right spirit and successful implementation.

- Will support the insurance company in translation, of official/ statutory documents that are related to claims, from regional/ local languages to English.
- To verify the premium paid with policy copies and endorsements issued
- To handle all technical queries of NFDB/ Insured/ Claimant/ Appropriate Authority/ Nominee/ Insurance Company and such other persons who are authorised and related to the scheme while strictly adhering to the non-Disclosure clause.
- To coordinate and liaise amongst NFDB/ Insured/ Claimant/ Appropriate Authority/ Nominee/ Insurance Company and such other persons who are authorised and related to the scheme.

IX. Intimation of claim by Claimants/ Nominees/ Legal heirs

As and when a risk occurs for fishers, the details of the risk likely to give rise to a claim shall be intimated to M/s Oriental Insurance Company Limited (OICL) in the prescribed form (Intimation form) by the concerned fisheries official/ insurer/ claimant. The insurance company will accept the date of receipt of first recognised communication as the date of intimation. All the claim intimations received from the claimants/ nominees/ legal heirs within the policy period and within 90 days from the date of the accident will be accepted for processing. For this purpose, the following are the recognised means of communication:

- a. Letter to Insurance Company/ NFDB Insurance Cell/Intermediary (Date of Postage in case of RPAD and date of receipt in all other cases)
- b. e-Mail to Insurance Company/ NFDB Insurance Cell/ Intermediary through Mail ID : support@pmmsygais.com
- c. Intimation through IT & ITES platforms facilitated by the intermediary.

- d. Intimation through Toll-Free Number of NFDB (1800-425-1660) and the same to be intimated to the designated insurance office by mail immediately by insurance cell.
- e. Intimation submitted to "Appropriate Authorities". Intimations received by the "Appropriate Authorities" should be forwarded to the insurance company within 15 working days

X. Submission of Documents

The Insurance Company will be liable to pay the claim on the basis of the documentation submitted by beneficiary. Insurance company will accept the digitally signed documents, scanned copies of original certificates/ documents and documents issued by the appropriate authority as uploaded to the IT&ITES platform facilitated by insurance intermediary and subsequently all the submitted documents hard copies to be sent to insurance cell. Time limit for intimation and submission of documents is pegged at 90 Days and 180 Days respectively from the date of occurrence of the accident. Insurance Company will issue the document deficiency letter/s to the claimant/s giving them sufficient time to send documents before closing the claim and copy to insurance cell, NFDB and State/UTs.

Documents (duly filled in all respects) common to all claims:

1. Intimation Form
2. Claim Form
3. Cancelled Cheque of claimant/ insured/ nominee/ legal heir/s (or) copy of first page Bank Pass Book of claimant/ insured/ nominee/ legal heir/s (or) copy of bank account Statement of claimant/ insured/ nominee/ legal heir/s duly attested by a gazetted officer.
4. Certification by Appropriate Authority.
5. Any one of the IDs as mentioned, in the list of acceptable documents like as proof of identity and proof of address from general public in the country, by Government of India.

B. Other documents required for specific kinds of accidents:

(With respect to the requirement/s of claim Documents or Certificates the law of the land in correlation to the customs and traditions of the geography shall prevail over the documents specified in this agreement)

a) Road Accident / Railway Accident:

- i. First Information Report (F.I.R.) or RPF evidence/ report for Railway Accident
- ii. Spot Panchnama
- iii. Inquest Panchnama
- iv. Post-mortem Report
- v. Valid Driving License (Road Accident whilst insured is the driver)
- vi. Note for Road Accidents:

1. Accidents occurring due to carrying of passenger in excess of the capacity of vehicles.

All insured/ fishers (as defined in this agreement) except the one who is driving will be eligible for the claim.

2. Accidents occurring where the driver does not have a valid driving license.

All insured/ fishers (as defined in this agreement) except the one who is driving will be eligible for the claim.

3. Accidents occurring where the motor vehicle does not have proper permit.

All insured/ fishers (as defined in this agreement) except the one who is driving will be eligible for the claim.

b) Accident due to Drowning:

- i. First Information Report (F.I.R.) / Police Report
- ii. Post-mortem Report
- iii. Spot Panchanama
- iv. Inquest Panchanama
- v. Statement/s of 2 witnesses

In case the body is not found then after a wait period of 6 months, a declaration by the family, certificate by an appropriate authority that the person is dead due to drowning

For "Missing at Sea" claims, settlement will be based on the final investigation report after a waiting period of 2 (Two) years.

For these, the nominee/ legal heir/s has to execute a bond stating that the amount so received will be refunded to the insurance company in case the insured, who went missing and presumed to be dead, is later found alive.

c) Accident due to Fire:

- i. First Information Report (F.I.R.) / Police Report
- ii. Post-mortem Report

In case the body is completely charred to ashes, then a declaration by the family member and a certificate by an appropriate authority that the person has died in the fire will be required.

d) Accident due to handling of poisonous substances:

- i. First Information Report (F.I.R.) / Police Report
- ii. Post Mortem Report
- iii. Viscera Report
- iv. Forensic Lab Report

e) Accident due to Stroke of Lightning OR Electric Shock:

- i. First Information Report (F.I.R.) / Police Report
- ii. Post-mortem Report
- iii. Inquest Panchnama
- iv. Spot Panchnama

State Electricity Board Report is not required in such cases.

f) Accident while working with Machinery:

- i. First Information Report (F.I.R.) / Police Report
- ii. Postmortem Report
- iii. Spot Panchnama

iv. Inquest Panchnama

g) Murder:

- i. First Information Report (F.I.R.)
- ii. Spot Panchnama
- iii. Inquest Panchnama
- iv. Post-mortem Report
- v. Final Report of Police, wherever necessary

h) Accident or Death due to falling from heights/ Murder by Naxalites/ Riots:

- i. First Information Report (F.I.R.) / Police Report
- ii. Spot Panchnama
- iii. Inquest Panchnama
- iv. Post-mortem Report

i) Snake Bite / Scorpion Bite / Animal Bite / Rabies / Any injury by any Animal resulting in death or loss of limb/s:

In such case there may or may not be a postmortem report or medical analysis report. Hence, a certificate from any registered medical practitioner approved by the Indian Medical Association (IMA), health centre / sub centres that death/disablement was caused due to the aforesaid will be required.

Wherever available:

- i. First Information Report (F.I.R.) / Police Report
- ii. Inquest Panchnama
- iii. Post-mortem Report / Forensic Lab Report
- iv. Viscera Report (If it is concluded from the Post-mortem Report that the death is due to the above cause, Viscera Report shall not be insisted by the Insurance Company)

In case the body is not found due to dragging by the animal and feeding on it, then after a waiting period of 6 months, a declaration by the family member and a certificate by Forest Range Officer or "Appropriate Authority" that the person has died due to animal attack will be required.

j) Any other accidents:

- i. First Information Report (F.I.R.) / Police Report
- ii. Spot Panchnama
- iii. Inquest Panchnama

Certified true copy from an appropriate authority that the accident has occurred resulting in death and permanent disability.

k) Additional documents to be submitted for Permanent Total Disability:

- a) Original detailed discharge summary/ day care summary from hospital
- b) Treating doctor's certificate giving details of injuries sustained, including clarification whether clamant was under the influence of any intoxicating material.
- c) Copy of FIR or MLC (Medico-legal Certificate)
- d) First consultation letter and subsequent treatment papers
- e) Disability certificate with photograph, from a concerned specialist affiliated with government hospital confirming the extent and nature of disability

l) Additional Documentation required for Permanent Partial Disability Claims:

- i. Original detailed discharge summary/ day care summary from hospital
- ii. Treating doctor's certificate giving details of injuries sustained, including clarification whether clamant was under the influence of any intoxicating material.
- iii. Copy of FIR or MLC (Medico-legal Certificate)
- iv. First consultation letter and subsequent treatment papers
- v. Disability certificate with photograph, from a concerned specialist affiliated with government hospital confirming the extent and nature of disability

m) Documentation required for Accidental Hospitalisation Claims:

- i. Original consolidated hospital bill with breakup of each item, duly signed and stamped
- ii. Original payment receipt of the hospital bill

- iv. Treating doctor's certificate giving details of injuries sustained, including clarification whether claimant was under the influence of any intoxicating material.
 - v. Copy of MLC
 - vi. Original detailed discharge summary
 - vii. Corresponding prescriptions
- n) Certified or true copies of First Information Report (F.I.R.) and Postmortem report are required and not original.

XI. Claims that cannot be covered

- i. Payment of compensation in respect of Death, Injury or Disablement of the Insured Person arising or resulting from:
 - a. Suicide or attempt of suicide (X)
 - b. Self-inflicted injury (X)
 - c. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by, contributed to, or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof (X)
 - d. Pre-existing physical or mental defects, infections (X)
 - e. Whilst under the influence of intoxicating liquor or drugs (X)
 - f. Directly or indirectly caused by venereal disease/s, or insanity (X)
 - g. Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from, or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world Motor rallies. (X)
 - h. The insured person committing any breach of law with criminal intent (X)
 - i. Directly or indirectly caused by (or) contributed to by (or) arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any

nuclear waste from the combustion of nuclear fuel. For this exception, combustion shall include any self-sustaining process of nuclear fission. (X)

- j. Directly or indirectly caused by (or) contributed to by (or) arising from nuclear weapons material (X)
- k. Service in armed forces (X)
- l. Murder by immediate beneficiary/ nominee (X)
- ii. Payment of compensation in respect of Death, Injury or Disablement of the Insured Person due to or arising out of or directly or indirectly connected with or traceable to: War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainment of all kings, princes and people of whatsoever nation, condition or quality. (X)
- iii. Natural Death (X)
- iv. Weekly Compensation (X)
- v. Funeral Charges (X)
- vi. Ambulance Charges (Except for those of Accidental Hospitalisation Claims) (X)
- vii. Child Education Fund (X)

XII. Payment of claim amount

The insurance company will settle the claim after receiving the complete claim documentation, within in 15 working days. If such claim whose complete documentation is submitted is found to be "not admissible claim", the same should be informed to the insurance cell within 15 days from the date of receipt of completed documentation.

Payment of compensation will be made directly to the claimant or Nominee or his/ her legal heir/s into their savings account/s through DBT while intimating the same to Insurance Cell at NFDB and respective State/ District Fisheries Department.

In case where the deceased has 2 spouses or 2 or more unmarried daughters or 2 or more sons

submit affidavit of No Objection from the other legal heirs in the same category or the proceeds will be paid as per prevailing law upon obtaining of the succession certificate or as certified by the "Appropriate Authority".

XIII. Other Important Points

- a) Once the State's Share of Premium is paid, the No of Fishers cannot be reduced and thereby State's share of premium cannot be refunded. However, if a State chooses to increase/ add No of insured fishers in the scheme then State's share of premium will be charged on Prorata Basis.
- b) Any excess premium remitted by the State will either be carried forward to next PMMSY_GAIS year or returned to the State appropriately.
- c) Irrespective of the date of payment/ receipt of the State's Share of Premium, the Policy Period of PMMSY-GAIS 2021-22 remains unaltered i.e., from 00:00 Hrs on 26.06.2021 to Midnight of 25.07.021.

XIV. ANNEXURES

- Annexure – I - Format for data of fishers to be filled in and send
- Annexure – II – Bank Account details
- Annexure – III - Claim Form in English
- Annexure – IV - Claim Intimation Form in English
- Annexure – V- NEFT Details Format in English

Anexure - I

Pradhan Mantri Matsya Sampada Yojana (PMMSY)																
Group Accident Insurance Scheme for Fishers																
PERFORMA FOR FISHERS DETAILS																
Sl. No.	Name of insured	Gender	Age	Date of birth	Address	Community (Gen/OBC/SC/ST)	Aadhaar Number	Mobile Number	Bank Account details			Name of the nominee	Gender	Age	Relation with insured fisher	
									A/c No.	IFSC code	Name of Bank	Address				
1		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

Anexure - II

BANK ACCOUNT DETAILS OF PMMSY GAIS FOR TRANSFERRING STATE SHARE PREMIUM

Sl No	Particulars	Details
1)	Name of the Bank	Union Bank of India
2)	Name of the Branch	Secretariat Branch, Hyderabad
3)	Account Number	110311010000004
4)	Nature of the Account	Current
5)	Name of the Account Holder	National Fisheries Development Board
6)	IFSC	UBIN0811033
7)	MICR	500026096

ANNEXURE - III

PERSONAL ACCIDENT CLAIM FORM



The Oriental Insurance Company Limited

Head Office, A -25/27, Anaf Ali Road, New Delhi-110 002

Issuing
Office

This form is issued without admission of liability and must be completed and returned within 7 days after its receipt. No claim can be admitted unless a medical overleaf be furnished at the expense of the claimant.

Claim No. _____	Policy No. _____
1. Name in Full _____ Residence _____ Business Address _____ Permanent Business or Occupation if more than one State all _____	Present Age _____ _____ Year Height _____ ft. _____ Inc _____ Wt. _____ st _____ lbs
2. a) When did the 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 Doctors who attended you. b) Name and address of your ordinary 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. (b) If still confined, State probable duration of confinement	6. (a) Confined for ...day..... From.....to (b).....

(c) Have you in any way attended to business or work during the above period? (d) Have you been able to attend to any portion of your business or occupation and if so, from what date?	(b) (c) (d)
7. Have you previously claimed or received compensation under an Accident and/or Sickness Policy? If so, Give.	
8. a) Are you insured elsewhere? b) If so, give the name of each Company or Insurer and the amount you are entitled to Claim.	(a) (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 agree that if I have made, or if shall make false or untrue Statement, suppression or concealment, my right to compensate shall be absolutely forfeited.

I claim to be paid sum of.....per week, or the total sum ofwhich I agree to accept in full settlement of my claim on the company.

Dated _____

Signature _____

PRIVATE AND CONFIDENTIAL

MEDICAL REPORT



The Oriental Insurance Company Limited

Head Office, 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 as 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) Details 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 attended him?	
6. a) Are his 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? © Is there anything have contributed directly or indirectly to the accident or which may be 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 a accident?	(a) (i) (ii) (b) (c) (d)

<p>7. (a) State the time within your own knowledge that the Claimant has been, as the direct and sole consequence of the injuries sustained, necessarily confined to his house.</p> <p>(b) If still so confined State the probable duration of confinement too.</p>	<p>a) confined fordays From.....(both inclusive)</p> <p>b)</p>
<p>8. (a) Has he been able to attend any portion of his business or occupation?</p> <p>(b) If so from what date?</p> <p>(c) If not, please State probable date</p> <p>(i) Of his being so able</p> <p>(ii) Of his complete recovery</p>	
<p>9. Is there now any disability? If not, please give date of recovery.</p>	
<p>10. Any further remarks</p>	

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

Signature_____

Qualification_____

Address_____

Date_____

TOTAL DISABLEMENT occurs when the Insured is wholly prevented from attending to his business/occupation. PARTIAL DISABLEMENT when prevented from attending to a substantial portion thereof.

ANNEXURE - IV

GROUP ACCIDENT INSURANCE SCHEME(GAIS) - PMMSY

CLAIM INTIMATION FORM

1. NAME OF THE CLAIMANT/NOMINEE/LEGAL HEIR _____

2. CONTACT NO. _____ 3. EMAIL ID: _____

4. NAME OF THE INSURED PERSON _____

4. AGE _____ 5. GENDER _____

6. ADDRESS OF INSURED PERSON _____

7. AADHAAR/ANY OTHER APPROVED
IDENTIFICATION DOCUMENT
NO. OF THE INSURED
PERSON: _____

8. DATE & PLACE OF ACCIDENT

9. BRIEF DESCRIPTION OF CCIDENT : _____

10. TYPE OF CLAIM (Tick the below type)

DEATH	PERMANENT TOTAL DISABILITY	PERMANENT PARTIAL DISABILITY	HOSPITALISATION

11. NAME OF POLICE STATION, IF REPORTED _____

12. CONTACT PERSON NAME _____ CONTACT NO. _____

13. NAME OF THE INTIMATOR _____ RELATIONSHIP _____

13. CONTACT NUMBER: _____

14. SIGNATURE OF INTIMATOR

FOR ANY ASSISTANCE PLEASE CONTACT TOLL FREE NUMBER: 1800-425-1660