PU/PN/CS/326/2008 College Code: 878

दिनांक : 10/09/2024

AISHE CODE: C-41899



ASIAN COLLEGE OF SCIENCE & COMMERCE

(Affiliated to Savitribai Phule Pune University & Approved by Govt. of Maharashtra)

ACCREDITED BY NAAC WITH "B+" GRADE and Recognised Under UGC 2(f)

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(Non Aided College)

Estd: 2007

ACSC/2024-25/125

सूचना "स्वामी विवेकानंद युवा सुरक्षा योजना"

महाविद्यालयातील सर्व विद्यार्थ्यांना कळविण्यात येते की, आपल्या एशियन कॉलेज ऑफ सायन्स अँड कॉमर्स, धायरी, प्णे - 41 मधील विद्यार्थ्यांसाठी "ऐच्छिक स्वरुपाची" विदयार्थी वैयक्तिक अपघात विमा (Personal Accident Insurance) तसेच विद्यार्थी वैद्यकीय विमा (Medical Insurance) लागू करण्यास शासन निर्णयानुसार मान्यता देण्यात आली आहे.

अ.क्र.	कंपनीचे नाव	विद्यार्थी वैयक्तिक	विद्यार्थी वैयक्तिक	विद्यार्थी
		अपघात विमा	अपघात विमा	वैद्यकीय विमा
		१ लक्ष साठी प्राप्त न्युनतम दर (रुपये)	५ लक्ष साठी प्राप्त न्युनतम दर (रुपये)	रु.२ लक्ष साठी प्राप्त न्युनतम दर (रुपये)
٩.	ICICI Lombard	२०		
	Insurance Company Ltd			
٦.	National insurance co. Ltd.		६२	
3.	ICICI Lombard			४२२
	Insurance Company Ltd			

या योजनेअंतर्गत, ऐच्छिक स्वरुपात विद्यार्थ्यांसाठी विद्यार्थी वैयक्तिक अपघात विमा व वैद्यकीय विमा योजना सुरु करण्यात येणार आहे.

महाविद्यालय योजनेची नोंदणी प्रक्रिया सुरु करत आहे. इच्छुक विद्यार्थ्यांनी त्वरित विद्यार्थी विकास अधिकारी सहा. प्रा. अंकुश जाधव यांच्याशी संपर्क साधावा.

AAER'S Allan College of Science a Commerce Dhayair, Phys. 411041



(शासन निर्णय क्रमांक :- क्र. संकीर्ण २०२१/प्र.क्र. १४ / वि शि ५, दिनांक १६ ऑक्टोबर , २०२३ सोबतचे सहपत्र)

-- प्रपत्र अ --

1. Insurance Eligibility

PLAN A: MANDATORY COVERAGE (PERSONAL ACCIDENT INSURANCE)			
Particulars	Deliverables		
Insured Details	Primary Insured Member: The Student studying under the colleges, institutions, universities which are affiliated, associated, administered, categorized under The Higher & Technical		
	Education, Government of Maharashtra		
	Secondary Insured Member: One Parent or the Guardian as mentioned in the college enrolment / admission form		
	The Unit Comprises of ONE (01) Primary Insured Member + ONE (01) Secondary Insured Member		
Sum Insured Ratio	Primary Member Secondary Member (Guardian): 80% (Student): 20%		
Sum Insured Bifurcation (PER	Primary Member (Student): Rs. 1,00,000 (Rupees One Lac only)		
UNIT)	Secondary Member (Parent or Guardian): Rs. 4,00,000 (Rupees		
	Four Lac only)		
Relationship Type	Non Employer-Employee		
Policy Type The Policy shall be on the 'Named' basis for ONE (01)			
	well as ONE (01) Parent or Guardian mentioned in the enrollment		
	form of the respective educational institution		
	The Insurance Company may ask the respective 'Educational		
	Institution' to provide the data of the primary insured member		
	and/or the secondary insured member during the enrolment		
	and/or before the inception of the Insurance Policy. The Insurance		
	company may also, at its discretion issue an 'Unnamed' policy		
	based on the declaration provided by the respective educational		
	institution		
Enrollment Type	Non-Selection. The educational institution to provide a declaration		
	(online or offline) for the coverage of 'All-students'. No selection		
	shall be permissible by the respective educational institution. The		
	coverage is mandatory for all student(s) and their respective ONE		
	(01) parent/ guardian		

Total Sum Insured PER UNIT		Rs. 5 Lac (Rupees Five Lac)	
(Primary Insured Membe		No. 3 Lac (Nupees 1 ive Lac)	
Secondary Insured Mem			
Mid-Term Addition Deleti	-	Permissible only to the students & their respective Parent/	
Wid-Term Addition Deleti	0113	Guardian by the means of 'New Admission'. Deletion by the	
		means of opting out of the educational institution	
Waiting Period		No Waiting Period. All Insured members are covered from Day	
Training Forton		One (01) in the policy	
Group Administrator		The educational institution shall be the Master Policy Holder of the	
		Policy	
Geographical Boundary		The Policyshall be 24 x 7 World-wide cover	
PLAN	B: OPT	TIONAL COVERAGE (MEDICLAIM POLICY)	
Particulars	Delivera	ables	
Insured Details	Primary	Insured Member: The Student studying under the colleges,	
	institutio	ons, universities which are affiliated, associated, administered,	
	categor	ized under The Higher & Technical Education, Government of	
	Mahara	shtra	
Sum Insured	The total sum insured per student is INR 2 Lacs (Rupees two lacs only)		
Relationship Type	Non Employer-Employee		
Policy Type	The Policy shall be on Named basis for ONE (01) student only. The		
	Insuran	ce company may ask the respective Educational Institution to	
	provide	the data of the primary insured member during the enrolment and /	
	or befor	re the inception of the insurance policy.	
Enrollment Type Non-Se		lection. The educational institution to provide a declaration for the	
	coverag	ge of 'All-students'. No selection shall be permissible by the	
	respect	ive educational institution. The coverage is mandatory for all	
	student(s) and their respective ONE (01) parent/ guardian		
Mid-Term Addition	Permissible only to the students by the means of 'New Admission'.		
Deletions	Deletion by the means of opting out of the educational institution.		
Waiting Period	No Waiting Period. All Insured members are covered from Day One (01) in		
the poli		су	
Group Administrator	The edu	ucational institution shall be the Master Policy Holder of the Policy	
Geographical Boundary	The co	verage shall be restricted to the Geographical Limits within the	
	bounda	ries of Republic of India (National Coverage)	

2. Benefits. (Accidental Coverage)

F	PLA	N -A: PERSONAL ACCIDENT INSURAN	ICE		
Accidental Coverage	Benefits		Compensation as % of the Capital Sum Insured		he
	De	ath Only/ Permanent Total Disability	100%		
	Loss of One Limb or One Eye				
	Los	ss of Sight on Both Eyes	100%		
	Los	ss of Both Hands and Or Loss of Both Feet			
	Los	ss of one hand and Loss of One foot	100%		
	Los	Loss of One Eye and One Hand			
	Ch	Child Education Grant		•	ım
			Insure	ed T	
Partial Disablement due to Accident	Lo	ss Covered		Percentage of Su Insured	ım
		Loss of Use/ Physical Separation: One enti	re hanc	50%	
		One entire foot		50%	
		Loss of Sight of one eye		50%	
	1.	Loss of toes – all		20%	
		Great both phalanges		5%	
		Great – one phalanx		2%	
		Other than great if more than one toe lost		1%	
	2.	Loss of Use of both ears		50%	
	3.	Loss of Use of one ear		20%	
	4.	Loss of four fingers and thumb of one hand		40%	
	5.	Loss of four fingers		35%	
		Loss of thumb		25%	
	6.	6. Loss of both phalanges - one phalanx		10%	
		Loss of Index finger - three phalanges		10%	
	7.	Loss of two phalanges		8%	
		Loss of one phalanx		4%	

			1	
		Loss of middle finger – three phalanges	6%	
	8.	Loss of two phalanges 4%		
		Loss of one phalanx	2%	
		Loss of ring finger - three phalanges two	5%	
	9.	phalanges	4%	
		one phalanx	2%	
		Loss of little finger	4%	
	10.	three phalanges two phalanges	3%	
		one phalanx	2%	
	4.4	Loss of metacarpus -first or second (additional)	3%	
	111.	third, fourth or fifth (additional)	2%	
			Percentage as	
			assessed by the	
	12	Any other permanent partial disablement	independent	
	12.	Any other permanent partial disablement	Registered Medical	
			Practitioner	
		I. Accidental Death Benefit - The payment	of Lumpsum amount	
Coverage		to the nominee in the event of an acc		
Specifications		beneficiary as described in the table above		
		II. Accidental Permanent Disability Benefit Lumpsum amount to the nominee in the e		
		permanent disability of the beneficiary as o		
		above		
		III. Accidental Partial Disability Benefit- The payment of Lumps		
		amount to the nominee in the event of	an accidental partial	
		disability of the beneficiary as described in the table above		
		IV. Child Education Welfare / Children Educ		
		event of death or permanent total disable Parent/ Guardian due to an Accident as de		
		Company shall pay 'Child Education Gr	•	
		enrolled in the policy an additional comper	nsation of a lumpsum	
		pay out of10% of the Capital Sum Insured	once per event, per	
		policy period		

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Accidental Hospitalisation Benefit: A cashless hospitalisation
benefit across the network of empanelled hospitals (Pan-India)
in case of bodily injuries to the primary insured member or the
secondary insured member the expenses towards the
treatment during the hospitalization for up the maximum of INR
50,000/-(Primary Plus Secondary insured) floater amount Per
policy period. In case of the hospitalization event at the non-
network/ non-empanelled hospital, the insured can claim for the
reimbursement of expenses from the Insurance Company
towards the treatment undertaken at the hospitalisation due to
accident. The policy shall cover only medicinal expenses
including (not limited to); Room/ ICU Charges, Doctor's Fees,
Cost of Investigation, Pharmacy Charges, Nursing Charges. All
non-medical expenses, consumables shall not be payable
under the policy

payable for up to Rs. 25,000/- per eye in case if the corrective

PLAN B: OPTIONAL COVERAGE (MEDICLAIM POLICY)

Nature of Coverage	Pure	Pure Hospitalization Cover only. The proximate cause of hospitalization		
	shoul	should be 'Emergency' in Nature. Any planned procedures, treatments,		
	surge	surgeries shall NOT be under the scope of cover under this policy		
Coverage	I.	Cover Type: Hospitalization Only		
Specifications	II.	II. Admissibility: Cashless in Network Hospitals, Reimbursement in		
		Non-Network Hospitals & Pre & Post Hospitalization Claims		
	III.	In-patient Hospitalization for Covid_19: Covered		
	IV.	Pre-Existing Conditions: Covered from Day One		
	V.	Waiver of 30 days, 1st Year Exclusion, 2nd Year Exclusion & 4th		
		Year Exclusion		
	VI.	VI. Class of Treatment: Private Room (subject to Clause VII)		
	VII.	VII. Room Rent Restriction: 2% of Sum Insured for Normal & 4% fo		
		ICU		
	VIII. Pre & Post Hospitalization: Medical Expenses arising 30 days Price			
		to Hospitalization & 60 days post hospitalization shall be payable		
	IX.	Ambulance Charges of INR 2000/- Per Hospitalization event shall		
		be payable		
	X.	Dental Treatment: Payable only in case of an accident		
	XI.	Vision: LASIX, LASER Procedure, Corrective Treatments shall be		
i	1			

- procedure is necessitated for the Insured with reciprocal length / corrective index of + 7 Diopter
- XII. AYUSH Treatment: In-patient hospitalization for AYUSH Treatment shall be payable up to the base sum insured
- XIII. Claim Intimation: Not exceeding 7 days post hospitalization

3. Important Terms and Conditions

General Terms Conditions

- I. The Terms & Conditions of the Tailor-made Personal Accident Insurance Policy under 'Student Accident Insurance Scheme' shall be governed by this Tender Document and 'To-Be-Issued' G.R, Tripartite Agreement and/or the 'Work Order' issued to the shortlisted Insurance Company/ Insurance Companies.
- II. The Insurance Company shall issue the Insurance Policy in total conformity with the terms & conditions of this Tender Document. The Terms & Conditions which are not expressly agreed to in this document will not be binding on the insured.
- III. The claims shall be settled whether Approved, Repudiated or Shortfall within 21 days of the receipt of the Duly Completed Claim Form with the relevant documents. If there is any additional requirement in the insurance claim, the letter should be forwarded to the concerned claimant or the representative of the claimant along with the copy to the representative of the Integrated Risk Insurance Brokers Limited
- IV. The Claim Intimation shall be provided to the Insurance Company favorably within 15 days of the occurrence of the incident/ accident & No Later than 120 days of the occurrence of the incident/ accident. The Insurance Company shall NOT be responsible for payment of claims to the beneficiary for any claims submitted after 120 days from the date of Occurrence of Accident/ Incident
- V. After sanctioning the claim amount, the Insurance Company shall deposit the 'Compensation' in INR (Indian Rupees) within 15 days via NEFT/ RTGS/ IMPS or any other electronic mode of payment as permissible by the Banking Regulations.
- VI. In case of the Non-availability of the nominee as the Parent/
 Guardian (Secondary Insured Member) on the Admission /
 Enrollment form, the benefit of insurance shall be provided upon

	the receipt of the 'Legal Heir Certificate' from the respective tahsildar / taluka-office/ district court or as deemed appropriate& amended by the relevant authority. VII. The extent of disability, whether Permanent Total, Partial, Temporary or any other shall be determined & validated by the Civil Surgeon of the Government which shall be final & binding upon the Insurance Company as well as the insured/ claimant. The entitlement of the compensation, benefit shall be in accordance with the certification by the Civil Surgeon of the Government.
	Any violations to the Claim Settlement methodology, timelines, dispute
	shall be resolved by the Nodal Agency (Integrated Risk Insurance Brokers
	Limited). The Nodal Agency shall take up the 'unresolved disputes' with
	the IRDA and/or the Ombudsman as deemed appropriate and necessary.
Policy Exclusions	I. Suicide or Attempt of Suicide
	II. Intentional Self Injury
	III. Pregnancy or Childbirth
	IV. Bleedings from the inner organs
	V. Aviation, other than as a passenger
	VI. Participation in Motor Rallies, Adventure Sports
	VII. War, including civil war
	VIII. Natural Death
	IX. Terrorism, except attack by Naxalites
	X. Any Accidental Event Under the influence of alcohol, drugs,
	psychotropic substances
	XI. Accidents Arising out of event of misfeasance
	XII. Nuclear Radiation or Nuclear Weapons Materials
	XIII. Murder by immediate beneficiary.