RuPay Insurance Program FY 2018-19

1. RuPay Card Scheme is a domestic network set-up to provide secured, robust, scalable, simple, transparent, inclusive, user friendly and affordable solutions to entities eligible to issue cards in India. As a value added service, we had introduced insurance cover of Rs.1 Lac for Non-Premium cards, Rs.2 Lac for RuPay Premium cards and Variable higher sums for RuPay Select Cardholders (accidental death or Permanent Total Disability only) to eligible RuPay Cardholders.

2. Circular: RuPay/ 2017-18 / 002 dated April 26, 2017 was issued communicating the RuPay Insurance program for FY 2017-18.

3. We are pleased to inform that the RuPay Insurance program will continue for financial year 2018-19, i.e. from April 1, 2018 up to March 31, 2019 with The New India Assurance Co. Ltd.

4. Extension of Insurance Program beyond aforesaid period will be reviewed internally and in consultation with participating banks and suitably communicated before the expiry of the financial year 2018-19.

5. We give below details of the RuPay Insurance Program 2018-19.

Please Note:

1. The New India Assurance Co. Ltd. will continue to be the Insurance partner with NPCI for RuPay Insurance Program 2018-19.

2. All accidental claims where incident has occurred on or after 1st April, 2018 and up to 31st March, 2019, will come under the purview of the RuPay Insurance Program 2018-19.

3. Hence, banks need to report all such claims to The New India Assurance Co. Ltd. for intimation and subsequent assessment.

A) Terms and Conditions:

1. All RuPay Card holders (valid for Physical or Virtual RuPay card holder) i.e. Cards issued on an IIN assigned by RuPay will be eligible for the benefit under the RuPay Insurance Program 2018-19.

2. Benefits of insurance will be available to the Cardholders who have performed minimum one successful transaction as under:

- financial or non-financial transaction at any Channel both Intra and Inter-bank i.e. on-us (ATM / MicroATM / POS / e-com/ Business Correspondent of the bank at locations by any payment instrument) within 90 days prior to date of accident including accident date of Non-Premium Cardholders or off us (same bank channels-Bank Customer/RuPay cardholder transactions at other bank channels).
• financial or non-financial card transaction at any Channel both Intra and Inter-bank i.e. on-us (ATM/ MicroATM /POS /e-com /Business Correspondent of the bank) within 45 days prior to date of accident including accident date of Premium/Select Cardholders or off us (same bank channels- Bank Customer/RuPay cardholder transactions at other bank channels).

3. Under the RuPay Insurance Program 2018-19 RuPay cardholders will be eligible for the compensation on only 1 eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholder of same / different bank are meeting the eligibility criteria. The choice of the card for the claim would rest with the customer.

4. The Personal Accident Insurance Death and Permanent Total Disability would be an open policy for any kind of accident related to death or permanent total disability.

5. In the event that the date of accident is:
   a. within 45 days prior to date of accident including accident date for Premium/Select Cardholders and
   b. within 90 days prior to date of accident including accident date of Non-Premium Cardholders.

   from the date of issuance of the RuPay card, the policy would respond in favour of the cardholder even if no transaction has been carried out using the card.

6. Personal Accident Insurance is open to all RuPay cardholders above 5 years of age subject to fulfilment of the terms and conditions of the policy.

7. Compensation of insurance benefit will be made to the eligible beneficiary on submission of complete documentation set prescribed under “Procedure for claim”.

8. While filing insurance claim at the request of beneficiary, member bank should ensure that applicant is a bonafide beneficiary as per the law of the land.

9. Member banks are responsible to communicate the Insurance Scheme, important Terms and Conditions and process of claim intimation to their customer facing channels and cardholders.

10. The member banks should proactively communicate the benefit through websites, call centres, branches etc. and should include the information on insurance scheme and important terms and conditions in welcome kits in the form of leaflets and usage guide as per RBI approved font specifications.
B) Procedure for Claim

1. Claim for insurance benefit against policy will need to be submitted by the member bank. NPCI has made this arrangement as a value added offering on RuPay Card, however process provisions have been made whereby member banks are required to register the claims directly with The New India Assurance Co. Ltd as per claim process enclosed with this document.

2. The enclosed documents i.e. Claim Process, FAQs and Claim Forms may be referred by member banks in order to communicate the feature to bank channels and RuPay cardholders.

3. Claim intimation should be made within ninety (90) days from the date of accident. In case where a person is hospitalized (and under a critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted by The New India Assurance Co. Ltd. for investigation and honoured, if all terms under the policy are met as on date of accident.

4. All supporting documents relating to the claim must be submitted within sixty (60) days from the date of claim intimation.

5. The claims will be settled in ten (10) working days from the date of receiving the complete document set and assessment of entitlement by The New India Assurance Co. Ltd.

6. For any assistance required from NPCI, Member Banks can communicate at the email id rupayinsurance@npci.org.in

You may contact your NPCI relationship manager should you require further clarification in this regard.

Yours truly,

Vishal Anand Kanvatty
SVP – Product & Innovation

Enclosures:

<table>
<thead>
<tr>
<th>Sr.no</th>
<th>Annexure</th>
<th>Document Name</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td>Annex A</td>
<td>Claim Process</td>
<td>For use of banks for internal and customer education</td>
</tr>
<tr>
<td>ii.</td>
<td>Annex B</td>
<td>Frequently Asked Questions (FAQs)</td>
<td>For use of banks for internal and customer education</td>
</tr>
<tr>
<td>iii.</td>
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<td>Claim Form – Accidental Death/ Permanent Total Disablement</td>
<td>Forms</td>
</tr>
<tr>
<td>iv.</td>
<td>Annex D</td>
<td>Declaration from member banks</td>
<td>For reference of member banks</td>
</tr>
</tbody>
</table>
Claims Process - RuPay Card for Personal Accident Benefit

A) Claim intimation

1. All the claims where incident has happened in the financial year 2018-19, will be intimated to the dedicated claims id rupay@newindia.co.in

2. A printed copy of the captioned intimation email should be sent to The New India Assurance Co.Ltd. Alongwith all other documents.

3. Claim intimation should be within Ninety (90) days from the date of accident. In case where a person is hospitalized (and under a critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted by The New India Assurance Co. Ltd. for investigation and honoured, if all terms under the policy are met as on date of accident.

B) Documents Receipt / Follow-up

All documents are to be received at The New India Assurance Co. Ltd. office at the below mentioned address:

Senior Divisional Manager
Department - RuPay Insurance Program 2016-17
The New India Assurance Co. Ltd.
DO 142300
1st Floor, NCL Premises
Plot No. C-6, Bandra Kurla Complex
Bandra East, Mumbai- 400051

1. Claim intimation should be within Ninety (90) days from the date of accident. In case where a person is hospitalized (and under a critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted by The New India Assurance Co. Ltd. for investigation and honoured, if all terms under the policy are met as on date of accident.

2. All supporting documents relating to the claim must be submitted within sixty (60) days from the date of intimation.
3. The eligible claims will be settled in ten (10) working days from the date of receiving the complete documents set.

4. In case the settlement is not confirmed the Bank should follow up with The New India Assurance Co. Ltd. for status update of the claim.

5. In case documents are not received within sixty (60) days of claim intimation, 1\textsuperscript{st} reminder, hard copy letter will be issued to Member Bank by The New India Assurance Co. Ltd. followed by an email communication.

6. 2\textsuperscript{nd} reminder hard copy letter will be sent by The New India Assurance Co. Ltd. after eighty one (81) days from claim intimation followed by an email.

7. Closure letter, hard copy letter will be sent to Member Bank on 90\textsuperscript{th} day from claim intimation in case of no communication received from Member Bank.

C) Investigator Appointment (Specific cases that need detailed investigation)

Based on the merit of the claim, The New India Assurance Co. Ltd investigation team shall be appointed. TAT: T +3 (T is the day on which the claim documents received from the Member Bank).

In 30 days, Investigation report will be finalized. If there is a delay because of some more facts, an interim report will be requested.

D) Claims Follow up / Processing

The reminders shall be sent by New India Assurance Co. Ltd. to Member Bank at regular intervals for pending claim documents, a communication via letter in hard copy / email will be sent to client with defined timeline. All emails sent for the purpose of follow up should be marked to NPCI Insurance mail id rupayinsurance@npci.org.in.

Reminder process would be same for the documents deficiency also.
1\textsuperscript{st} reminder T+61
2\textsuperscript{nd} reminder T+81
Closure Letter T+90
T is Date of Intimation
E) Escalation Matrix

For Claims & Policy Administration

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Escalation Level</th>
<th>Name</th>
<th>Designation</th>
<th>Email ID</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>First</td>
<td>Ms. Anjali Mirchandani</td>
<td>Sr. Divisional Manager</td>
<td><a href="mailto:anjali.mirchandani@newindia.co.in">anjali.mirchandani@newindia.co.in</a></td>
<td>022-26591702</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr. Anand Amritkar</td>
<td>Asst. Manager</td>
<td><a href="mailto:anand.amritkar@newindia.co.in">anand.amritkar@newindia.co.in</a></td>
<td>022-26590070</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr. V. Subramaniam</td>
<td>Admin. Officer</td>
<td><a href="mailto:vaidyanathan.subramanian@newindia.co.in">vaidyanathan.subramanian@newindia.co.in</a></td>
<td>022-26590156</td>
</tr>
<tr>
<td>2</td>
<td>Second</td>
<td>Mr. Loknath Sethi</td>
<td>Regional Manager</td>
<td><a href="mailto:loknath.sethi@newindia.co.in">loknath.sethi@newindia.co.in</a></td>
<td>022-26633235</td>
</tr>
<tr>
<td>3</td>
<td>Final</td>
<td>Mr. Ramesh Nag</td>
<td>Chief Manager</td>
<td><a href="mailto:ramesh.nag@newindia.co.in">ramesh.nag@newindia.co.in</a></td>
<td>022-22708239</td>
</tr>
</tbody>
</table>

F) Claim Payment

Once the claim is approved the payment in the form of NEFT shall be done to the card holder (in case of Disablement) / to nominee or legal heir (in case of Death) along with a covering letter.

G) Dispute Management

Committee of 3 people as mentioned below to resolve the dispute.

1. Representative from The New India Assurance Co. Ltd.
2. Representative from NPCI.
3. Representative/s of the disputing Bank/s.
H) Document check list –

H1) Accidental Death Claim*:-
   1. Claim Form duly completed and signed.
   2. Original or Certified copy of Death Certificate.
   3. Original or Certified copy of FIR, Panchnana / Inquest Panchnana.
   4. Declaration from Card Issuing Bank duly signed by authorized signatory and bank stamp:
      ° Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number.
      ° Meeting 90/45 days usage criteria (include the transaction log from the system).
      ° Nominee details (including NEFT details)

*Additional documents may be requested by The New India Assurance Co. Ltd. based on the case requirement such as Medical Reports, post mortem report etc.

H2) Permanent Total Disability:-
   1. Claim Form duly completed and signed.
   2. Discharge card along with case history confirmation therein duration & percentage of disability duly certified by the concerned/treating Physician/Surgeon.
   3. All investigation report in original copies* thereof in respect of tests had undergone pertaining to accident.
   4. Additional documents, if any, based on merit of the loss.
   5. Declaration from Card Issuing Bank duly signed by authorized signatory and bank stamp:
      ° Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number.
      ° Meeting 90/45 days usage criteria (include the transaction log from the system).
      ° Beneficiary details (including NEFT details).

** If the original claim documents are submitted to any particular General Insurance co., copies of the same duly certified by Branch in-charge of RuPay card issuing bank can be submitted.
RuPay Insurance Program 2018-19

Frequently Asked Questions

Personal Accident

Q1. What is an accident?
Ans. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Q2. What are the benefits payable under this policy?
Ans. Now you can protect yourself with Personal Accident Insurance against accidental injuries caused by all kinds of accidents. The policy provides the benefits to you, for Accidental Death and Permanent Total Disability.

Q3. Does the Personal Accident policy cover natural death, suicide or death due to some illness/disease/pregnancy?
Ans. No, Personal Accident policy covers death occurring only due to accidents or accidental injuries which are non-intentional or not self-inflicted.

Q4. What is the available sum insured under the plan?
Ans. Sum insured of Rs 1 lakh for RuPay Non-Premium cardholders and of Rs 2 lakh for RuPay Premium cardholders and variable higher sums for RuPay Select Cardholders (accidental death or Permanent Total Disability only) to eligible RuPay Cardholders.

Q5. What is the eligibility criterion to avail Personal Accident Insurance cover on my RuPay Card?
Ans: Benefits of insurance will be available to the Cardholders who have performed minimum one successful transaction as under:

1. financial or non-financial transaction at any Channel both Intra and Inter-bank i.e. on-us (ATM/MicroATM/POS/e-com/Business Correspondent of the bank at locations by any payment instrument) within 90 days prior to date of accident including accident date of Non-Premium Cardholders or off us (same bank channels- Bank Customer/RuPay cardholder transactions at other bank channels).

2. financial or non-financial card transaction at any Channel both Intra and Inter-bank i.e. on-us (ATM/MicroATM/POS/e-com/Business Correspondent of the bank) within 45 days prior to date of accident including accident date of Premium/Select Cardholders or off us (same bank channels- Bank Customer/RuPay cardholder transactions at other bank channels).
Q6. Is there any age limit for availing Personal Accident Policy?
Ans. Personal Accident Insurance is open to all RuPay cardholders above 5 years subject to fulfilment of the terms and conditions of the policy.

Q7. Does the policy have a worldwide coverage?
Ans. Yes, the Personal Accident policy will cover you even if the incident has happened when out of the country. Claim will be paid in Indian rupees as per the sum insured on submission of required documentation. There is no negative list of countries.

Q8. Who can be the beneficiary?
Ans. The beneficiary could be nominee on the account of the cardholder or legal heir as per competent court order.

Q9. Who is the beneficiary in case there are multiple heirs / beneficiaries?
Ans. In case of multiple beneficiaries the claim is settled in the name of heir as per legal heir certificate submitted.
In case the legal heir absolves his right of claim (i.e. legal heir doesn’t want to claim) we will need the NOC from him/her and the claim can be settled in the name of other beneficiary so nominated.

Q10. How do I make a claim?
Ans. Please fill the entire documents as per the checklist and submit the same to the Bank / Bank branch where RuPay cardholder has an account.

Q11. Whom should I contact in case of a claim?
Ans. Please contact RuPay cardholder Bank / Bank branch of which RuPay cardholder has a card for intimating claim.

Q12. What are the claim documents to be submitted in case of a claim, whether incident has happened in India or overseas?
Ans. Accidental Death Claim Forms*:-
1) Claim Form duly completed and signed.
2) Original or Certified copy of Death Certificate.
3) Original or Certified copy of FIR, Panchnama / Inquest Panchnama.
4) Original or Certified copy of Post Mortem Report.
5) Aadhar card copies of Cardholder and Nominee.
6) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp:
a) Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number.
b) Meeting 45/90 days transaction criteria (include the transaction log/Account statement from the system).

c) Brief description of accident in either English or Hindi.

d) Bank Official contact details for followup action and claim facilitation.

*Additional documents may be requested based on merit of case such as Medical Reports, Chemical Analysis Report, Final Police Investigation Report, etc.

Q13. In how many days the claims will be settled?
Ans. The claims will be settled in ten (10) working days from the date of receiving the complete document set by The New India Assurance Co. Ltd.

Q14. In how many days should I intimate about claim?
Ans. The intimation should be immediate to The New India Assurance Co. Ltd. or Bank but not later than ninety (90) days of the date of accident. In case where the person is hospitalized (and under critical condition) and is unable to file claim within ninety (90) days of loss/incident such claim cases will be accepted by The New India Assurance Co. Ltd for investigation and honoured, if all terms under the policy are met as on date of accident.

Q15. In how many days should I submit the claim documents?
Ans. The claim documents must be submitted within sixty (60) days from the date of claim intimation.

Q16. In case RuPay Cardholder having a Personal Accident policy with another insurance Company, will this Insurance Policy will be an additional cover?
Ans. Yes, the policy is a benefit policy and hence it will be an additional cover over the other Personal Accident insurance policies being held by the cardholder.

Q17. What do you mean by exclusions?
Ans. Exclusions are situations or conditions wherein The New India Assurance Co. Ltd is not liable to pay the benefits to insured person in the event of accident.

Q18. What are the exclusions applicable?
Ans. The New India Assurance Co. Ltd. shall not be liable under this policy for the following exclusions:

1. Compensation under more than one of the foregoing Sub-clauses in respect of the same period of the same period of disablement of the Insured person.

2. Any other payment to the same person after a claim under one of the Sub-Clauses (a), (b), or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.
Sub-clause (a): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.

Sub-Clause (b): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

1.a.a. 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 sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Policy Schedule herein applicable to such Insured person.

1.a.b. Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.

Sub-Clause (c): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

1. the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

2. total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

Note: For the purpose of Clauses (b) and (c) above, physical separation of a hand means separation at or above the wrist and of the foot means at or above the ankle.

Sub-Clause (d): If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured, stated in the Policy Schedule hereto applicable to such insured person.

Any payment in case of more than one claim in respect of such insured person under the Policy during any one period of insurance by which the maximum liability of the Company specified in the Policy schedule applicable to such Insured person would exceed the sum payable under sub-clause (a) of this Policy to such insured person. However, amount relating to medical expenses and carriage of dead body would be payable in addition if applicable.

Sub-clause (a): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.

1. Payment of weekly compensation until the total amount shall have been ascertained and agreed.

2. Payment of compensation in respect of Death, injury of Disablement of the Insured person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of
intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning 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, (d) directly or indirectly caused by venereal diseases, aids or insanity, (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.

3. 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 or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.

4. Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person -
   - Directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
   - Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
   - Provided also that the due observance and fulfilment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and/or Insured person be a condition precedent to any liability of the Company under this Policy.

5. 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 child birth or from pregnancy or in consequence thereof.

Q19. If the incident occurs in a timeline of 0-45/90 days of issuance of the RuPay card, thereby not giving a window of 45/90 days qualifying criteria for doing a transaction in order to be eligible for the insurance benefit, is the Cover still valid?
Ans. Yes, as an exception in such cases the cover is still valid and claim can be intimated as applicable for Premium/Select cardholders and Non-Premium Cardholders respectively.

Q20. Since the cover is effective 1st April, 2018 and upto 31st March, 2019, if incident happens on 15th April, 2018 and the transaction has happened prior to the policy period is the cover valid? Ans. Yes, as long as the incident has happened in the policy period the cover is valid.
Q21. For how many cards will I be eligible for the compensation of insurance cover?
Ans. The Insurance policy is applicable for the compensation of only one eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholder of same / different banks meet the eligibility criteria. The choice of the card for the claim would rest with the customer.

Note: For additional information, please refer policy wordings document available at <Link of Bank website>.
Permanent Total Disability

Q1. What is Permanent Total Disability?
Ans. Permanent Total Disability is defined as permanent loss of ability to use a body part due to accidental injuries. The cover is restricted as mentioned in table in answer to Question No 3 below.

Q2. What is the benefits payable under this policy?
Ans. This policy pays for any Permanent Total Disability due to an accident.

Q3. What is covered under Permanent Total Disability whether incident has happened in India or overseas?
Ans. Permanent Total Disability due to an accident will cover the following:

<table>
<thead>
<tr>
<th>The Disability</th>
<th>Compensation pressed Percentage of Total Sum Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Permanent Total Disablement</td>
<td>100%</td>
</tr>
<tr>
<td>2) Permanent and incurable insanity</td>
<td>100%</td>
</tr>
<tr>
<td>3) Permanent Total Loss of two Limbs</td>
<td>100%</td>
</tr>
<tr>
<td>4) Permanent Total Loss of Sight in both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>5) Permanent Total Loss of Sight of one eye and one Limb</td>
<td>100%</td>
</tr>
<tr>
<td>6) Permanent Total Loss of Speech</td>
<td>100%</td>
</tr>
<tr>
<td>7) Complete removal of the lower jaw</td>
<td>100%</td>
</tr>
<tr>
<td>8) Permanent Total Loss of Mastication</td>
<td>100%</td>
</tr>
<tr>
<td>9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance</td>
<td>100%</td>
</tr>
<tr>
<td>10) Permanent Total Loss of Hearing in both ears</td>
<td>75%</td>
</tr>
<tr>
<td>11) Permanent Total Loss of one Limb</td>
<td>50%</td>
</tr>
<tr>
<td>12) Permanent Total Loss of Sight of one eye</td>
<td>50%</td>
</tr>
<tr>
<td>13) Permanent Total Loss of Hearing in one ear</td>
<td>15%</td>
</tr>
<tr>
<td>14) Permanent Total Loss of the lens in one eye</td>
<td>25%</td>
</tr>
<tr>
<td>15) Permanent Total Loss of use of four fingers and thumb of either hand</td>
<td>40%</td>
</tr>
<tr>
<td>16) Permanent Total Loss of use of four fingers of either hand</td>
<td>20%</td>
</tr>
<tr>
<td>17) Permanent Total Loss of use of one thumb of either hand:</td>
<td></td>
</tr>
<tr>
<td>a) Both Joints</td>
<td>20%</td>
</tr>
<tr>
<td>b) One joint</td>
<td>10%</td>
</tr>
</tbody>
</table>
Q4. What is the available sum insured under this insurance cover?
Ans. Sum Insured of Rs 1 lakh for RuPay Non-Premium cardholders and of Rs 2 lakh for RuPay
Premium and variable higher sums for RuPay Select Cardholders (accidental death or Permanent
Total Disability only) to eligible RuPay Cardholders.

Q5. What is the eligibility criterion to avail Permanent Total Disability Insurance cover on my
RuPay Debit Card?
Ans.: Benefits of insurance will be available to the Cardholders who have performed minimum
one successful transaction as under:
1. financial or non-financial transaction at any Channel both Intra and Inter-bank i.e. on-us
   (ATM/MicroATM/POS/e-com/Business Correspondent of the bank at locations by any
   payment instrument) within 90 days prior to date of accident including accident date of
   Non-Premium Cardholders or off us (same bank channels- Bank Customer/RuPay
cardholder transactions at other bank channels).
2. financial or non-financial card transaction at any Channel both Intra and Inter-bank i.e.
on-us (ATM/MicroATM/POS/e-com/Business Correspondent of the bank) within 45 days
prior to date of accident including accident date of Premium/Select Cardholders or off
us (same bank channels- Bank Customer/RuPay cardholder transactions at other bank
channels).

Q6. Is there any age limit for opting Permanent Total Disability Policy?
Ans. Permanent Total disability insurance policy is open to all RuPay cardholders above 5 years
subject to fulfilment of the terms and conditions of the policy.
Q7. Does the policy have a worldwide coverage?
Ans. Yes, the Permanent Total Disability policy will cover you even if the incident has happened when out of the country. Claim will be paid in Indian rupees as per the sum insured on submission of required documentation. There is no negative list of countries.

Q8. Who can be the beneficiary?
Ans. Beneficiary will be the insured under this policy.

Q9. What are the claim documents to be submitted in case of claim?
Ans. Permanent Total Disability Claim Forms:-
   1. Claim Form duly completed and signed.
   2. Discharge card along with case history confirmation therein duration & percentage of disability duly signed by the concerned/treating Physician/Surgeon.
   3. All investigation report in original copies** thereof in respect of tests had undergone pertaining to accident.
   4. Declaration from Card Issuing Bank duly signed by authorized signatory and bank stamp:
      • Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
      • Meeting 45/90 days transaction criteria (include the transaction log/account statement from the system)
      • Beneficiary details (including NEFT details)
      • Brief description of accident in English or Hindi.
      • Bank officials contact details
   5. Additional documents, if any, based on merit of the loss.

   **If the original claim documents are submitted to any particular General Insurance co., copies of the same duly certified by Branch Incharge of RuPay card issuing bank can be submitted.

Q10. In how many days the claim will be settled?
Ans. The claims will be settled in ten (10) working days from the date of receiving the complete document set by The New India Assurance Co. Ltd.

Q11. Whom should I contact in case of a claim?
Ans. Please contact RuPay cardholder Bank/Bank branch of which RuPay cardholder has a card for intimating claim.

Q12. How do I make a claim?
Ans. Please fill the entire documents as per the checklist and submit the same to the Bank/Bank branch where RuPay cardholder has an account.
Q13. In how many days should I intimate about claim?
Ans. Please intimate about the claim within 90 days of the date of accident. In case where the person is hospitalized (and under critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted by The New India Assurance Co. Ltd. for investigation and honoured, if all terms under the policy are met as on date of accident.

Q14. In how many days should I submit the claim documents?
Ans. The claim documents needs to be submitted within 60 days from the date of claim intimation.

Q15. Can I claim additional cover on my existing Permanent Total Disability cover from other insurer(s) company?
Ans. Yes, it will be an additional cover over any other existing insurance cover being held by the cardholder.

Q16. Accidental injury can I avail the cashless facility?
Ans. This is not a mediclaim policy hence, cashless facility is not available for Personal accident policy.

Q17. What do you mean by exclusions?
Ans. Exclusions are situations or conditions wherein The New India Assurance Co. Ltd is not liable to pay the benefits to insured person in the event of accident.

Q18. What are the exclusions applicable?
Ans. The New India Assurance Co. Ltd. shall not be liable under this policy for the following exclusions:

3. Compensation under more than one of the foregoing Sub-clauses in respect of the same period of the same period of disablement of the Insured person.

4. Any other payment to the same person after a claim under one of the Sub-Clauses (a), (b), or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.

Sub-clause (a): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.

Sub-Clause (b): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

1.a.a. 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 sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Policy Schedule herein applicable to such insured person.
1. a. b. Use of two hands or two feet, or of one hand and one foot, or of such loss of
sight of one eye and such loss of use of one hand or one foot, the Capital Sum
Insured stated in the Policy Schedule hereto, applicable to such Insured person.

Sub-Clause (c): If such injury shall within twelve calendar months of its occurrence be the
sole and direct cause of the total and irrecoverable loss of

1. the sight of one eye, or of the actual loss by physical separation of one entire
hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured
stated in the Policy Schedule hereto, applicable to such Insured person.

2. total and irrecoverable loss of use of a hand or a foot without physical
separation, fifty percent (50%) of the Capital Sum Insured stated in the Policy
Schedule hereto, applicable to such Insured person.

Note: For the purpose of Clauses (b) and (c) above, physical separation of a hand means
separation at or above the wrist and of the foot means at or above the ankle.

Sub-Clause (d): If such injury shall, as a direct consequence thereof, immediately,
permanently, totally and absolutely, disable the Insured person from engaging in being
occupied with or giving attention to any employment or occupation of any description
whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured,
stated in the Policy Schedule hereto applicable to such insured person.

Any payment in case of more than one claim in respect of such insured person under the Policy
during any one period of insurance by which the maximum liability of the Company specified in the
Policy schedule applicable to such Insured person would exceed the sum payable under sub-clause
(a) of this Policy to such insured person. However, amount relating to medical expenses and carriage
of dead body would be payable in addition if applicable.

Sub-clause (a): If such injury shall within twelve calendar months of its occurrence be the
sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in
the Policy Schedule hereto, applicable to such insured person.

1. Payment of weekly compensation until the total amount shall have been ascertained and
agreed.

2. Payment of compensation in respect of Death, injury of Disablement of the Insured person
(a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of
intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning 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, (d)
directly or indirectly caused by venereal diseases, aids or insanity, (e) arising or resulting
from the insured person committing any breach of law with criminal intent, (Standard type
of Aircraft means any aircraft duly licensed to carry passengers ( for hire or otherwise) by
appropriate authority irrespective of whether such an aircraft is privately owned OR
chartered OR operated by a regular airline OR whether such an aircraft has a single engine or
multi engine.

3. 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 or foreign enemy, Hostilities (whether war be declared or not), Civil War,
Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.

4. Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person -
   - Directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
   - Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
   - Provided also that the due observance and fulfilment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and/or Insured person be a condition precedent to any liability of the Company under this Policy.

5. 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 child birth or from pregnancy or in consequence thereof.

Q19. Is there is provision for interim relief on Insurance?
Ans. There is no provision for interim relief until establishment of entitlement upon which the claim is payable as qualified.

Q20. If the incident occurs in a timeline of 0-45/90 days of issuance of the RuPay card, thereby not giving a window of 45/90 days qualifying criteria for doing a transaction in order to be eligible for the insurance benefit, is the Cover still valid?
Ans. Yes, as an exception in such cases the cover is still valid and can be intimated as applicable for Premium/Select cardholders and Non-Premium Cardholders respectively.

Q21. Since the cover is effective 1st April, 2018 and upto 31st March, 2019 if incident happens on 15th April, 2018 and the transaction has happened prior to the policy period is the cover valid? Ans. Yes, as long as the incident has happened in the policy period the cover is valid.

Q22. For how many cards will I be eligible for the compensation of Insurance cover?
Ans. The Insurance policy is applicable for the compensation of only one eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholder of same / different banks meet the eligibility criteria. The choice of the card for the claim would rest with the customer.

Note: For additional information please refer policy wordings document available at <Link of Bank website>.
RuPay CARDHOLDER'S PERSONAL ACCIDENT INSURANCE
CLAIM FORM 2018-19

ALL QUESTIONS ARE MANDATORY AND HAVE TO BE COMPULSORILY ANSWERED.

<table>
<thead>
<tr>
<th>RuPay CARD TYPE</th>
<th>CLASSIC / PLATINUM / SELECT / OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF RUPAY CARDHOLDER</td>
<td></td>
</tr>
<tr>
<td>AADHAR NUMBER OF CARDHOLDER</td>
<td></td>
</tr>
<tr>
<td>BANK ACCOUNT NUMBER</td>
<td></td>
</tr>
<tr>
<td>RUPAY CARD NUMBER</td>
<td></td>
</tr>
<tr>
<td>NAME NOMINEE [CLAIMANT]</td>
<td></td>
</tr>
<tr>
<td>ADDRESS OF CLAIMANT WITH DISTRICT AND PINCODE</td>
<td></td>
</tr>
<tr>
<td>DATE AND TIME OF ACCIDENT</td>
<td></td>
</tr>
<tr>
<td>PLACE OF ACCIDENT</td>
<td></td>
</tr>
<tr>
<td>BRIEF DESCRIPTION OF ACCIDENT</td>
<td></td>
</tr>
</tbody>
</table>

[MANDATORY IN ENGLISH / HINDI]

IF SPACE IS INSUFFICIENT, PLEASE ATTACH SEPERATE SHEET.

<table>
<thead>
<tr>
<th>NATURE OF CLAIM</th>
<th>DEATH / DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANY OTHER RuPay CARD HELD BY THE SAME PERSON</td>
<td></td>
</tr>
</tbody>
</table>

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and also that I have not abstained from any usual occupation longer than absolutely necessary and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue avenment whatever, the Policy shall be void and my right to compensation forfeited and I am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

<table>
<thead>
<tr>
<th>BANK SEAL AND SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE OF CLAIMANT</td>
</tr>
<tr>
<td>MOBILE NUMBER OF CLAIMANT</td>
</tr>
</tbody>
</table>

WITNESS CERTIFICATE
[TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT IF ANY]
I hereby certify that I was present when the Accident occurred to Mr./ Ms. _________________________ on the ______ day of _____________________________ 20____ in the manner stated by him/her over leaf that it was caused by ________________________ which * was / was not his/her willful act and that he/she * was / was not under the influence of intoxicating liquor at the time.

*Strike out which is not applicable
SIGNATURE & DATE

NAME OF WITNESS
ADDRESS
OCCUPATION

MEDICAL CERTIFICATE for DISABILITY CLAIMS ONLY

Disability Claims must be supported by medical evidence furnished by the Insured and at his expense.

<table>
<thead>
<tr>
<th>NAME OF INJURED PERSON [CLAIMANT]</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEX [ MALE / FEMALE ]</td>
<td></td>
</tr>
<tr>
<td>NATURE OF ACCIDENT</td>
<td></td>
</tr>
<tr>
<td>WHETHER THE INJURIES ARE CONSISTENT TO THE DESCRIPTION OF ACCIDENT.</td>
<td></td>
</tr>
<tr>
<td>DATE ON WHICH YOU FIRST ATTENDED THE CLAIMANT FOR THE INJURY</td>
<td></td>
</tr>
<tr>
<td>HAS THE CLAIMANT BEEN DISABLED TOTALY OR PARTIALLY</td>
<td></td>
</tr>
<tr>
<td>IS THE CLAIMANT SUFFERING FROM ANY DISEASE/ILLNESS/SYMPTOMS APART FROM THE INJURY WHICH MAY TEND TO RETARD RECOVERY?</td>
<td></td>
</tr>
<tr>
<td>IF YES, PLEASE GIVE DETAILS.</td>
<td></td>
</tr>
<tr>
<td>TYPE OF DISABILITY AS DEFINED IN ANNEXURE</td>
<td></td>
</tr>
</tbody>
</table>

Having personally examined the above named Insured, I certify that the above statements are correct and that the insured person is necessarily disabled by the accident referred to

Signature: ______________________
Name & Qualification: ______________________
Address: ______________________
Date: ______________________
**ANNEXURE**

<table>
<thead>
<tr>
<th>The Disablement</th>
<th>Compensation expressed as a percentage of Total Sum Insured.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Permanent Total Dis enables</td>
<td>100%</td>
</tr>
<tr>
<td>2) Permanent and incurable insanity</td>
<td>100%</td>
</tr>
<tr>
<td>3) Permanent Total Loss of two <strong>Limbs</strong></td>
<td>100%</td>
</tr>
<tr>
<td>4) Permanent Total <strong>Loss of Sight</strong> in both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>5) Permanent Total <strong>Loss of Sight</strong> of one eye and one <strong>Limb</strong></td>
<td>100%</td>
</tr>
<tr>
<td>6) Permanent Total <strong>Loss of Speech</strong></td>
<td>100%</td>
</tr>
<tr>
<td>7) Complete removal of the lower jaw</td>
<td>100%</td>
</tr>
<tr>
<td>8) Permanent Total <strong>Loss of Mastication</strong></td>
<td>100%</td>
</tr>
<tr>
<td>9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out <strong>Daily Activities</strong> essential to life without full time assistance</td>
<td>100%</td>
</tr>
<tr>
<td>10) Permanent Total <strong>Loss of Hearing</strong> in both ears</td>
<td>75%</td>
</tr>
<tr>
<td>11) Permanent Total Loss of one <strong>Limb</strong></td>
<td>50%</td>
</tr>
<tr>
<td>12) Permanent Total <strong>Loss of Sight</strong> of one eye</td>
<td>50%</td>
</tr>
<tr>
<td>13) Permanent Total <strong>Loss of Hearing</strong> in one ear</td>
<td>15%</td>
</tr>
<tr>
<td>14) Permanent Total Loss of the lens in one eye</td>
<td>25%</td>
</tr>
<tr>
<td>15) Permanent Total Loss of use of four fingers and thumb of either hand</td>
<td>40%</td>
</tr>
<tr>
<td>16) Permanent Total Loss of use of four fingers of either hand</td>
<td>20%</td>
</tr>
<tr>
<td>17) Permanent Total Loss of use of one thumb of either hand:</td>
<td></td>
</tr>
<tr>
<td>a) Both Joints</td>
<td>20%</td>
</tr>
<tr>
<td>b) One joint</td>
<td>10%</td>
</tr>
<tr>
<td>18) Permanent Total Loss of one finger of either hand:</td>
<td></td>
</tr>
<tr>
<td>- Three joints</td>
<td>5%</td>
</tr>
<tr>
<td>- Two joints</td>
<td>3.5%</td>
</tr>
<tr>
<td>- One joint</td>
<td>2%</td>
</tr>
<tr>
<td>19) Permanent Total Loss of use of toes: a) All-one foot</td>
<td></td>
</tr>
<tr>
<td>- Big-both Joints</td>
<td>15%</td>
</tr>
<tr>
<td>- Big-one joint</td>
<td>5%</td>
</tr>
<tr>
<td>- Other than Big- each toe</td>
<td>2%</td>
</tr>
<tr>
<td>20) Established non-union of fractured leg or kneecap</td>
<td>10%</td>
</tr>
<tr>
<td>21) Shortening of leg by at least 5cms</td>
<td>7.50%</td>
</tr>
<tr>
<td>22) Ankylosis of the elbow, hip or knee</td>
<td>20%</td>
</tr>
</tbody>
</table>
Annexure D

Declaration from Member Bank [on Bank's letterhead]

We hereby confirm that Mr./Mrs. ____________________________ having
Aadhar number _______________________________ is holder of
account number no. _______________________________ and was issued a
RuPay Card no. ________________________________

Card type : [CLASSIC / PLATINUM / SELECT / OTHER- please specify]


Date of Transaction : __________________
Type of Transaction : __________________
Brief Description of transaction : __________________

________________________________________________________________________

Transaction fulfils the usage criteria (45/90) days: YES / NO
[Copy of Account Statement with highlighted qualifying transaction to be attached]

B. Details of Nominee

Name of Nominee : __________________
Aadhar Number of Nominee : __________________
Relation with Cardholder : __________________
Nominee's Bank Name : __________________
Nominee's Account number : __________________
Nominee's Account IFSC : __________________

[Copy of Pass Book / Cancelled Cheque to be Attached]

[ In case Nominee details are not available, Legal Proceduce to be adopted as per bank's
guidlines and Legal Heirs details to be provided.]
C. Brief Description of Accident [to be narrated in English/Hindi only by Bank Official]

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

D. Details of Bank's Official for followup regarding the captioned claim.

Name of Official : ________________________________
Contact Number  : Mobile : _______________________
                 : Landline : _________________________
Email ID        : ________________________________

We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

We also confirm that the documents sent in support of the captioned claim are true copies and have been verified by us with the original documents.

AUTHORISED SIGNATORY WITH BANK SEAL.