

**MEMORANDUM OF UNDERSTANDING FOR UNDERTAKING OF GROUP PERSONNEL ACCIDENTAL INSURANCE FOR GROUP 'C' AND 'D' CATEGORY OF EMPLOYEES ASSOCIATED WITH GOVERNMENT OF HARYANA INVOLVED IN HIGH RISK CATEGORY UNDER MUKHYA MANTRI HARYANA DURGHATANA BIMA YOJANA.**

This agreement for undertaking Group Personal Accidental Insurance is made at Panchkula on -18<sup>th</sup> day of May, 2022.

Between

IFFCO TOKIO General Insurance Company Ltd; Plot No; 2B & C, 4<sup>th</sup> Floor, IFFCO Complex Sector 28-A, Madhya Marg, Chandigarh-160018, represented by its Business Head, hereinafter referred to as the Insurer.

And

Haryana Parivar Suraksha Nyas (HPSN), Panchkula, Haryana, Bays No. 21-28, Yojana Bhawan, Sector 4, Panchkula, a Trust registered by the Government of Haryana hereinafter referred as the Trust. Both parties collectively referred to as the parties and individually as "Party".

Whereas the Trust is desirous of taking a Group Personal Accidental insurance Policy for Group 'C' and 'D' category of employees associated with Government of Haryana involved in high risk category.

**This Memorandum of Understanding sets forth the terms and conditions applicable to the facility as hereunder:-**

- (i) That the Trust has agreed to undertake the Group Personal Accidental Insurance policy for group 'C' and 'D' employees namely Firemen, Linemen, Assistant Linemen, sewer men and Fire Drivers associated with Government of Haryana involved in high risk category.
- (ii) That the Insurer shall provide insurance to the employees working in the Departments/organisations of the government of Haryana in the category mentioned at point number (i) above.
- (iii) That the group 'C' and 'D' category of employees mentioned at point number (i) above, involved in high risk category shall be eligible only in case of accidental death while on duty.
- (iv) That the sum insured shall be Ten Lacs rupees per employee.
- (v) That the Trust shall pay premium to the Insurer along with the number of members to be covered (as unnamed policy).
- (vi) That the insurer shall provide compensation in case of death solely and directly in consequences of an accident caused by external, violent and visible means.





- (vii) That one time annual premium shall be paid fully before the inception of the policy.
- (viii) That the Insurance policy may be renewed on year to year basis and in such case, the renewal of premium shall be paid before expiry of the Insurance Policy.
- (ix) That if additional number of Employees are to be included as members to be covered under this policy at later date, then such additional number of members shall be covered (as unnamed policy) subject to Payment of Pro-rata premium from that date till expiry of the policy. Payment of premium shall be the sole responsibility of the Trust.

**Procedure for Claim:**

- (i) That the intimation of the accidental death shall be notified by the Trust or respective Department/organisation of the government to the Insurer within thirty days of the death of the employee.
- (ii) That the Trustor respective Department/organisation shall provide the following documents in respect of every claim submitted to the Insurer.
  - (a) Police intimation/First information Report (FIR).
  - (b) Postmortem Report.
  - (c) On Duty Certificate duly certifying that death of the employees has occurred due to accident during the course of the employment and while on duty.
  - (d) The Trustor respective Department/ organisation shall submit the duly filled claim form.
  - (e) Death Certificate
  - (f) Nominee details alongwith proof.
  - (g) Bank details of the nominee.

**Payment Procedure:**

- (i) That the claim shall be settled by the Insurer within thirty days of the submission of all the documents as provided under the procedure for claim.
- (ii) That the claim shall be paid by the Insurer directly to the beneficiary, or as directed by the Trust.
- (iii) That except as specifically provided hereby all provisions of this agreement shall remain in full force and effect.

**Grievance or Complaint:**

A grievance or complaint may be registered on the official website [www.itgi.co.in](http://www.itgi.co.in) or at the branch and the same shall be forwarded to the designated officers of Insurer for redressal.



**Communication and Notices:**

Any notice or other communication given pursuant to this Agreement must be in writing and (a) delivered personally, (b) sent by facsimile or other similar facsimile transmission, (c) or sent by registered mail, postage prepaid or (d) by official email as follows:


IFFCO TOKIO General Insurance Company Ltd; Plot No. 2 B and C, 4<sup>th</sup> Floor, IFFCO Complex, Sector-28A, Madhya Marg, Chandigarh-160018.


Haryana Parivar Suraksha Nyas (HPSN), Panchkula, Haryana, Bays No. 21-28, Yojana Bhawan, Sector 4, Panchkula.  
Email Id:- ceohpsn@gmail.com

In witness whereof the parties hereto have here unto executed these present agreement on the day, month and year hereinabove mentioned at Panchkula.

Chief Executive Officer


Vice President

  
For and on behalf of  
HARYANA PARIVAR SURAKSHA NYAS  
COMPANY LTD.

  
For and on behalf of  
IFFCO TOKIO GENERAL INSURANCE

Name and Signature of Witness:

1. Sign:   
Name: Kulwant Khullar  


1. Sign:   
Name: Harshit Sharma

2. Sign:   
Name: Arun Kumar  


2. Sign:  
Name: