

बिड दस्तावेज़ / Bid Document

बिड विवरण / Bid Details	
बिड बंद होने की तारीख/समय / Bid End Date/Time	05-08-2026 15:00:00
बिड खुलने की तारीख/समय / Bid Opening Date/Time	05-08-2026 15:30:00
बिड पेशकश वैधता (बंद होने की तारीख से) / Bid Offer Validity (From End Date)	90 (Days)
मंत्रालय/राज्य का नाम / Ministry/State Name	Ministry Of Finance
विभाग का नाम / Department Name	Department Of Financial Services
संगठन का नाम / Organisation Name	N/a
कार्यालय का नाम / Office Name	Delhi
शिकायत निवारण के संपर्क विवरण / Contact details of Grievance redressal	HOD Email id :dept-it@npstrust.org.in Buyer Email id: mohak.jain@npstrust.org.in
वस्तु श्रेणी / Item Category	Group Personal Accident Insurance Service - Permanent Employees, as per RfP; Only accidental death (not natural), Permanent total disability, Permanent partial disability, Temporary disabilities, as per RfP
अनुबंध अवधि / Contract Period	1 Year(s) 1 Day(s)
एमएसएमई के लिए अनुभव के वर्षों और टर्नओवर से छूट प्रदान की गई है / MSE Relaxation for Years of Experience and Turnover	No
स्टार्टअप के लिए अनुभव के वर्षों और टर्नओवर से छूट प्रदान की गई है / Startup Relaxation for Years of Experience and Turnover	No
विक्रेता से मांगे गए दस्तावेज़ / Document required from seller	Experience Criteria, Certificate (Requested in ATC), Additional Doc 1 (Requested in ATC), Additional Doc 2 (Requested in ATC), Additional Doc 3 (Requested in ATC) *In case any bidder is seeking exemption from Experience / Turnover Criteria, the supporting documents to prove his eligibility for exemption must be uploaded for evaluation by the buyer
क्या आप निविदाकारों द्वारा अपलोड किए गए दस्तावेज़ों को निविदा में भाग लेने वाले सभी निविदाकारों को दिखाना चाहते हैं? संदर्भ मेन् है / Do you want to show documents uploaded by bidders to all bidders participated in bid?	Yes (Documents submitted as part of a clarification or representation during the tender/bid process will also be displayed to other participated bidders after log in)

बिड विवरण/Bid Details	
बिड लगाने की समय सीमा स्वतः नहीं बढ़ाने के लिए आवश्यक बिड की संख्या। / Minimum number of bids required to disable automatic bid extension	3
दिनों की संख्या, जिनके लिए बिड लगाने की समय-सीमा बढ़ाई जाएगी। / Number of days for which Bid would be auto-extended	3
ऑटो एक्सटेंशन अधिकतम कितनी बार किया जाना है। / Number of Auto Extension count	1
बिड से रिवर्स नीलामी सक्रिय किया/Bid to RA enabled	No
बिड का प्रकार/Type of Bid	Two Packet Bid
तकनीकी मूल्यांकन के दौरान तकनीकी स्पष्टीकरण हेतु अनुमत समय /Time allowed for Technical Clarifications during technical evaluation	2 Days
मूल्यांकन पद्धति/Evaluation Method	Total value wise evaluation
मूल्य दर्शाने वाला वित्तीय दस्तावेज ब्रेकअप आवश्यक है / Financial Document Indicating Price Breakup Required	Yes
मध्यस्थता खंड/Arbitration Clause	No
सुलह खंड/Mediation Clause	No

ईएमडी विवरण/EMD Detail

आवश्यकता/Required	No
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ईपीबीजी विवरण /ePBG Detail

आवश्यकता/Required	No
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बोली विभाजन लागू नहीं किया गया/ Bid splitting not applied.

एमआईआई अनुपालन/MII Compliance

एमआईआई अनुपालन/MII Compliance	Yes
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एमएसई खरीद वरीयता/MSE Purchase Preference

एमएसई खरीद वरीयता/MSE Purchase Preference	Yes
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सूक्ष्म और लघु उद्यम मूल उपकरण निर्माताओं/सेवा प्रदाता को खरीद में प्राथमिकता, यदि उनका मूल्य $L1+X\%$ / Purchase Preference to MSE OEMs/ Service Provider available upto price within $L1+X\%$	15
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1. Purchase preference to Micro and Small Enterprises (MSEs): Purchase preference will be given to MSEs having valid Udyam Certificate and whose credentials are validated online through Udyam Registration portal as defined in Public Procurement Policy for Micro and Small Enterprises (MSEs) Order, 2012 dated 23.03.2012 issued by Ministry of Micro, Small and Medium Enterprises and its subsequent Orders/Notifications issued by concerned Ministry. If the bidder wants to avail themselves of the Purchase preference, the bidder must be the manufacturer / OEM of the offered product on GeM. In respect of bid for Services, the bidder must be the Service provider of the offered Service. Traders are excluded from the purview of Public Procurement Policy for Micro and Small Enterprises and hence resellers offering products manufactured by some other OEM are not eligible for any purchase preference. Relevant documentary evidence in this regard shall be uploaded along with the bid in respect of the offered product or service, and Buyer will decide eligibility for purchase preference based on documentary evidence submitted in case of product bids, whereas in case of services the eligibility is automatically validated. If L-1 is not an MSE and MSE Seller (s) has / have quoted price within $L-1+ 15\%$ (Selected by Buyer) of margin of purchase preference /price band defined in relevant policy, such MSE Seller shall be given opportunity to match L-1 price and contract will be awarded for % (selected by Buyer) percentage of total quantity. The buyers are advised to refer the [OM No.1 4 2021 PPD dated 18.05.2023](#) for compliance of Concurrent application of Public Procurement Policy for Micro and Small Enterprises Order, 2012 and Public Procurement (Preference to Make in India) Order, 2017. Benefits of MSE will be allowed only if seller is validated on-line in GeM profile as well as validated and approved by Buyer after evaluation of documents submitted.

2. If L-1 is not an MSE and MSE Service Provider (s) has/have quoted price within $L-1+ 15\%$ of margin of purchase preference /price band as defined in the relevant policy, then 100% order quantity will be awarded to such MSE bidder subject to acceptance of L1 bid price.

3. Estimated Bid Value indicated above is being declared solely for the purpose of guidance on EMD amount and for determining the Eligibility Criteria related to Turn Over, Past Performance and Project / Past Experience etc. This has no relevance or bearing on the price to be quoted by the bidders and is also not going to have any impact on bid participation. Also this is not going to be used as a criteria in determining reasonableness of quoted prices which would be determined by the buyer based on its own assessment of reasonableness and based on competitive prices received in Bid / RA process.

अतिरिक्त योग्यता /आवश्यक डेटा/Additional Qualification/Data Required

Service Provider and it's insurance company must have been in the Insurance business in India for at least XX years:As per RFP

Buyer to specify the Service Provider must have a Solvency Ratio more than $YYY\%$:As per RFP

Service Provider and it's insurance company should currently be providing insurance to at least YY Government, Semi-government, PSU, Govt. Undertaking, Autonomous bodies, Educational institutes of national repute, etc.:As per RFP

Service Provider and it's insurance company should be providing insurance to at least XX clients in India where the annual premium is more than INR XX for each client:As per RFP

Service Provider and it's insurance company should be providing insurance to at least XX clients in India where the insurance cover (sum insured) is more than INR XX for each client:As per RFP

The bidder should have a claim settlement ratio of more than $ZZ\%$ for (Type of Insurance) over the last 3 years:As per RFP

More than YY (type of Insurance) Insurance Policies should have been issued to govt depts in past 3 years with Sum Insured not less than INR XX:As per RFP

Gross Total Premium underwritten within India in last XX Financial Years should be more than INR Rs. XXX Crores.:As per RFP

Gross Total Premium for (Type of Insurance) underwritten within India in last XX Financial Years should be more than INR Rs. XXX Crores:As per RFP

Details of people to be insured:[1784625221.pdf](#)

Scope of Work(scope Inclusions/Exclusions) Advisory- With reference to Order F.No. 14017/64/2020-Ins. II issued by the Department of Financial Services under Ministry of Finance, it is advised not to include Net-Worth as a criterion for Public Sector General Insurance Companies in General Insurance tenders.:[1784625236.pdf](#)

Pre Bid Detail(s)

मूल्य भिन्नता खंड दस्तावेज़/Pre-Bid Date and Time	प्री-बिड स्थान/Pre-Bid Venue
27-07-2026 16:00:00	As per RFP

Group Personal Accident Insurance Service - Permanent Employees, As Per RfP; Only Accidental Death (not Natural), Permanent Total Disability, Permanent Partial Disability, Temporary Disabilities, As Per RfP (1)

तकनीकी विशिष्टियाँ /Technical Specifications

विवरण/ Specif icatio n	मूल्य/ Values
कोर / Core	
Type of People being Insured	Permanent Employees , as per RfP
Type of Cover	Only accidental death (not natural) , Permanent total disability , Permanent partial disability , Temporary disabilities , as per RfP
Additio nal Cover	Provision for Education of children fund in case of Parental death , Terrorism Cover , as per RfP
Premiu m Payme nt Option s	Single Premium
Age Group of the insured	as per RfP

विवरण/ Specification	मूल्य/ Values
List of Insurer from where insurance to be taken (can indicate multiple service providers)	Acko General Insurance Ltd. , Agriculture Insurance Company of India Ltd. , Cholamandalam MS General Insurance Co. Ltd. , ECGC Ltd. , Future Generali India Insurance Co. Ltd. , Go Digit General Insurance Ltd. , HDFC ERGO General Insurance Co.Ltd. , ICICI LOMBARD General Insurance Co. Ltd. , IFFCO TOKIO General Insurance Co. Ltd. , Liberty General Insurance Ltd. , National Insurance Co. Ltd. , Raheja QBE General Insurance Co. Ltd. , Royal Sundaram General Insurance Co. Ltd. , SBI General Insurance Co. Ltd. , Shriram General Insurance Co. Ltd. , Tata AIG General Insurance Co. Ltd. , The New India Assurance Co. Ltd. , The Oriental Insurance Co. Ltd. , United India Insurance Co. Ltd. , Universal Sompo General Insurance Co. Ltd. , Bajaj General Insurance Ltd. , IndusInd General Insurance Company Ltd. , Magma General Insurance Ltd. , Navi General Insurance Ltd. , Zurich Kotak General Insurance Company (India) Ltd. , Zuno General Insurance Ltd. , Any IRDA approved Insurance companies
एडऑन /Addon(s)	
अतिरिक्त विवरण /Additional Details	
Insurance Start Date	17-08-2026
Insurance End Date	16-08-2027

अतिरिक्त विशिष्टि दस्तावेज़ /Additional Specification Documents

प्रेषिती/रिपोर्टिंग अधिकारी /Consignees/Reporting Officer and Quantity

क्र.सं./S.No.	प्रेषिती/रिपोर्टिंग अधिकारी /Consignee Reporting/Officer	पता/Address	Quantity	अतिरिक्त आवश्यकता /Additional Requirement
1	Mohak Jain	110029,NATIONAL PENSION SYSTEM TRUST,B-302, 3RD FLOOR, WTC BUILDING, NAUROJI NAGAR, NEW DELHI-110029	Project / Lumpsum Based	- No. of People to be Insured : 49 - Total Sum Insured : 818930880

क्रेता द्वारा जोड़ी गई बिड की विशेष शर्तें/Buyer Added Bid Specific Terms and Conditions

1. Generic

OPTION CLAUSE 50% : The buyer can increase or decrease the contract quantity or contract duration up

to 50 percent at the time of issue of the contract. However, once the contract is issued, the contract quantity or contract duration can only be increased up to 50 percent. Bidders are bound to accept the revised quantity or duration.

For lumpsum-based service contracts, the buyer may increase the scope of work and contract value up to 50 percent with the consent of the service provider

2. Buyer Added Bid Specific ATC

Buyer uploaded ATC document [Click here to view the file.](#)

अस्वीकरण/Disclaimer

The Additional Terms and Conditions (ATC) have been incorporated by the Buyer after approval of their Competent Authority. The Buyer, is solely responsible for the impact of these clauses on the bidding process, its outcome, and consequences thereof including any restriction arising in the bidding process due to these ATCs and including the modification of technical specifications and / or terms and conditions governing the bid. All representations / grievances pertaining to the ATC clauses shall be raised with the buyer organization directly and not with GeM. If any of the clause(s) is/are incorporated by the Buyer regarding the following, the bid & resultant contract shall be treated as null & void. Further, GeM reserves the right, at its sole discretion, to cancel the bid forthwith, without issuance of any prior notice or intimation :-

1. Publishing Custom / BOQ bids for items for which regular GeM categories are available (unless such Custom / BOQ item is bunched with the major regular product Category Item).
2. Mandating procurement of / from specific Brand / Make / Model / Manufacturer / Dealer except in case of Single Bid / Proprietary Article Certificate (PAC) Buying.
3. Inclusion of disqualification criteria related to suspension of seller / service provider, where such suspension period has already expired.
4. Mandating submission of documents in physical form as a pre-requisite to qualify bidders.
5. Publishing bids on GeM for procurement of works.
6. Procurement of Goods by creating a Service bid on GeM & vice-versa.
7. Seeking sample with bid or approval of samples during bid evaluation process. However, trial / sample, as the case may be, shall be permitted in cases where trial / sample are allowed as per approved and published procurement policy of the Buyers' controlling Ministry / Department / State / Public Sector Enterprises Headquarters. If there is any violation of trial / sample clause with regard to approved policy of the Buyers' Ministry / Department / State / Public Sector Enterprises Headquarters, then this is to be determined and redressed by the concerned Buyer Organisation only.
8. Seeking experience from specific organization / department / institute only or from foreign / export experience.
9. Creating bid for items from incorrect categories.
10. Reference of conditions published on any external site or reference to external documents/clauses.
11. Asking for any Tender fee / Bid Participation fee, as the case may be.
12. Buyer added ATC Clauses which are in contravention of clauses defined in bid detail section, including specifications, EMD Detail, ePBG Detail and MII and MSE Purchase Preference sections of the bid, unless otherwise allowed by the applicable GeM GTC.
13. Any ATC clause in contravention with GeM GTC Clause 4 (xiii) (h) will be invalid. In case of multiple L1 bidders against a service bid, the buyer shall place the Contract by selection of a bidder amongst the L-1 bidders through a Random Algorithm executed by GeM system.
14. In a category based bid, adding additional items, through buyer added, additional scope of work/ additional terms and conditions/or any other document. If buyer needs more items along with the main item, the same must be added through bunching category based items or by bunching custom catalogues or bunching a BoQ with the main category based item, the same must not be done through ATC or Scope of Work.

Further, if any seller has any objection/grievance against these additional clauses or otherwise on any aspect of this bid, they can raise their representation against the same by using the Representation window provided in the bid details field in Seller dashboard after logging in as a seller. Buyer is duty bound to reply to all such representations and would not be allowed to open bids if he fails to reply to such representations.

All GeM Sellers/Service Providers shall ensure full compliance with all applicable labour laws, including the provisions, rules, schemes and guidelines under the four Labour Codes i.e. the Code on Wages, 2019; the Industrial Relations Code, 2020; the Occupational Safety, Health and Working Conditions Code, 2020; and the Code on Social Security, 2020 as and when notified and brought into force by the Government of India.

For all provisions of the Labour Codes that are pending operationalisation through rules, schemes or notifications, the corresponding provisions of the pre-existing labour enactments (such as The Minimum Wages Act, 1948, The Payment of Wages Act, 1936, The Payment of Bonus Act, 1965, The Equal Remuneration Act, 1976, The Payment of Gratuity Act, 1972, etc. and relevant State Rules) shall continue to remain applicable.

The Seller/ Service Providers shall, therefore, be responsible for ensuring compliance under:

- **All notified and enforceable provisions of the new Labour Codes as mentioned hereinabove; and**
- **All operative provisions of the erstwhile Labour Laws until their complete substitution.**

All obligations relating to wages, social security, safety, working conditions, industrial relations etc. and any other statutory requirements shall be strictly met by the Seller/ Service Provider. Any non-compliance shall constitute a breach of the contract and shall entitle the Buyer to take appropriate action in accordance with the contract and applicable law.

This Bid is governed by the General Terms and Conditions, conditions stipulated in Bid and Service Level Agreement specific to the Service, as the case may be, as provided in the Marketplace.

However, in case of Service, if any condition specified in General Terms and Conditions is contradicted by the conditions stipulated in Service Level Agreement specific to said Service, then it will over-ride the conditions in the General Terms and Conditions.

This Bid is governed by the [सामान्य नियम और शर्तें/General Terms and Conditions](#), conditions stipulated in Bid and [Service Level Agreement](#) specific to this Service as provided in the Marketplace. However in case if any condition specified in सामान्य नियम और शर्तें/General Terms and Conditions is contradicted by the conditions stipulated in Service Level Agreement, then it will over ride the conditions in the General Terms and Conditions.

जेम की सामान्य शर्तों के खंड 26 के संदर्भ में भारत के साथ भूमि सीमा साझा करने वाले देश के बिडर से खरीद पर प्रतिबंध के संबंध में भारत के साथ भूमि सीमा साझा करने वाले देश का कोई भी बिडर इस निविदा में बिड देने के लिए तभी पात्र होगा जब वह बिड देने वाला सक्षम प्राधिकारी के पास पंजीकृत हो। बिड में भाग लेते समय बिडर को इसका अनुपालन करना होगा और कोई भी गलत घोषणा किए जाने व इसका अनुपालन न करने पर अनुबंध को तत्काल समाप्त करने और कानून के अनुसार आगे की कानूनी कार्यवाई का आधार होगा।/In terms

of GeM GTC clause 26 regarding Restrictions on procurement from a bidder of a country which shares a land border with India, any bidder from a country which shares a land border with India will be eligible to bid in this tender only if the bidder is registered with the Competent Authority. While participating in bid, Bidder has to undertake compliance of this and any false declaration and non-compliance of this would be a ground for immediate termination of the contract and further legal action in accordance with the laws.

---धन्यवाद/Thank You---



NPST/15/15/9/2021-HRD/

21 July 2026

To

Various General Insurance companies

Subject: - Inviting bids from IRDAI registered Insurance companies for providing Group Personal Accident (GPA) policy for officers/staff members of the National Pension System Trust (NPS Trust) – reg.

NPS Trust was established by the Pension Fund Regulatory and Development Authority (PFRDA) as per the provisions of the Indian Trusts Act, 1882 for taking care of the assets and funds under the National Pension System (NPS) and other schemes as authorised by PFRDA in the best interest of the subscribers. The powers, functions and duties of NPS Trust are laid down under the PFRDA (National Pension System Trust) Regulations 2015, besides the provisions of the Trust deed dated 27.02.2008. NPS Trust is the registered owner of all assets under the NPS architecture which is held for the benefit of the subscribers. For more information, please visit the website <https://npstrust.org.in>. NPS Trust proposes to avail a Group Personal Accident (hereinafter 'GPA') policy for its officers/staff members for a period from 17.08.2026 - 16.08.2027.

2. At present, the coverage under the GPA policy is to be provided to a total of 49 officials/staff members for a capital sum insured of ₹ 81,89,30,880/- . The list of the officials/staff members along with the respective sum insured, date of birth etc enclosed as Annexure - I. Existing GPA Policy is attached as Annexure –II. The number of claims for the preceding 3 years has been 'Nil'.

3. Eligibility Criteria:

- i. The bidder must be an IRDAI registered General Insurance Company.
- ii. The bidder should have a minimum of five (5) years of existence/operations as on the date of publication of this RFP.
- iii. The bidder must not be barred / blacklisted (refer Annexure III).

4. The policy should provide comprehensive personal accident insurance coverage. The bid should comply with the following terms and conditions:

Basic Cover:
1. Death + PTD (Permanent Total Disability) as per List Annexure – IV + PPD (Permanent Partial Disability) + TTD (Total Temporary Disability).
2. Terrorism covered.
Additional Benefits:
3. Transportation of mortal remains – 1% of S.I. or Rs. 30,000/- or actual expenses, whichever is less

4. Funeral expenses — 1% of S.I. or Rs. 10,000/- or actual amount claimed, whichever is less.
5. Dependent Child Education benefit - 5% of S.I. or Rs. 1,00,000/- or actual expenses, whichever is less in case of two dependent children and 3% of S.I. or Rs. 50,000/- or actual expenses, whichever is less in case of one dependent child.
6. Accidental Medical Benefits - Covered upto 40% of S.I. or 10% of admissible claim Amount under the basic cover or actual amount whichever is less.
7. Temporary Total disability (TTD) - Temporary Total Disability is restricted to 1% of the sum insured or actual wages or Rs 20,000/-, whichever is less, per week, for 100 weeks.
8. Ambulance expenses - as per actuals.
9. Emergency Medical Expenses — Accident only — Rs. 50,000/- or actual, whichever is less
10. In case of mid-term inclusion of an employee, the same will be covered in the policy from the date of joining with the payment of proportionate premium.
11. In case of mid-term separation, the proportionate premium will be refunded on account of separation of employees due to any reasons. The proportionate refund will be calculated from the date of separation
12. When there is change in Grade/Designation of employee, the Sum Insured applicable to the changed Grade to be provided on payment of additional premium

- Bidders are requested to submit their bids considering the existing group size, sum insured and the terms and conditions mentioned above for premium payable by NPS Trust on annual basis for the Group Personal Accident (GPA) policy. The last date for bid submission is 15 days from the date of publication of this document.
- The validity period of the bid will be 90 days from the date of opening of tender documents, which may be extended by the bidders for such period as may be requested by NPS Trust. The bidders shall ensure that timelines mentioned below are adhered to and any bids received later than the specified time and date shall not be entertained.

Important Dates:

Details	Important Calendar Days
Policy Period	17 August 2026 – 16 August 2027
RFP Reference Number	NPST/15/15/9/2021-HRD/
Date of availability of RFP Document	21 July 2026
Last date for receiving pre-bid queries	27 July 2026 (15:00 hrs)
Date of pre-bid online meeting (Link in table below)	27 July 2026 (16:00 hrs)
Pre-bid query clarification / issue of corrigendum by NPS Trust	28 July 2026
Last Date and Time for submission of bids	05 August 2026 (15:00 hrs)
Opening of bids	05 August 2026 (15:30 hrs)
Announcement of Results (tentatively)	07 August 2026

- Pre-bid meeting link:

Meeting Link	https://npstrust.webex.com/npstrust/j.php?MTID=md1b5fe68434519013ed5c34435326f82
Meeting Number	2518 929 7492
Meeting Password	3N2MgpjbmS2

8. Bids shall only be submitted through Government e Marketplace (GeM) Portal. The selection of the successful bidder shall be based on the L1 bidder fulfilling the eligibility criteria and other conditions prescribed in the RFP.

9. General Terms & Conditions:

- i. There should be a dedicated helpline (24*7) of the Insurance Company available and the contact details should be furnished after the start of the insurance cover.
- ii. In case of reimbursement to the official/staff, the same should be paid to the claimant within 15 working days from the submission of the claim documents.
- iii. The response time by the Insurance Company at the time of admission in hospital should be maximum six hours.
- iv. The claim statement is to be furnished by the Insurance Company to NPS Trust on quarterly basis.
- v. Insurance company shall maintain absolute confidentiality and not share the personal data of the employees and their dependents with any third party and shall not give any unauthorized access of the same to any of its employees or agents, other than those who are involved in submission of bid or servicing the policy, if bid is awarded. The details shall not be used for any targeted advertising or unsolicited advices and personal information shall be accorded highest protection in accordance with the prevalent laws in India, failing which the company shall be held liable.
- vi. The Bid submitted/uploaded by the Bidder, as well as all correspondence and documents relating to the Bid will be in English language.
- vii. Conditional and incomplete bids shall not be considered and shall be summarily rejected at the very first instance, without providing any recourse to the bidder, in which event, the decision of NPS Trust shall be final, conclusive and binding.
- viii. The competent authority of NPS Trust reserves the right to annul all the bids received, modify or cancel the selection process, at any time prior to issuing the letter of award of work or discontinue this RFP process, without assigning any reason, in which event, the decision of NPS Trust shall be final, conclusive and binding.
- ix. NPS Trust shall be under no obligation to accept the lowest or any other offer received in response to this RFP document and shall be entitled to reject any or all bids without assigning any reason whatsoever, without any obligation to inform and without incurring any liability to any of the bidders/applicant firms.
- x. This RFP document neither constitutes nor should be interpreted as an offer or invitation for appointment.
- xi. Prospective bidders are advised to go through the complete RFP document and annexure(s) thereto, including the terms and conditions thereof, carefully before applying. The bid once submitted shall not be ordinarily permitted to be modified, substituted or withdrawn.



- xii. No binding relationship of any nature, whether principal or agent or otherwise shall exist between any of the bidder and NPS Trust until issuance of letter of award of work.
- xiii. Submission of bid by the bidder shall mean that they have examined the entire RFP document and annexure(s) thereto and is deemed to have full knowledge of the scope of work.
- xiv. A bidder shall, by responding to NPS Trust under the present RFP document, be deemed to have accepted all the terms and conditions of this RFP document. The terms of engagement shall be in accordance with RFP.
- xv. This RFP document is meant to provide information only and upon the express undertaking that recipients shall use it only for the purposes set above. No representation or warranty, expressed or implied, is or shall be made as to the reliability or accuracy of any of the information contained herein, nor shall it create any liability or responsibility on NPS Trust or any of its officers. While this RFP document has been prepared in good faith, neither NPS Trust, nor any of its officers make any representation or warranty or shall have any responsibility or liability whatsoever, in respect of any statements or omissions made herein. Any liability or responsibility is accordingly and expressly disclaimed by NPS Trust, its officers and Trustees, even if any loss, harm or damage is caused by any act or omission on the part of NPS Trust, its officers and Trustees, whether negligent or otherwise, in respect of the present RFP document.
- xvi. The selected bidder(s) should hold NPS Trust's interest paramount and should observe the highest standard of ethics, values, code of conduct, honesty and integrity while discharging its duties under this bid document.
- xvii. By acceptance of this RFP document, the bidders agree that any information contained herewith, shall be superseded by any subsequent written information on the same subject, made available to the recipient(s), with access to any additional information or update to this RFP document or to correct any inaccuracies herein which may become apparent.
- xviii. For any queries, the prospective bidder(s) may write to NPS Trust at Mohak.jain@npstrust.org.in and dept-hrd@npstrust.org.in with subject line "RFP Document – Inviting bids from IRDAI registered Insurance companies for providing Group Personal Accident (GPA) policy for officers/staff members of NPS Trust" in the format as given below as per the schedule/timeline mentioned in the table mentioned in the Clause 6 of the RFP

S. No.	RFP Clause No.	Document Page No.	Query

- xix. Any information with respect to corrigendum/clarification to the bid document will also be made available at the website of NPS Trust. The bid document can also be downloaded from the website of NPS Trust at <https://www.npstrust.org.in>.
- xx. In case of any ambiguity, in the interpretation of any of the clauses in bid document, NPS Trust's interpretation of the clauses shall be final, conclusive and binding.
- xxi. NPS Trust reserves the right, at any time and without advance notice, to change the procedure for selection of the bidder, at its sole discretion. Accordingly, the interested recipients shall carry out an independent assessment and analysis of the requirements of the information, facts and observations contained herein.



- xxii. This RFP document has not been filed, registered or approved in any jurisdiction. Recipients of this RFP document shall be responsible for informing themselves of and observing any applicable legal requirement.
- xxiii. This RFP document constitutes no form of commitment on the part of NPS Trust. Furthermore, this RFP document neither confers the right nor any expectation on any party whatsoever, to participate in the RFP process. The bidder(s) shall be responsible for all acts incurred or omissions made in connection with participation in this process. This RFP document does not bind NPS Trust to award the work or to engage in negotiations.
- xxiv. The appointed bidder(s) accepts to comply with and abide by such instructions and directions that NPS Trust may issue from time to time.
- xxv. All proposals and accompanying documents received within the stipulated times shall not be allowed to be withdrawn or modified, will become the property of NPS Trust and shall not be returned in any event whatsoever.
- xxvi. The bidder warrants that:
 - a. All information contained in the bidder's response is true, accurate and complete and not misleading in any way.
 - b. No litigation, arbitration or administrative proceeding is presently taking place, pending or to the knowledge of the bidder or otherwise involving the bidder which could have an adverse effect on its business, assets or financial condition or upon NPS Trust's reputation if the response is successful.
 - c. The bidder will immediately notify NPS Trust of the occurrence of any event, fact or circumstance which may cause a material adverse effect on the bidder's business, assets or financial condition, NPS Trust's reputation or render the bidder unable to perform its obligations under the policy or have a material adverse effect on the evaluation of the responses by NPS Trust.
- xxvii. Any form of canvassing / lobbying / influence / query regarding short listing, status, etc. under the present RFP, shall be a direct disqualification from the selection process.
- xxviii. The person(s) signing the bid documents should be authorised and shall affix their initials on all pages of the bid.
- xxix. The name, logo, design and other proprietary rights of the NPS Trust is solely the property of NPS Trust and in no case the bidder shall use the same.
- xxx. Bidders must disclose in their bid details of any circumstances, including personal, financial and business activities that will, or might, give rise to a conflict of interest. Where bidders identify any potential conflicts they should state how they intend to avoid such conflicts. NPS Trust reserves the right to reject any bid which, in NPS Trust's opinion, gives rise, or could potentially give rise to, a conflict of interest.
- xxxi. The successful bidder(s) shall exercise reasonable skill, care and diligence in the performance of the work and indemnify and keep NPS Trust, its trustees, officers, employees etc., indemnified at all times in respect of any loss, damage, harm or claim whatsoever, arising out of or related to any breach of terms & conditions, violation of any law/rule, breach of statutory duty or negligence by the bidder/firm or by its staff, employees, agents or sub-contractors, including indirect, consequential, or incidental losses in relation to the performance or otherwise of the services to be provided under the present RFP and award of work thereto.
- xxxii. The successful bidder(s) shall not, without the prior written consent of NPS Trust, assign or transfer or cause to be assigned or transferred, whether actually or as the result of takeover, merger or other change of identity or character of the successful bidders, any



of its rights or obligations under present RFP document and award of work thereto or any part, share or interest therein.

- xxxiii. The Bid is to be submitted for the basic sum insured of ₹ 81,89,30,880 - (Eighty One Crore Eighty Nine Lakh Thirty Thousand Eight Hundred and Eighty only) as per format given in Annexure-V.
- xxxiv. Any or all matters arising out of this process or subsequently at any stage shall be subject to the exclusive jurisdiction of the courts at New Delhi only.

ANNEXURE -I

Sl. No.	Name of Employee	Date of Joining	Date of Birth	Age as on 30 June 2026	Proposed Sum Assured for New Policy
1	Employee 1	22-Jul-24	5-Aug-65	60	47569380
2	Employee 2	27-Apr-21	17-Oct-75	50	39695940
3	Employee 3	3-May-21	14-Jan-77	49	31827300
4	Employee 4	7-May-21	13-Dec-85	40	30496140
5	Employee 5	7-May-21	7-Mar-81	45	28166580
6	Employee 6	7-May-21	19-Mar-85	41	28166580
7	Employee 7	9-Jul-21	10-Jul-75	51	27544320
8	Employee 8	22-Mar-24	6-Jul-86	40	26261220
9	Employee 9	9-Jul-25	18-Jun-85	41	25034040
10	Employee 10	21-Dec-21	18-Sep-93	32	18945180
11	Employee 11	23-Dec-21	24-Apr-95	31	15961020
12	Employee 12	20-Jan-22	7-Jul-95	31	15961020
13	Employee 13	30-Mar-22	6-Dec-90	35	15961020
14	Employee 14	23-Feb-23	25-May-94	32	15625500
15	Employee 15	23-Oct-24	3-Aug-94	31	14954580
16	Employee 16	16-Jul-21	6-Jul-97	29	14826240
17	Employee 17	16-Jul-21	7-Dec-92	33	14826240
18	Employee 18	16-Jul-21	10-Oct-93	32	14826240

Sl. No.	Name of Employee	Date of Joining	Date of Birth	Age as on 30 June 2026	Proposed Sum Assured for New Policy
19	Employee 19	16-Jul-21	22-Apr-91	35	14826240
20	Employee 20	18-Jul-25	11-Jul-97	29	14619120
21	Employee 21	4-Aug-25	10-Sep-93	32	14619120
22	Employee 22	6-Aug-25	18-Nov-94	31	14619120
23	Employee 23	8-Aug-25	7-Dec-93	32	14619120
24	Employee 24	30-Sep-25	25-Jun-95	31	14619120
25	Employee 25	8-Dec-25	27-Jan-95	31	14619120
26	Employee 26	20-Apr-26	6-Apr-70	56	11895240
27	Employee 27	16-Jul-21	27-Sep-95	30	13119240
28	Employee 28	20-Jul-21	9-Feb-96	30	13119240
29	Employee 29	7-Jul-22	3-Sep-94	31	12821040
30	Employee 30	2-Feb-23	22-Sep-94	31	12821040
31	Employee 31	3-Feb-23	28-Feb-93	33	12821040
32	Employee 32	13-Feb-23	4-Mar-96	30	12821040
33	Employee 33	21-Feb-23	1-Jan-96	30	12821040
34	Employee 34	6-Mar-23	18-Feb-93	33	13119240
35	Employee 35	4-Nov-24	15-Jul-95	31	12381420
36	Employee 36	18-Nov-24	2-Aug-93	32	12381420
37	Employee 37	24-Jun-25	18-Apr-98	28	11777820
38	Employee 38	4-Jul-25	14-Sep-96	29	11486880

Sl. No.	Name of Employee	Date of Joining	Date of Birth	Age as on 30 June 2026	Proposed Sum Assured for New Policy
39	Employee 39	18-Jul-25	15-Aug-96	29	11486880
40	Employee 40	21-Jul-25	29-Jul-00	25	11486880
41	Employee 41	21-Jul-25	20-Jul-97	28	11486880
42	Employee 42	21-Jul-25	27-Sep-97	28	11486880
43	Employee 43	28-Jul-25	25-Dec-01	24	11486880
44	Employee 44	30-Jul-25	12-May-97	29	11486880
45	Employee 45	11-Aug-25	11-Apr-01	25	11486880
46	Employee 46	21-Aug-25	13-Mar-00	26	11486880
47	Employee 47	19-Sep-25	10-Sep-97	28	11486880
48	Employee 48	22-Sep-25	3-Jan-96	30	11486880
49	Employee 49	6-Oct-25	28-Nov-95	30	11486880
				Total:	81,89,30,880



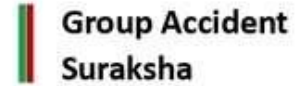
ANNEXURE II – Policy (17 Aug 2025 – 16 Aug 2026)



Group Accident Suraksha Policy Wordings



Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainsurance.com | E-mail: customercare@magmainsurance.com | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016, West Bengal. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Group Accident Suraksha | Product UIN: MAGPAGP19026V011819 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789 (PW.GAS.ver10.02.25)



Date: 09/09/2025

To,
NATIONAL PENSION SYSTEM (NPS) TRUST
B-302, Tower B, Third Floor, World Trade Center,
Nauroji Nagar, New Delhi-110029

Dear Sir/Madam,

Subject: Risk Assumption Letter

Thank you for choosing Magma General Insurance Limited as your preferred General Insurance Company. Please find attached herewith Policy No: **P0026200002/9999/100378** which has been issued based on the information received from you and accordingly, the proposal has been processed.

Coverage of risk is subject to realisation of the full premium post which, insurance coverage under the policy would commence. In case the premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

If you require any changes in the certificate of insurance cum policy schedule, you are requested to inform us by either writing to us at customercare@magmainsurance.com or calling our toll free helpline on 1800-266-3202. Absence of any communication from you in this regard within a period of 30 days of date of this letter, would mean that the issued policy is in order and as per your proposal.

The Risk Assumption Letter is to be read in conjunction with the policy and shall be considered as null and void without the same.

Thanking You,
Regards

For Magma General Insurance Limited.

Authorised Signatory

Group Accident Suraksha
Customer Information Sheet

This document provides key information about your policy. You are advised to go through your policy document.

Sr No	Title	Description (Please refer to the Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/ Policy	Group Accident Suraksha	
2	Policy Number	P0026200002/9999/100378	
3	Type of Insurance Product/Policy	Benefit Policy	
4	Sum Insured (Basis)	As Multiple of Annual/ Monthly Salary (Sum Insured Is 10 Times of Annual Salary) Maximum Sum Insured Rs.32,855,940/- Total Sum Insured Rs.482,337,600/-	
5	Policy Coverage	Family Definition	Only Permanent Employees of the company are covered
		Base Covers:	Section 2. A
		Accidental Death	Covered 2.1
		Permanent total Disablement (PTD)	Covered 2.2
		Permanent Partial Disablement (PPD)	Covered 2.3
		Temporary Total Disablement (TTD)	Covered 2.4
		Extension covers	Limits
		Accidental Medical Expenses-Variable (Accidental Hospitalization)	Covered up to 10% of Sum Insured or 40% of admissible claim amount or actuals whichever is lower
		Children Education Grant	Covered up to Rs.100,000/- per child up to a maximum of two dependent children who are below age of 25 years and are pursuing an educational course as full-time student in an educational institute, only in the

			event of Accidental Death or Permanent Total Disablement of Insured Person	
		Ambulance Cover	Covered up to Rs.5,000/- or actuals whichever is lower	
		Funeral Benefit	Covered up to Rs.10,000/- or actuals whichever is lower	
		Repatriation of Remains	Covered up to Rs.10,000/- or actuals whichever is lower	
6	Special Conditions	1.Terrorism is covered in the policy except for that arising out of Nuclear, Radio-active, Biological, Biochemical and/or Chemical means which is outside the scope of policy 2.The Insured shall give immediate notice to the Insurer of any changes in business or in occupation of any of the Insured Person . 3. Limit of liability for Any one Accident &/or event limit is INR 50,000,000/- 4.Sum Insured Should not be more than 10 times of annual income or 120 times of monthly income excluding Yearly bonus or one time payment.		
7	Exclusions	Permanent Exclusions: 1. Compensation in respect of death, injury or disablement of Insured Person from participation in skydiving, para gliding, hang gliding, bungee jumping, mountaineering, driving in races or rallies using a motorized vehicle, skiing, hunting or equestrian activities, scuba diving, skin diving or any other underwater sport/activity, rafting, boating outside coastal waters (2 miles) or any potentially dangerous sports for which the Insured is untrained, unless specifically covered under the policy. 2. Any Pre-existing Condition or any complication arising therefrom 3. Any psychiatric or mental disorders 4. Congenital internal or external diseases, defects or anomalies or in consequences thereof 5. Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other disease (except disablement arising from an accident) 6. Medical or surgical treatment except as may be necessary solely as a result of Injury 7. Perils of the sea are excluded from the scope of policy		

		8. Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor 9. Professional sports team in respect of specific benefit for inability to perform 10. Any injury or any disease directly or indirectly caused by or arising from ionizing radiation or contamination by radioactivity from the combustion of nuclear fuel 11. Automatic passenger covers (Airlines) 12. GAS policies for crews of Aircraft and Ships 13. Air travel except as a fare paying passenger on a recognized airline operating on regular scheduled air routes or air travel by any charter aircraft duly licensed as a reconized air carrier and flown by professional crews between properly established and maintained airports/routes 14. Participation in any kind of motor speed contest (incl Trial, training and qualifying heats) 15. Group Insurances in respect of underground mining and for contractors specializing in tunnelling 16. Group insurance for naval, military or air force personnel 17. Employers liability, occupational disease 18. Any form of reimbursement of liability settlements 19. Death other than accidental death 20. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement 21. Any other payment after a claim under one of the benefits 1,2, 3 and 4 in Table of benefits has been admitted and becomes payable 22. Any payment in case of more than one claim under this policy during any one period of Insurance by which our liability in that period would exceed CSI 23. Payment of compensation in respect of injury as a consequence of/resulting from a. Committing or attempting suicide, intentional self-injury b. Whilst under influence of intoxicating liquor or drugs c. Drug addiction or alcoholism d. Whilst engaged in any adventurous sports e. Committing any breach of law with criminal intent f. War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or usurped	
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		power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority 24. Consequential loss of any kind and/or any legal liability 25. Pregnancy including child birth, miscarriage, abortion or complication arising there from 26. Participation in any naval, military or air force operations 27. Curative treatments or interventions Specific Exclusions:	
7	Claims/ Claims Procedures	- Please submit the claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with relevant claim documents not later than 30 days from the date of discharge from the Hospital. - Download Claim Form: https://www.magmaininsurance.com/web/magmaininsurance/downloads - We may also ask for any additional documents which may be necessary to establish validity of claim on case-to-case basis. - Claims under this Policy shall be settled or rejected, as the case may be, within 15 days.	Policy Schedule Section 4
8	Policy Servicing	Address: Any of Our branch offices or corporate office during business hours. List of branch offices is available at www.magmaininsurance.com OR Call us at: 1800 266 3202	
9	Grievances/ Complaints	Grievance Redressal Officer: In case You are aggrieved in any way then You may contact Us at: Email: gro@magmaininsurance.com Call us at: 1800 266 3202 IRDAI Grievance Call Centre : Toll Free Number: 155255 (or) 1800 4254 732 Timings: 8 AM to 8 PM -- (Monday to Saturday) In case you are not satisfied with the resolution you may register complaint directly in of IRDAI's online portal - Bima Bharosa System- https://bimabharosa.irdai.gov.in/ Ombudsman: In case You are not satisfied with Our decision/ resolution, You may approach the office of	Redressal of Grievance Annexure

		Insurance Ombudsman once the stipulated period of 30 days from the date of filing the complaint is over. For updated status, please refer to websites www.irdai.gov.in or https://www.cioins.co.in .	
10	Things to remember	Moratorium Period: After completion of sixty continuous months of coverage in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. For process related to Free Look Call us at: 1800 266 3202 Policy Renewal: Except on the grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	Section 5. 7 Section 5. 14 Section 5. 13
11	Your Obligations	Material Change It is a Condition Precedent to the Our liability under the Policy that the Policyholder shall immediately notify Us in writing of any material change in the risk on account of change in the nature of occupation or business at his/her own expense. We may, in Our discretion, adjust the scope of cover and/or the premium payable, accordingly. The Policyholder/ Insured Person must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. The Policy terms and conditions may be altered accordingly.	Section 5. 2

Note: In case of any conflict, the terms and conditions mentioned in the Policy Document shall prevail.

Declaration by the Policy Holder:

Other Basic Details

Insured Description	Only Permanent Employees of the company are covered
No. of lives to be insured	37
Type of Policy	Named Basis
Details of Persons	As per Annexure
Total Sum Insured	Rs. 482,337,600/-
Maximum Sum Insured	Rs. 32,855,940/-
Aggregate Limit	Rs. 50,000,000/-
Sum Insured Basis	As Multiple of Annual/ Monthly Salary (Sum Insured Is 10 Times of Annual Salary)

Premium

Net Premium (Rs.)	90,000.00/-
CGST @ 9% (Rs.)	8,100.00/-
SGST @ 9% (Rs.)	8,100.00/-
Total Premium (Rs.)	106,200.00/-

Details of Coverage and Sum Insured

Cover	Coverage Details
A. Basic Covers	
Table of Benefit*	D
Accidental Death	Cover
Permanent Total Disability	Cover
Permanent Partial Disability	Cover
Temporary Total Disability	Cover
TTD benefit at the rate per week	1% of Sum Insured or Rs.10,000/- or actual weekly salary whichever is lower for 104 weeks max
B. Extension Covers	
Policy Type	Benefit Policy
Accidental Medical Expenses-Variable (Accidental Hospitalization)	Covered up to 10% of Sum Insured or 40% of admissible claim amount or actuals whichever is lower
Children Education Grant	Covered up to Rs.100,000/- per child up to a maximum of two dependent children who are below age of 25 years and are pursuing an educational course as full-time student in an educational institute, only in the event of Accidental Death or Permanent Total Disablement of Insured Person
Ambulance Cover	Covered up to Rs.5,000/- or actuals whichever is lower

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Preamble

The insurance cover provided under this Policy shall be subject to (a) the terms and conditions of this Policy, (b) the receipt of premium, and (c) Disclosure to information norm (including information and statements which the Policyholder/ Insured person has provided in the proposal form for all persons to be insured. Please inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting any Insured Person.

If any claim arising as a result of an Injury that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with the terms, conditions and exclusions of the Policy subject to availability of Sum Insured.

Part I: Policy Schedule / Tax Invoice

Policy Details

Policy Issuing Office	UNIT NO. A-2, 2ND FLOOR, KIRTI NAGAR, NAJAFGARH ROAD, NEAR KALRA HOSPITAL, NEW DELHI - 110015 ,DELHI , PH: (1800) 2663202
Policy Number	P0026200002/9999/100378
Name of Proposer	NATIONAL PENSION SYSTEM (NPS) TRUST
Address of the Proposer	B-302, Tower B, Third Floor, World Trade Center,Nauroji Nagar, New Delhi-110029
GST Number	
Industry Type	Servicing/BPO_Boosting retirement
Policy Period	Annual Period
Start Date & time	From 00:01hrs : 17/08/2025
End Date & time	midnight of : 16/08/2026
Territory of Insurance	Worldwide

Intermediary Details

Intermediary Name	Intermediary Code	Contact Number	Mail ID
DIRECT			

Funeral Benefit	Covered up to Rs.10,000/- or actuals whichever is lower
Repatriation of Remains	Covered up to Rs.10,000/- or actuals whichever is lower
Snake/Animal/Insect Bite Cover	Covered except mosquito bite
Age Band	18-75 years

***Table of Benefit:**

Table A: Accidental Death Only

Table B: Accidental Death + Permanent Total Disability

Table C: Accidental Death+ Permanent Total Disability+ Permanent Partial Disability

Table D: Accidental Death+ Permanent Total Disability+ Permanent Partial Disability+ Temporary Total Disability

Special Conditions:

- 1.Terrorism is covered in the policy except for that arising out of Nuclear, Radio-active, Biological, Biochemical and/or Chemical means which is outside the scope of policy
- 2.The Insured shall give immediate notice to the Insurer of any changes in business or in occupation of any of the Insured Person .
3. Limit of liability for Any one Accident &/or event limit is INR - 50,000,000/-
- 4.Sum Insured Should not be more than 10 times of annual income or 120 times of monthly income excluding Yearly bonus or one time payment.

Exclusions:

1. Compensation in respect of death, injury or disablement of Insured Person from participation in skydiving, para gliding, hang gliding, bungee jumping, mountaineering, driving in races or rallies using a motorized vehicle, skiing, hunting or equestrian activities, scuba diving, skin diving or any other underwater sport/activity, rafting, boating outside coastal waters (2 miles) or any potentially dangerous sports for which the Insured is untrained, unless specifically covered under the policy.
2. Any Pre-existing Condition or any complication arising therefrom
3. Any psychiatric or mental disorders
4. Congenital internal or external diseases, defects or anomalies or in consequences thereof
5. Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other disease (except disablement arising from an accident)
6. Medical or surgical treatment except as may be necessary solely as a result of Injury
7. Perils of the sea are excluded from the scope of policy

	Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in	
KOCHI	Shri G. Radhakrishnan Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA	Ms Kiran Sahdev Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW	Shri. Atul Sahai Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)
NOIDA	Shri Bimbadhar Pradhan	State of Uttarakhand and the

	Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	
CHENNAI	Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI	Ms Sunita Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
GUWAHATI	Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri N. Sankaran Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR	Shri Rajiv Dutt Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	Rajasthan

Annexure I

Office of the Ombudsman	Contact Details	JURISDICTION
AHMEDABAD	Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chhattisgarh.
BHUBANESWAR	Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH	Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A,	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh

If Insured Person is not satisfied with the redressal of grievance through above methods after the expiry of 30 days from date of filing the complaint, insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules, 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I. Detailed process along with list of Ombudsman offices are available at council of Insurance Ombudsman <https://www.cioins.co.in/>

18. Nominee

At policy start date, the Insured person can make a nomination for the purpose of payment of claims under the Policy in the event of death.

Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

19. Complete Discharge

We will not be bound to take notice or be affected by any notice of any trust, charge, lien or other dealing with or relating to this Policy. The payment made by Us to Insured Person /the Policyholder or to the Insured Person's nominee/legal representative or to the Hospital, as the case may be, of any Medical Expenses or compensation or Benefit under the Policy shall in all cases be complete, valid and be construed as an effectual discharge in favour of Us.

15. Endorsements

Insured Person/the Policyholder should request for any endorsement in writing. Any endorsement that is accepted by Us shall be effective from the date of the request as received from Insured Person /the Policyholder, or the date of receipt of premium, whichever is later.

We reserve the rights to do underwriting in case of any such endorsement requests which has a bearing on the premium and/or material risk.

16. Communications & Notices

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

- a) To Us, at the address as specified in Policy Schedule and Certificate of Insurance
- b) The Policyholder's, at the address as specified in Policy Schedule OR to the Insured Person , at the address as specified in Certificate of Insurance
- c) No insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us
- d) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

17. Grievance Redressal

In case of any grievance including senior citizen, the insured person may contact the Company through

Website: www.magmainsurance.com

Toll free: 1800 266 3202

E -mail: gro@magmainsurance.com

Fax: 91 033 4401 7471

Courier: Any of Our branch offices or corporate office during business hours

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

Magma General Insurance Limited
Equinox Business Park, Tower 3,
2nd Floor, Unit no. 1A and 1B, LBS Marg,
Kurla West, Mumbai, Maharashtra 400070.
E mail id: gro@magmainsurance.com

For updated details of grievance officer, kindly refer the link

<https://www.magmainsurance.com/grievance-redressal>

In case you are not satisfied with the resolution you may register complaint directly in of IRDAI's online portal - Bima Bharosa System-<https://bimabharosa.irdai.gov.in/>

recoverable thereafter.

10. Records to be maintained

The Policyholder or the Insured Person, as the case may be shall keep an accurate record containing all relevant medical records like in-patient records, discharge summary, diagnostic reports and disability certificate (if applicable) and shall allow Us or our representative(s) to inspect such records. The Policyholder or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all claims under this Policy.

11. Geographical Scope

The geographical scope of this Policy applies to events worldwide. However, all admitted or payable claims shall be settled in India in Indian rupees only. For all admissible reimbursement claims the exchange rate on the date of payment by Insured to the treatment provider will be applicable.

12. Policy Disputes

Any and all disputes or differences under or in relation to this Policy herein shall be determined by Indian law and shall be subject to the jurisdiction of the Indian Courts.

13. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure or misrepresentation by the insured person.

- a) Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
- b) Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- c) At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits with Break in Policy. Coverage is not available during the grace period.
- d) No loading shall apply on renewals based on individual claim experience.

14. Moratorium Period:

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

Any knowledge or information of any circumstances or condition in relation to the Policyholder/Insured Person which is in Our possession and not specifically informed by the Policyholder/ Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

6. Free Look Provision

The Insured Person shall have a period of 30 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If the Insured Person has any objections to any of the terms and conditions, he/she may cancel the Policy stating the reasons for cancellation and provided that no claims have been made under the Policy, We will refund the premium paid by the Insured Person after deducting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium for the period on cover. All rights and Benefits under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. The free look provision is not applicable and available at the time of Renewal of the Policy.

In case of any delay in refund, the insurer shall refund such amounts along with interest at the bank rate plus 2 percent on the refundable amount, from the date of receipt of the request for free look cancellation till the date of refund.

7. Cancellation/ Termination (other than Free Look cancellation)

The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall

- a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
- b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

The Company may cancel the policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice.

8. Fraudulent claims

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Policyholder or any Insured Person or any false or incorrect Disclosure to information norm or anyone acting on the Insured Person's behalf to obtain any Benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to Us by all Insured Persons who shall be jointly liable for such repayment.

9. Limitation of Liability

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be

The due adherence/observance and fulfilment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by Insured Person /Policyholder, shall be a Condition Precedent to Our liability to make any payment under this Policy .

2. Material Change

It is a Condition Precedent to the Our liability under the Policy that the Policyholder shall immediately notify Us in writing of any material change in the risk on account of change in the nature of occupation or business at his/her own expense. We may, in Our discretion, adjust the scope of cover and/or the premium payable, accordingly. The Policyholder/ Insured Person must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. The Policy terms and conditions may be altered accordingly.

3. Multiple Policies

In case of multiple policies which provide fixed benefits, on the occurrence of insured event in accordance with the terms & conditions of the policies, each insurer shall make the claim payment independent of payment received under similar health policies.

If two or more policies are taken by an Insured Person during the same period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

1. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Claims under other policy/ies may be made after exhaustion of sum insured in the earlier chosen policy / policies. It is clarified that the Insured Person having multiple policies shall also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy/policies, even if the sum insured is not exhausted. The insurer shall then settle the claim subject to the terms and conditions of the other policy/policies so chosen.
3. If the amount to be claimed exceeds the sum insured under a single policy after considering the Deductibles or Co-Payment, the Insured Person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where the Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the Hospitalization costs in accordance with the terms and conditions of the chosen policy.

4. Alteration to the Policy

This Policy constitutes the complete contract of insurance. Subject to the provisions of applicable law, no change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this Policy.

5. No Constructive Notice

• **List of Documents for Accidental Medical Expenses Cover: -**

1. Original consolidated hospital bill with breakup of each item, duly signed by the insured
2. Original payment receipt of the hospital bill
3. Original bills, original payment receipts and reports for investigation
4. Original medicine bills and receipts with corresponding prescriptions
5. Original invoice/bills for implants (viz. Stent / PHS Mesh / IOL etc.) with original payment receipts
6. Treating doctor's certificate giving details of injuries (How, when and where injury sustained) including whether insured was under the influence of any intoxicating material.
7. Copy of the medico-legal certificate

Documents to be submitted to:

The claim documents should be sent to:

Any of Our branch offices or corporate office

Payment of Claim

- No liability will be admitted, if the claim is fraudulent or supported by fraudulent means.
- The Insured Person or any person acting on behalf of the Insured Person, as the case may be, must provide at his/her expense, all the information asked by Us in relation to the claim and he/she must provide all reasonable cooperation and assistance to Us as may be required.
- If required, the Insured Person or any person acting on behalf of the Insured Person, as the case may be, must give consent to obtain medical reports from the Medical Practitioner at Our expense
- If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense
- All claims under this Policy shall be payable in Indian Currency.
- Claims under this Policy shall be settled or rejected, as the case may be, within 15 days from the submission of claim (along with the requisite documents).

In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation of claim (along with the requisite documents) till the date of payment. "Bank Rate" means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.)

Section 5. Standard Terms and Conditions

1. Observance of terms and conditions

7. Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
8. Diagnostic reports
9. Confirmation of coverage letter
10. Photograph of the injured with reflecting disablement
11. Termination letter for claim under " Loss of Employment"
12. Any other documents as and when requested by the claim settling authority

• **List of Documents for PPD Claim:-**

1. Duly filled original Claim Form
2. Policy copy
3. Claim Intimation
4. FIR – Attested or Original
5. Final Police Report / Original Panchnama
6. Certificate of from government hospital doctor confirming the nature and degree of disability
7. Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
8. Diagnostic reports
9. Confirmation of coverage letter
10. Photograph of the injured with reflecting disablement

• **List of Documents for TTD Claim:-**

1. Duly filled original Claim Form
2. Policy copy
3. Claim Intimation
4. FIR – Attested or Original
5. Final Police Report / Original Panchnama
6. Certificate from government hospital doctor confirming the nature and degree of disability
7. Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
8. Original Copies of prescription for diagnostic test, treatment advise medical references etc.
9. Diagnostic reports
10. Leave certificate
11. Confirmation of coverage letter
12. Any other documents as and when requested by the claim settling authority.

4. Post mortem report duly attested by Corporate Authority.
5. Hospital Documents (of all hospitals where the insured was admitted after accident) with Casualty notes, duly attested by Hospital Authority.
6. Photo ID proof of Deceased person duly attested by Corporate Authority.
7. Attested copy of Employee ID card of deceased attested by Corporate Authority.
8. Attested copy of Last 3 months attendance sheet of deceased, prior to accident, attested by Corporate Authority.
9. Attested copy of Last 3 months salary slip of deceased, prior to accident, attested by Corporate Authority.
10. Attested copy of document confirming the Nominee as per the Corporate record attested by Corporate Authority.
11. Photo ID Proof of Nominee (Aadhar Card) duly attested by Corporate Authority.
12. Address Proof of Nominee duly attested by Corporate Authority. (Copy of Telephone bill / Bank account statement / Letter from any recognized public authority/ Electricity bill / Ration card)
13. PAN card / Form 60 copy of Nominee duly attested by Corporate Authority.
14. Recent Photo of Nominee.
15. Duly Filled Bank Mandate Form (Bank Mandate Form Enclosed).
16. Original cancel cheque copy duly signed by the account holder - Nominee / Insured.
17. Copy of Pass Book of Nominee / insured confirming the Name of the account holder / Account No. / IFSC Code duly attested by Bank Authority.
18. If the claim needs to be settled in favour of Corporate, following documents are required for the same (If the claim is payable) :-
 - i. Copy of PAN card of Company duly attested by Institute authorized person.
 - ii. Copy of Memorandum and Articles of Association duly attested by Institute authorized person.
 - iii. Copy of Certificate of Incorporation duly attested by Institute authorized person.
 - iv. Duly Filled bank Mandate form by corporate (Bank Mandate Form Enclosed).

• **List of Documents for PTD Claim:-**

1. Duly filled original Claim Form
2. Policy copy
3. Claim Intimation
4. FIR – Attested or Original
5. Final Police Report / Original Panchnama
6. Certificate of from government hospital doctor confirming the nature and degree of disability

10. Insured person operating or learning to operate any aircraft or performing duties as member of crew on any aircraft or scheduled airlines or any airline personnel
11. War or war like operations, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, terrorism, military or usurped power, seizure, capture, arrest, restraint, or detention, confiscation, or nationalisation or requisition by or under the order of any government or public authority.
12. Any act of Nuclear, Chemical, Biological Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss
13. Radioactive, chemical, nuclear contamination or ionizing radiation
14. Any insured person's participation or involvement in any branch of naval, air force or military operations or any para military forces.

Section 4 Claim Procedure

Provided that due adherence/observance and fulfilment of the terms and conditions of this Policy (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 Policyholder and / or any Insured Person be a Condition Precedent to admission of Our liability under this Policy.

On the occurrence of an Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the following procedure shall be complied with:

Intimation of Claim: If any injury is suffered or any condition happens which may give rise to Claim under this Policy, Insured person or any one acting on his behalf shall notify Us immediately.

Submission of claim: The claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with the following claim documents will be submitted to Us not later than 30 days from the date of discharge from the Hospital.

Claim documents:

Following is the list of documents relevant for claim assessment.

We may also require additional documents as per the nature of extension covers as opted.

Apart from these, We may also ask for any other documents which may be necessary to establish validity of claim on case to case basis.

• List of Documents for Death Claim: -

1. Duly filled PA claim form attested by Corporate Authority. (Claim form enclosed).
2. FIR Copy duly attested by Corporate Authority.
3. Death Certificate duly attested by Corporate Authority.

Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under Accidental Death Base Covers in this Policy for the same accident event.

3. Repatriation of Remains:

We will cover the expenses incurred towards repatriation of mortal remains of Insured Person to the place of residence from the place of death. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under Accidental Death Base Covers in this Policy for the same accident event.

4. Ambulance cover:

We will cover the Reasonable and Customary Charges up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred towards Insured Person's transportation by road ambulance to the nearest Hospital with adequate facilities in an Emergency following an Accidental Injury which occurs during the Policy Period which requires Hospitalization of Insured and provided that the ambulance service is offered by a registered healthcare or ambulance service provider.

5. Children Education Grant:

In the event of Accidental death or Permanent Total Disablement of Insured Person, We shall additionally pay the amount as specified against this cover in Policy Schedule/Certificate of Insurance towards the education expenses of each dependent child(ren) of the Insured Person. Benefit for up to two dependent children, who are below age 25 years and are pursuing an educational course as full time student in an educational institute, shall be paid under this cover.

Section 3. Permanent Exclusions

We shall not be liable to make any payment under this Policy for any claim directly or indirectly for, in connection with, caused by, arising out of, or in respect of, or howsoever attributable to the following:

1. Injury or treatment related to addictive conditions and disorders resulting from any kind of substance abuse or misuse including alcohol abuse or misuse.
2. Participation in Adventure Sports.
3. Insured person committing any breach of law with criminal intent or participation in any riots, civil commotion or felony
4. Any intentional self-injury, suicide or attempted suicide, insanity or stress
5. Condition resulting due to any disease or infection unless arising directly and solely due to accident
6. Any change of profession after inception of policy which results in increase in risk, unless declared by insured person and accepted & endorsed by Us
7. Any sexually transmitted disease
8. Related to or traceable to Pregnancy or childbirth
9. Whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airlines in the world or in any aircraft whether privately owned or chartered or operated by scheduled airlines

pay weekly benefit subject to following:

- a. The TTD should be such that it completely prevents the Insured person from performing duties pertaining to employment/occupation
- b. TTD must be certified by Medical Practitioner or Doctor
- c. We will pay the benefit maximum up to 104 weeks from date of accident
- d. Maximum weekly benefit amount will be as per the same mentioned in the Policy schedule/Certificate of Insurance
- e. In no case, the benefit payable under this Cover shall exceed the overall Sum Insured for that Insured Person.
- f. We will not pay amount in excess of Insured Person's weekly income excluding bonus, overtime, commissions or any other special compensation
- g. If the disability is for a part of week, then only proportionate part of the weekly benefit will be payable
- h. This cover is not applicable to Insured Person(s) who are covered as spouse or children, unless specifically mentioned in Policy schedule/Certificate of Insurance

<B. Extension covers:

Following extension covers are applicable to each insured person under this Policy. These covers are opted by paying additional premium by Insured Person/policyholder and upon acceptance by Us and are specified in the Policy Schedule/ Certificate of Insurance. The limits for these covers are applicable for each Insured Person.

Extension Covers wordings as applicable>

1. Accidental Medical Expenses:

We will cover the medical expenses incurred by the Insured Person for treatment required as a result of an accident during Policy Period. Our maximum liability under this cover will be as per limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under any of the Base Covers in this Policy, for the same accident event.

This cover is applicable for treatment in India only.

2. Funeral Benefit:

We will cover the expenses incurred towards funeral/ last rites of Insured's Person. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy

benefit amount is calculated on the Sum Insured as specified in Policy schedule/ Certificate of Insurance against this cover.

The benefit as per nature of the permanent partial disablement is as specified below:

Nature of PPD	Benefit as percentage of SI
Actual loss by physical separation of one entire hand or one entire foot	50%
Use of a hand or a foot without physical separation	50%
Loss of speech	75%
Loss of toes-all of any one foot	20%
Loss of toes great- both phalanges	5%
Loss of toes great- one phalanx	2%
Loss of toes other than great- if more than one toes lost: each	2%
Loss of hearing: both ears	75%
Loss of hearing: One ear	30%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers of one hand	35%
Loss of thumb- both phalanges	25%
Loss of thumb- One phalanx	10%
Loss of index finger- three phalanges	10%
Loss of index finger- two phalanges	8%
Loss of index finger- one phalanx	4%
Loss of middle finger or Ring finger or little finger- three phalanges	6%
Loss of middle finger or Ring finger or little finger- two phalanges	4%
Loss of middle finger or Ring finger or little finger- one phalanx	2%
Loss of metacarpals- any (additional)	3%
Loss of sense of Taste	5%
Loss of sense of Smell	10%
Any other PPD	As assessed by Doctor

Such PPD must be solely and directly caused by the Accident only.

For the purpose of this cover, Loss means the physical separation of body part, or, the total loss of functional use of a body organ or part provided such loss of functional use has continued for at least 12 months from the onset of such loss and is considered permanent by medical Practitioner.

If the claim for limb shall also encompass some or all of its part, We shall pay for the limb only. No additional payment shall be done for the constituting parts of the limb.

Benefit amount paid under this Cover shall reduce the Sum Insured of Base Section for remaining Policy Period.

2.4 Temporary Total Disablement (TTD):

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in temporary total disablement (TTD), then We will

2.1 Accidental Death

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in death of the Insured person within 12 months of such accident, then We shall pay the Insured Person or his/her nominee as the case may be, a lump sum amount equal to the Sum Insured as specified in Policy schedule/ Certificate of Insurance against this cover.

2.2 Permanent total Disablement (PTD)

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in permanent total disablement (PTD), of any of the nature specified below, of the Insured person within 12 months of such accident, then We shall pay the Insured Person or his/her nominee as the case may be, the lump sum amount as per below table. The benefit amount is calculated on the Sum Insured as specified in Policy schedule/ Certificate of Insurance against this cover.

The benefit as per nature of the permanent total disablement is as specified below:

Nature of Disablement (Loss means Actual loss by physical separation or Total and irrecoverable loss of functional use)	Percentage of Limit as mentioned in Policy schedule for "Permanent Disablement Cover"
Loss of sight of both eyes	100%
Loss of two entire hands	100%
Loss of two entire feet	100%
Loss of one entire hand and one entire foot	100%
Loss of one eye and one entire hand OR Loss of one eye and one entire foot	100%
Loss of one entire hand or of one entire foot	50%
Loss of sight of one eye	50%
If such Injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any employment or occupation of any description	100%

For the purpose of this cover, Loss means the physical separation of body part, or, the total loss of functional use of a body organ or part provided such loss of functional use has continued for at least 12 months from the onset of such loss and is considered permanent by Medical Practitioner.

2.3 Permanent Partial Disablement (PPD):

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in permanent partial disablement (PPD), of any of the nature specified below, of the Insured person within 12 months of such accident, then We shall pay the Insured Person or his/her nominee as the case may be, the lump sum amount as per below table. The

premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

Specific waiting period means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/ treatments (except due to an accident) are not covered. On completion of the period, diseases/ treatments shall be covered provided the policy has been continuously renewed without any break.

Complaint or Grievance means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.

Explanation: An inquiry or service request would not fall within the definition of the "complaint" or "grievance".

Complainant means a policyholder or prospect or nominee or assignee or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer and /or distribution channel.

Mis-selling includes sale or solicitation of policies by the insurer or through distribution channels, directly or indirectly by

- a. exercising undue influence, use of dominant position or otherwise, or
- b. making a false or misleading statement or misrepresenting the facts or benefits, or
- c. concealing or omitting facts, features, benefits, exclusions with respect to products, or
- d. not taking reasonable care to ensure suitability of the policy to the prospects/policyholders.

Proposal form means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages terms and conditions of the cover to be granted.

Prospectus means a document either in physical or electronic format issued by the insurer to sell or promote the insurance product.

Section 2. Benefits

A. Base Covers:

The Benefits under this Policy are subject always to the Sum Insured, any subsidiary limit specified in the Policy Schedule/ Certificate of Insurance, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for or as shown in the Policy Schedule/Certificate of Insurance.

Following covers are available as Base covers under the policy. One or more base covers can be opted. Following Base covers are applicable to your Policy as mentioned in Policy Schedule/ Certificate of Insurance. If more than one covers from among the following base covers are opted and if claim arises under two or more these covers due to same accidental event then our liability will be restricted to the amount payable under one of these covers which has maximum benefit amount defined as per Policy Schedule.

family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Rehabilitation includes treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.

Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

Policy Schedule means the schedule issued by Us along with this Policy mentioning the details of the Policyholder and Insured person, period of Policy and other details. Any changes made to it shall be issued as Endorsement Schedule and shall be considered a part of this Policy.

Sum Insured means:

- i) For an Individual Policy, the sum shown in the Policy Schedule/ Certificate of Insurance against an Insured Person which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of that Insured Person.
- ii) For a Family Floater Policy, the sum shown in the Policy Schedule/ Certificate of Insurance which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of any and all Insured Persons.

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Terrorism/Terrorist Activity means an act, including, but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or Government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

TPA or Third Party Administrator means a company registered with the Authority, and engaged by an insurer, for a fee or remuneration, by whatever name called and as may be mentioned in the agreement, for providing health services as mentioned under Third Party Administrators- Health Services Regulations 2016.

Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

We/Our/Us/Insurer means MAGMA General Insurance Ltd.

You/Your/Policyholder means the employer or legally constituted group named in the Schedule who has concluded this Policy with Us.

Break in policy means the period of gap that occurs at the end of the existing policy term/installment

health insurance policy to another with the same insurer

Network Provider means hospitals enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

Nominee is the person selected by the Policyholder/Insured Person to receive the benefit in case of Death of the Insured Person, thus giving a valid discharge to the insurer on settlement of claim under an Insurance Policy.

Notification of Claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

Non-Network Provider means any hospital, day care centre or other provider that is not part of the network.

OPD treatment means the one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

Permanent total disability (PTD) means Disability, as the result of a bodily injury, which:

- (a) Continues for a period of twelve (12) consecutive months, and
- (b) Is confirmed as total, continuous and permanent by a physician after the twelve (12) consecutive months, and
- (c) Entirely prevents an insured person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life

Permanent partial disability (PPD) means the insured person has suffered a permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis by a physician.

Policy means this Policy document, any annexures thereto and the Policy Schedule including endorsements, if any.

Policy Inception Date means the Policy Start Date of the first Policy with Us, as specified in the Policy Schedule, and renewed with Us continuously thereafter.

Policy Start Date means the start date of the Policy as specified in the Policy Schedule.

Policy Expiry Date means the date on which the Policy expires as specified in the Policy Schedule.

Policy Period means the period between the Policy Start Date and the Policy Expiry Date as shown in the Policy Schedule.

Policy Year means a period of twelve consecutive months commencing from the Policy Start Date as specified in the Policy Schedule or any anniversary thereof.

Policyholder means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

Pre-Existing Disease means any condition, ailment, injury or disease:

- a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
- b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

Portability means a facility provided to the health insurance policyholders (including all members under

5. it recurs or is likely to recur

IRDAI means the Insurance Regulatory and Development Authority of India.

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Inpatient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Intensive Care Unit unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Insured Person means the person(s) named in the Policy Schedule/ Certificate of Insurance who are covered under this Policy and in respect of whom the appropriate premium has been received.

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Maternity expenses: Maternity expenses means:

- (a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- (b) expenses towards lawful medical termination of pregnancy during the policy period.

Medical Advice: Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy setup by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of licence.

Medically Necessary Treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- i) is required for the medical management of the illness or injury suffered by the insured;
- ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii) must have been prescribed by a medical practitioner;
- iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Migration means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one

Grace Period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid instalments during the policy period

Hospital means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:

- (i) Has qualified nursing staff under its employment round the clock;
- (ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- (iii) has qualified medical practitioner(s) in charge round the clock;
- (iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- (v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Only for the purposes of any claim or treatment permitted to be made or taken outside India in accordance with Section 3.16, Hospital (outside India) means an institution (including nursing homes) established outside India for indoor medical care and treatment of illness and/or injuries which has been registered and licensed as such with the appropriate local or other authorities in the relevant area, wherever applicable, and is under the constant supervision of a medical practitioner. The term Hospital shall not include a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, and old age home.

Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Individual Policy means a policy named as an Individual Policy in the Policy Schedule in terms of which only one person is named in the Policy Schedule as the Insured Person.

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- i. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- ii. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - 2. it needs ongoing or long-term control or relief of symptoms
 - 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - 4. it continues indefinitely

- b) **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body

Co-Payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

Certificate of Insurance means the certificate issued by Us to the insured person confirming the coverage under the Policy.

Day Care Centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as under:-

- (i) has qualified nursing staff under its employment;
- (ii) has qualified medical practitioner/s in charge;
- (iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
- (iv) maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Day Care Treatment: Day care treatment means medical treatment, and/or surgical procedure which is:

- (i) undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- (ii) which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Diagnostic Tests means Investigations, such as X-Ray or blood tests, to find the cause of the Insured Person's symptoms and medical condition.

Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- ii) the patient takes treatment at home on account of non-availability of room in a hospital.

Emergency means a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

Emergency Care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

the Sum Insured is not) then the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that the Accumulation Limit is not exceeded.

Act of God Perils means and includes lightening, storm, tempest, flood, inundation, subsidence, landslide, earthquake, cyclone, tsunami, volcano and other similar calamities.

Adventure Sport means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes without limitation stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighting/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro-lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any type and Professional Sports (Professional sports mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated).

Age or Aged means age as on last birthday.

Aggregate limit means the amount stated in the Schedule which represents Our maximum liability for any and all claims made by all Insured Persons under any and all benefits, and if at any time the total value of unpaid claims would if paid, result in the Aggregate Limit being exceeded, the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that the Aggregate Limit is not exceeded.

Ambulance means a road vehicle operated by a licensed/ authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.

Annexure means the document attached and marked as Annexure to this Policy.

Any One Illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

Claim means a demand made by Insured Person or nominee in accordance with the terms and conditions of the Policy for payment under any of the covers (including Extension covers) under the Policy.

Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

- a) **Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body.

onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Whether Tax is payable on Reverse Charge - No

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 800, dated 23.05.2025

Head Office Address:

MAGMA GENERAL INSURANCE LIMITED
UNIT NO. 1B & 2B, 2ND FLOOR, EQUINOX BUSINESS PARK, TOWER – 3,
LBS MARG, KURLA (WEST), MUMBAI – 400070

Registered Office address:

DEVELOPMENT HOUSE 24, PARK STREET, KOLKATA, PIN – 700016
IRDA REG NO. 149 DATED 22nd MAY, 2012
CIN: U66000WB2009PLC136327

● 1800-266-3202 ● customercare@magmaininsurance.com ● www.magmaininsurance.com

Part II of Policy

Section 1. Interpretations & Definitions

The terms defined below have the meaning ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural, references to male include female and references to any statutory enactment include subsequent changes, replacements or amendments to the same:

Accident: An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

Accumulation limit means the amount stated in the Schedule which represents Our maximum liability for all claims under any and all benefits from all Insured Persons arising from the same [accident, event or occurrence or series of related accidents, events or occurrences] AND/OR [location], and if at any time the total value of unpaid claims would, if paid, result in the Accumulation Limit being exceeded (even if



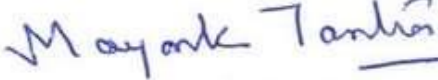
Collection No C000018047

Dated-09/09/2025

Disclaimer:

- This Policy shall be null and voidable initio if the Premium cheque / the valid negotiable instrument as receipted by this company bearing the Collection No is dishonored by the bank.
- Issuance of the Premium receipt is not a proof of risk acceptance.

For and On Behalf of
For Magma General Insurance Limited.



DULY CONSTITUTED ATTORNEY (S)

TAX INVOICE

GST Number of Magma - 07AAGCM1685C1ZL

GST Invoice Number - POL0709260000566

GST Invoice Date - 09/09/2025

Code for Service Accounting – 997133, Accident and health insurance services.

Place of Supply: DELHI (07)

This is a valid Tax invoice in terms of Sub-rule 2 of Rule 54 of CGST Rule 2017. Further, being an Insurance Company, issuing of e-invoice and QR Code are not applicable on us in terms of Notification No 13 and 14 of 2020 dated 21st March 2020 issued from Central Board of Indirect Taxes and Customs. I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18

 Product UIN: MAGPAGP19026V011819

8. Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor
9. Professional sports team in respect of specific benefit for inability to perform
10. Any injury or any disease directly or indirectly caused by or arising from ionizing radiation or contamination by radioactivity from the combustion of nuclear fuel
11. Automatic passenger covers (Airlines)
12. GAS policies for crews of Aircraft and Ships
13. Air travel except as a fare paying passenger on a recognized airline operating on regular scheduled air routes or air travel by any charter aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports/routes
14. Participation in any kind of motor speed contest (incl Trial, training and qualifying heats)
15. Group Insurances in respect of underground mining and for contractors specializing in tunnelling
16. Group insurance for naval, military or air force personnel
17. Employers liability, occupational disease
18. Any form of reimbursement of liability settlements
19. Death other than accidental death
20. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement
21. Any other payment after a claim under one of the benefits 1,2, 3 and 4 in Table of benefits has been admitted and becomes payable
22. Any payment in case of more than one claim under this policy during any one period of Insurance by which our liability in that period would exceed CSI
23. Payment of compensation in respect of injury as a consequence of/resulting from
 - a. Committing or attempting suicide, intentional self-injury
 - b. Whilst under influence of intoxicating liquor or drugs
 - c. Drug addiction or alcoholism
 - d. Whilst engaged in any adventurous sports
 - e. Committing any breach of law with criminal intent
 - f. War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority
24. Consequential loss of any kind and/or any legal liability
25. Pregnancy including child birth, miscarriage, abortion or complication arising there from
26. Participation in any naval, military or air force operations
27. Curative treatments or interventions

IN WITNESS WHEREOF the undersigned being duly authorized by and on behalf of the Company has/have here onto set his/their hands

	Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

For updated list visit- <https://www.cioins.co.in/Ombudsman>



ANNEXURE III - Undertaking from the Bidder

Non-Blacklisting / Non –Debarment/ No Legal Action (On Organization's letterhead)

1. We hereby declare that we, M/s. _____, submitting the accompanying Bid/ Tender and any partner (in case of partnership firm) involved in the management of the said firm either in his individual capacity or as proprietor or managing partner of any firm or concern have not been placed on blacklist declared by any Bank, Financial Institution, Govt's Vendor Blacklist or debarred, except as indicated below:

(Here give particulars of blacklisting/debarment and in absence thereof state "NIL")*

- * We hereby declare that we have not withdrawn any bid after being selected as L1
2. We declare that, as on date, no legal action has been initiated against us for any cause in any legal jurisdiction or that, as on date legal action has been initiated against us in respect of(as per details enclosed), however, the same does not affect our ability to deliver the RFP requirements.
 3. It is also understood that if this declaration is found to be false in any particular, NPS Trust shall have the right to reject my/our bid, and if the bid has resulted in a contract, the contract is liable to be terminated.

Signature of the Authorised signatory with stamp Name:

Designation:

Place:

Date:

ANNEXURE IV

TABLE OF BENEFITS – TABLE (D)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%
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	100%
10) Permanent Total Loss of Hearing in both ears	75%
11) Permanent Total Loss of one Limb	50%
12) Permanent Total Loss of Sight of one eye	50%
13) Permanent Total Loss of Hearing in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand: a) Both joints b) One joint	20% 10%
18) Permanent Total Loss of one finger of either hand: a) Three joints b) Two joints c) One joint	5% 3.5% 2%
19) Permanent Total Loss of use of toes: a) All – one foot b) Big – both joints c) Big – one joint d) Other than Big – each toe	15% 5% 2% 2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5 cms.	7.50%
22) Ankylosis of the elbow, hip or knee	20%
23) Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%



**ANNEXURE V - FORMAT FOR SUBMITTING BID BY THE
INSURANCE COMPANIES**

A. BASIC DETAILS

S. No.	Particulars	Details
1.	Name of the Insurance Company	
2.	Complete details of the Office	
	a) Address	
	b) Telephone No.	
	c) Email ID	
	d) IRDAI Registration No.	
	e) PAN No.	
	f) GSTIN	
3.	Name & Designation of the Office Head (with contact details)	
4.	Complete Details of Third Party Administrators (TPAs). If more than one TPA is available, all TPAs to be indicated	

B. FINANCIAL BID

The premium quotation for sum insured of ₹ 81,89,30,880 - (Eighty One Crores Eighty Nine Lakhs Thirty Thousand Eight Hundred and Eighty only) for 49 members as per list given as Annexure I of tender document is submitted as under:

S. No.	Particulars	Amount (in Rs.)
1.	Basic Premium	
2.	Taxes @ %	
3.	Total	

C. DECLARATION

- I/We have carefully read and understood all the terms and conditions of the tender document and hereby accept the same.
- The information furnished above is true and authentic to the best of knowledge and belief.

Date:
Place:

Authorized Signatory

Name:
Designation: