

**IFFCO EMPLOYEES BENOVOLENT TRUST**  
**C-1, DISTRICT CENTRE, SAKET PLACE, NEW DELHI -110 017**

HO/BEN/AC

Date: 11.08.2016

Dear Member,

IFFCO Employees Benevolent Trust (IEBT) was set up in the year 1994 with a view to provide Financial Assistance to the family of deceased employees and retiring employees. The Trust has been providing various benefits to its members. Updated status thereof is as under:

- Lumpsum amount of Rs.2,00,000/- to the spouse of the member who dies in service is paid apart from the monthly pension amount for a period of 7 years or till the notional date of retirement of deceased employee, whichever is earlier. The monthly pension amount has been increased from Rs.7500/- to Rs.10,000/- w.e.f. 1<sup>st</sup> April 2016.
- Annual medical expenses of Rs.5000/- to each member and the spouse (Rs.10,000/- per family).
- Medical Insurance Policy (for contributory members) to meet the cost of hospitalization upto an annual ceiling of Rs.4.00 lakh per family (employee his/her spouse) plus Critical Illness Coverage of Rs.4.00 lakh for each family. Members can avail additional coverage of Rs.2.00 lakhs by making payment of Annual Premium of Rs.9,398/- (Rs.8172/- + Service Tax) at the time of retirement. Earlier this option was to be exercised by the employee before the date of his retirement. IFFCO Tokio has now allowed 6 months grace period after the date of retirement for an employee seeking enhancement of coverage by Rs.2.00 lakh.

It is to inform to all the members that IEBT has taken an additional Group Personal Accident Policy for its members (employee and his/her spouse) w.e.f. 1<sup>st</sup> August 2016 without any additional cost to the members. The details regarding Sum Assured, Coverage, Claim procedure are attached herewith.

IEBT provides the aforesaid benefits out of the contributions received from the employees and IFFCO. In addition to monthly contribution, IFFCO also makes annual contribution out of its profits.

As communicated to the members earlier also, we have developed a website [www.iebt.iffco.in](http://www.iebt.iffco.in) to apprise you of all the benefits provided by the IEBT.

Yours truly,



**(Rakesh Kapur)**  
**Jt. Managing Director-IFFCO**  
**Chairman IEBT**



## GROUP ACCIDENTAL POLICY (1<sup>st</sup> August 2016 to 31<sup>st</sup> July 2017)

Capital Sum Insured (CSI): Rs.2.00 lakhs

### PA Policy Coverage

Accident caused by -

- Violent, Visible and External Means

Accident may include events like –

- Rail, Road, Air Accident
- Injury due to any collision / fall
- Injury due bursting of gas cylinder
- Snake Bite, Frost bite
- Burn injury, Drowning, Poisoning etc.

### PA Policy – Benefits

- OPD Accidental Medical Expenses Rs. 20,000/- ( Annual Limit) or actual whichever is less.

**Additionally** (in the event of accident only)

- |   |   |
|---|---|
| ➤ Death   | 100% of CSI   |
| ➤ Loss of -   |   |
| ➤ Two Limbs /Both Eyes/One Limb and One Eye           | 100% of CSI   |
| ➤ Loss of One eye or One limb -                       | 50% of CSI  |
| ➤ Permanent Total Disablement -                       | 100% of CSI   |
| ➤ Permanent Partial Disablement -                     | Disablement percentage to be assessed by Treating Doctor. |
| ➤ Ambulance charges Upto Rs. 1000/-                   |   |
| ➤ Damage to Cloths – Upto Rs. 1000/-                  |   |
| ➤ Expenses for carriage of dead body –Upto Rs. 2500/- |   |

Where CSI means Capital Sum Insured

### PA Policy – Exclusions

- Intentional self injury or suicide
- Insanity or venereal disease
- Influence of intoxicating liquor or drugs
- Drug addiction or alcoholism
- Breach of law with criminal intent
- Pregnancy or childbirth
- War and nuclear perils



- HIV/AIDS or any mutant derivative
- Whilst engaging in Aviation or ballooning or mounting

### **Claim Procedure**

Intimate immediately to IFFCO TOKIO General Insurance Co. Ltd. at the following email ID's to register the claim and write for submission of claim documents.

- Nischalatha.yeddu@iffcotokio.co.in,
- Claimasst8@iffcotokio.co.in,

**with a copy to**

- gurvinder.kaur@iffcotokio.co.in
- rnverma@iffcotokio.co.in
- pmahajan@iffcotokio.co.in

### **Claim documents required**

Forward following documents in the event of a Fatal Accident:

- Claim Form
- Death Certificate
- Post Mortem Report – unless exempted (In case exempted by the Appropriate authority, forward exemption certificate)
- Inquest Report conducted by a Magistrate
- FIR
- Medical Expenses Bills/Receipts in original

Forward following documents in the event of Non-Fatal Accident

- Medical Certificate giving clearly the nature of injuries and extent of disability
- Investigation Reports, like X-Ray report etc. to confirm the disability/injury
- Treatment prescribed by the attending medical Practitioner / Hospital /Nursing Home
- Claim form, FIR
- Medical Expenses Bills/Receipts in original

ANNEXURE: Medical Certificate and Claim Form



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

**Medical Certificate**  
(Attending Doctor's Report)

Note: This form is to be completed by the claimant's Medical Attendant whose replies should be as full as possible.

Claim No.	Policy No.
1. Claimant 1. Name 2. Age	1 2
2. The nature and extent of injuries (if to a limb, stat 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 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? (c) Is there anything in his medical history which may 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 accident?	(a) (i) (ii) (b) (c) (d)
7. (a) State the time within your knowledge that the claimant has been as the direct and sole consequence of the injuries sustained, necessarily confined to his house. (b) If still so confined state the probable duration of confinement too.	(a) (b)
8. (a) Has he been able to attend any portion of his business or occupation?	(a)

(b)If so from what date?	(b)
(c)If not, please state probable date	(c)
(i)Of his being so able	(i)
(ii)Of his complete recovery	(ii)
9. Is there now any disability? If not, please give date of recovery	
10.Any further remarks	

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

Signature

Qualification

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



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Regd. Office: 34, Nehru Place, New Delhi - 110 019

**Personal accident insurance- Claim Form**  
(For disablement claims only)

(The issue of this form does not constitute admission of liability. Please return the form duly completed within Fourteen days of the accident together with the relevant prescriptions, bills, receipts etc.)

Claim No.	Policy No.
Insured	
1. Name	1
2. Address	2
Injured Person	
1. Name	
2. Address	
3. Occupation	
4. Age next birthday	
5. Height	
6. Weight	
When did the accident happen?	
Where did the accident happen?	
Give full description of the accident its cause and injuries sustained.	
Was the insured person under the influence of drugs or drinks at the time of the accident?	
Give the names and addresses of witnesses, if any to the accident.	
Give details of medical attention given and the name and address of the Medical attendant.	
If the Medical Attendant named above is not the Injured Person's usual Medical Attendant, Give the name and Address of his usual Medical Attendant.	
Has he or any other Medical Attendant treated the injured person previously for any illness or injury?	
State where a Medical Officer of the Company can visit the Injured Person, if necessary.	
State the period during which the injured person has been: -	

<p>1. Confined to bed /house and unable to attend to his normal duties at all.</p> <p>2. Partially able to attend his normal duties whether confined to house / or not</p>	
<p>State date on which the injured person has been / will be able to resume normal duties.</p>	
<p>Has the injured person made any claim or received compensation under any Policies of accident or sickness in the past? If so give particulars.</p>	
<p>State whether the injured person holds any accident policy. If so, give the name(s) of the Insurer(s).</p>	

I/we hereby declare that i/we the person named above have / has sustained the injuries described above and that the foregoing particulars are true in every respect.

Place

Signature of Insured

Date

Signature of insured Person