



# सावित्रीबाई फुले पुणे विद्यापीठ, पुणे

(पूर्वीचे पुणे विद्यापीठ)

## विद्यार्थी विकास मंडळ

गणेशखिंड, पुणे - ४११ ००७

डॉ. संतोष परचुरे  
संचालक

संदर्भ क्र. विविमं/२०२१-२२/५१८

दिनांक : २९ जून, २०२१.

प्रति,

मा. प्राचार्य/ मा. संचालक/ मा. विभागप्रमुख

सावित्रीबाई फुले पुणे विद्यापीठीशी संलग्नित सर्व महाविद्यालये व मान्यताप्राप्त परिसंस्था,  
सावित्रीबाई फुले पुणे विद्यापीठातील सर्व पदवी व पदव्युत्तर विभाग

**विषय : २०२१-२२ या शैक्षणिक वर्षातील विद्यार्थी अपघात सुरक्षा विमायोजना.**

महोदय/महोदया,

सावित्रीबाई फुले पुणे विद्यापीठ विद्यार्थी विकास मंडळामार्फत विद्यार्थी अपघात सुरक्षा विमा योजना सन १९९२-९३ पासून सुरू करण्यात आली आहे. सध्या ज्या विद्यार्थ्यांनी महाविद्यालयात/मान्यताप्राप्त परिसंस्थेत आणि विद्यापीठ विभागात प्रवेश घेतला आहे अशा सर्व विद्यार्थ्यांकडून या योजनेअंतर्गत रू. १०/- विमा निधी घेण्यात येतो.

शैक्षणिक वर्ष २०२१-२२ साठी (२९ जून २०२१ ते २८ जून २०२२) दि ओरिएण्टल इश्योरेंस कंपनी लि., ठाणे डिव्हिजनल ऑफिस, ठाणे (प.) - ४००६०१ यांच्याबरोबर विद्यार्थ्यांच्या अपघाती विमा संरक्षणासंबंधी करार करण्यात आला आहे. या संस्थेचा पत्ता व दूरध्वनी क्रमांक खाली दिला आहे. सदर विमा योजनेअंतर्गत दावा दाखल करण्यासाठी पुणे, अहमदनगर व (केंद्रशासित प्रदेश सिल्वासासह) नाशिक जिल्ह्यांतील सावित्रीबाई फुले पुणे विद्यापीठाशी संलग्नित महाविद्यालये व मान्यताप्राप्त परिसंस्था व विद्यापीठ विभाग यांनी अधिक माहितीसाठी पुढील क्रमांकावर संपर्क साधावा.

**कार्यालयाचा पत्ता आणि दूरध्वनी.**

**दि ओरिएण्टल इश्योरेंस कंपनी लि.,**

ठाणे डिव्हिजनल ऑफिस,

सरस्वती मंदिर, तिसरा मजला, मराठी ग्रंथ संग्रहालयाच्यावर,

सुभाष रोड, जिल्हा परिषद कार्यालयाजवळ, ठाणे (प.) - ४०० ६०१

फोन नं. : (०२२) २५४०२७२१/२२/२५३६९९९६/२५४०११७२

फॅक्स नं. : (०२२) २५३७८६१८

Mail ID : [archanank@orientalinsurance.co.in](mailto:archanank@orientalinsurance.co.in);  
[rghodgekar04@gmail.com](mailto:rghodgekar04@gmail.com)

श्री. रोहन आर. घोडगेकर : ९८२०९३४७०१/९०२९४१०८६६/९७५७२८२९१३

Mail ID : [rghodgekar04@gmail.com](mailto:rghodgekar04@gmail.com)

विद्यार्थी अपघात विमा सुरक्षा योजनेअंतर्गत मिळणारी रकम व तपशील खालील चौकटीत दिला आहे.

Sr. No.	Particulars of Coverage	Amount of coverage Rs.
01	Accidental Death	<b>Rs. 1,00,000/-</b>
02	Loss of two limbs, eyes or one limb and eye.	<b>Rs. 1,00,000/-</b>
03	Loss of one limb or one eye.	<b>Rs. 50,000/-</b>
04	Permanent Total Disablement from injuries other than Those named above (PTD)	<b>Rs. 1,00,000/-</b>
05	Medical expenses arising out of accidental injuries due to Hospitalization for every students	<b>Rs. 50,000/-</b>
06	Any one accident Limit	<b>Rs. 25,00,000/-</b>

प्रचलित पध्दतीनुसार आंशिक अपंगत्व, कायमचे अपंगत्व, अपघातग्रस्त विद्यार्थ्यांना औषधोपचारासाठी तसेच मृत्यू पावलेल्या विद्यार्थ्यांच्या पालकांना उपरोक्त निर्धारित संपूर्ण भरपाई रक्कम फक्त विमा कंपनीकडून मिळते; त्यासाठी विमा संरक्षण भरपाई दावा दाखल करण्यासाठी आवश्यक त्या सर्व कागदपत्रांची पूर्तता विमा कंपनीस करणे आवश्यक असते.

(विमा कंपनीने विमा संरक्षण दिलेल्या प्रकरणात विमा कंपनी व्यतिरीक्त विद्यापीठाकडून अन्य कोणतेही आर्थिक सहाय्य करण्याची तरतूद शैक्षणिक वर्ष २०१७-१८ पासून रद्द झाल्याचे आपणास ज्ञात असून त्या अनुषंगाने अशा बाबतीत विद्यापीठास स्वतंत्र अर्ज करून विमा संरक्षण भरपाई दावे सादर करू नयेत.)

कळावे, ही विनंती.

सोबत : विमा संरक्षण नुकसान भरपाई दावा अर्ज आणि नियमावली.



(डॉ. संतोष परचुरे)

संचालक,

विद्यार्थी विकास मंडळ



## The Oriental Insurance Company Limited

Head Office: A 25/27, Asaf Ali Road, New Delhi -110002

### STUDENT SAFETY INSURANCE CLAIM FORM

**UIN: IRDA/NL- HLT/OIC/P- H/V .1/22/14-15**

The issue of this form is not to be taken as an admission of liability

Policy No. 131400/48/2022/3435

Claim:

No. \_\_\_\_\_

To be completed by the Insured

1. (a) Name of the Insured (in Full):

\_\_\_\_\_

(b) Address in full:

\_\_\_\_\_

(c) Name of the Insured Student:

\_\_\_\_\_

(d) Age of the Student:

\_\_\_\_\_

2. (a) Date of accident:

\_\_\_\_\_

(b) Time of accident:

\_\_\_\_\_

(c) Where it happened:

\_\_\_\_\_

(d) Name and address of witness:

\_\_\_\_\_

3. How did the accident occur?

\_\_\_\_\_

4. Nature of injury received:

\_\_\_\_\_

(If to limb or eye state whether right or left)

5. (a) Nature of disablement:

\_\_\_\_\_

(b) Extent of disablement:

\_\_\_\_\_

(c) Present state of incapacity:

\_\_\_\_\_

(If admitted in hospital please state the name of hospital and period of treatment)

6. Details of medical expenses incurred supported:

\_\_\_\_\_

By medical bill and reports etc.

7. Name and address of attending physician:

\_\_\_\_\_

8. (a) Where and when can a medical officer of the:

\_\_\_\_\_

company visit you, if necessary

(b) Name of nearest railway station and:

\_\_\_\_\_

distance therefrom

9. (a) Class & Roll No. of the student :

\_\_\_\_\_

(b) Date of Admission in School / college:

\_\_\_\_\_

(c) Total No. of students studying in school / college : \_\_\_\_\_

We hereby declare that the foregoing statements are made by ourselves and true in all respect and that we have not attempted to conceal from the company anything with which it ought to be made acquainted.

Signature of Head of the Institute

Date:

**INTIMATION LETTER FORMAT COLLEGE LETTER HAD**

To,  
Sr. Divisional Manager,  
The Oriental Insurance Co. Ltd.,  
Thane Divisional Office  
Saraswati Mandir, 3<sup>rd</sup> Floor,  
Above Marathi Grantha Sangrahalaya,  
Near Z.P. Office, Subhash Road ,  
THANE (W) Maharashtra – 400 601

Ref : Policy No. 131400/48/2022/3435 SPPU PUNE UNIVERSITY

**Sub : Accidental Death OR Accidental Injury Claim Intimation Under student Safety Accident Insurance Policy 2021-2022**

Dear Sir

Deetails as on below :

College Name Adress, Tel & Email:

Student Name :

Class & Roll No & G.R. No.2020-2021:

Date Of Accident & Time & Location:

Details Brief Description Of Accident:

Hospital Name ,Adress , Date of Admission & Discharge :

Student Or Parent Mobile Number & Email Adress :

Name Student Development Officer ,Mobile No.& Email :

Kindly Do the needfull & settled the claim at earliest

Thanking You

**Principal / Dean / Director**



**THANE DIVISIONAL OFFICE**

**Saraswati Mandir, 3<sup>rd</sup> Floor, Above Marathi Grantha Sangrahalaya, Near  
Z.P. Office, Subhash Road, THANE (W) – 400 601  
Phone: 022-25402721/22/25369996, 25401172 Fax:022-25378618  
Email: [archanank@orientalinsurance.co.in](mailto:archanank@orientalinsurance.co.in) / [rghodgekar04@gmail.com](mailto:rghodgekar04@gmail.com)**

**Ref: OICLT/Markt./Student Insurance/2021-22/2-1      Date: 29 June 2021**

**To  
The Principal / Director / Head Of Department,  
Savitribai Phule Pune University Affiliated Colleges &  
Recognized Institute , Savitribai Phule Pune University  
Under Graduate / Post Graduate Head Of The Department  
GaneshKhind,  
Pune – 411 007**

**Ref : Policy No.131400/48/2022/3435 for the Academic Year 2021-2022**

**Sub: Renewal of Students safety Insurance Policy for the Academic Year 2021-22**

Respected Sir/Madam,

The Oriental Insurance Company Ltd was incorporated at Bombay on 12th September 1947. The Company was a wholly owned subsidiary of the Oriental Government Security Life Assurance Company Ltd and was formed to carry out General Insurance business. The Company was a subsidiary of Life Insurance Corporation of India from 1956 to 1973 (till the General Insurance Business was nationalized in the country). In 2003 all shares of our company held by the General Insurance Corporation of India has been transferred to Central Government.

The Company is a pioneer in laying down systems for smooth and orderly conduct of the business. The strength of the company lies in its highly trained and motivated work force that covers various disciplines and has vast expertise. Oriental specializes in devising special covers for large projects like power plants, petrochemical, steel and chemical plants. The Company has developed various types of insurance covers to cater to the needs of both the urban and rural population of India. The Company has a highly technically qualified and competent team of professionals to render the best customer service.

ORIENTAL with its head Office at New Delhi has 29 Regional Offices and nearly 1800+ operating Offices in various cities of the country. The Company has overseas operations in Nepal, Kuwait and Dubai. The Company has a total strength of around 14,000 employees. From less than a lakh at inception, the Gross Premium went up to Rs.58crores in 1973 and during 2018-19 the figure stood at a mammoth Rs.13199 crores

**Our Corporate Vision:**

"To be the most respected and preferred Non-Life insurer in the markets we operate."

पंजीकृत कार्यालय : ओरिएण्टल हाऊस, पो. बॉ. नं. 7037, ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002.

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

### **Our Corporate Mission**

To contribute to the socio economic objectives of the nation by being a vibrant and viable organization catering to the growing insurance needs of the community. Towards this end we will strive for effective management of business operations.

### **Our Corporate Objectives**

1. To serve better the insurance needs of the entire community, keeping CUSTOMER as the focus.
2. To strengthen our tradition of being CUSTOMER - FRIENDLY, in order to provide quality service.
3. To manage Business profitably, manage funds judiciously and deploy investible funds for optimum yield.
4. To optimize the retention of Indian business and conduct reinsurance and international operations in the best interest of the country.
5. To work towards minimization of losses and develop Risk Management Technologies.
6. To function as a strong and dynamic non-life insurer.

No wonder, The Oriental Insurance Company has been enjoying the highest rating from leading Indian credit rating agencies CRISIL 'AAA/Stable' (Pronounced 'triple A with stable outlook') and ICRA iAAA (pronounced as I Triple A).

WE propose to cover all your students against Personal accident Insurance cover under our Student Safety Policy, as accidents do occur, in spite of abundant precautions. We give below the general idea about the coverage offered in Personal accident policy.

### **What is Personal Accident Insurance?**

It is an insurance cover wherein, in the event of the student sustaining bodily injuries resulting solely and directly from an accident caused by EXTERNAL, VIOLENT & VISIBLE means, resulting into death or disablement, the insured student or the legal nominee receives the benefit under the policy..

### **What type of events are covered under Personal Accident Insurance?**

This Policy Can be covered for 24 X 7 basis and the cover is WOLRDWIDE..

An accident may include, *inter alia*, events like:

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

**The above is only an illustrative and not an exhaustive list of type of accidents covered.**



**Exclusions :**

Natural Calamity, riots, suicide or attempts of suicide

Whilst under the influence of intoxicating liquor or drugs .

Whilst engaging in Aviation or Ballooning, whilst mounting into, dismounting from travelling in any balloon or aircraft other than as bonafide passanger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.

Directly or indirectly caused by veneral disease or insanity.

Arising or resulting from the insured committing any breach of lawwith the criminal intent.

Any person directly or indirectly connected with or traceable to war invasion , act of foreign enemy, Hostilities (whether war be declared or not ),civil war, Rebellion, Revolution ,insurrection, Mutiny, Military or Usurped Power ,Seizure, Capture, Arrest, Restraints and Detainment Of all kings, pricess and people of whatever nation, condition or equality.

Directly or indirectly caused or contributed to by arising from ionizing radiations or contamination by radio activity from any nuclear fuel or from any nuclear fuel. For the purpose of this exception , combustion shall include any self-sustaining process of nuclear fission.

Directly or indirectly caused or contributed to by arising from Nuclear weapon material.

Provided also that the due observance and fulfillment of the terms and conditions of this policy (which conditions and all endorsement hereon are to be read as part of this policy) shall so far as they relate to any thing to be done or not to be done by the insured be a condition precedent to any liability of the company under this policy.

The insurance under this the policy shall not extent to cover death or Disablement resulting Directly or indirectly caused by childbirth or pregnancy or in consequence there of.





Service on duty with any Armed Force.

Medical or Surgical Treatment.

Participation of any adventurous sports activities (other than the above Excursion) is to be prior consent of the Department / Institute / college can be covered

Accidents while sight seeing ,tour or excursion , swimming, NSS Camps / NCC Camps / Sports can be covered

Claims will be considered even if students meet with an Accident Anywhere in India Or Abroad

**What is the scope of cover & benefits available under Personal Accident Cover ?**

Personal Accidental policy covers accidental death, loss of limbs, permanent total and partial disablement as selected and granted by the insurance companies based on the underwriting norms.

**Does this policy cover medical expenses incurred due to accident ?**

Yes, Medical expenses reimbursement can be covered on Hospitalization due to accident. These expenses are payable, in case, if the claim is admitted under the policy cover. (mini.24hrs Hospatilization)

**What is permanent total/partial and temporary disablement ?**

(i) When an insured person sustains accidental injuries resulting in loss of limb and is certified by a medical specialist that the injury is of a permanent total or permanent partial nature, then only the insured shall deemed to be permanently totally/partially disabled.

(ii) Temporary total disablement arises when a person is not in a position to perform the duties that he performing immediately prior to the accident, which has to be certified by a medical professional.

**These are general interpretation for easy understanding & not legal wording.**



## Claim Procedure :-

**The Insurance Companies should be intimated within seven working days in any type of the Accident.**

What the insured has to do in the event of accident?

The following documents are required to be submitted:

### COLLEGE DOCUMENTS :

- Intimation Letter
- Claim form fully filled & principal Signature with seal
- Admission form Xerox
- Bonafide Certificate
- Student ID Card Xerox
- Fee Receipt Xerox
- College or Trust Pancard
- College Light Bill Or Telephone Bill Xerox
- College Cancelled chq For ECS
- Attendance Register Only For Death Claim
- GR Register Entry Only For Death Claim
- Student Name List Page Xerox
- All document attested by college principal

### **IN THE EVENT OF ACCIDENTAL INJURIES**

- Immediate written notice should be given to the Insurance Company within **seven days** with all particulars.

E.Mail:[archanank@orientalinsurance.co.in](mailto:archanank@orientalinsurance.co.in);  
[kamlesh.banglekar@orientalinsurance.co.in](mailto:kamlesh.banglekar@orientalinsurance.co.in)  
[shraddha.nerurkar@orientalinsurance.co.in](mailto:shraddha.nerurkar@orientalinsurance.co.in)  
[lalita.pagare@orientalinsurance.co.in](mailto:lalita.pagare@orientalinsurance.co.in)  
[p.ramesh@orientalinsurance.co.in](mailto:p.ramesh@orientalinsurance.co.in)  
[rghodgekar04@gmail.com](mailto:rghodgekar04@gmail.com)

- Claim from duly completed by the institution along with the following documents should be submitted ;
- Medical Certificate about the nature and extent of accident resulting injuries.
- Medical Examiner's Report. Disablement certificate issued by civil surgeon
- Details of treatment rendered by the attending Doctor/Hospital/Nursing home.
- Original discharge card



- Hospital Bill & Payment receipt
- Medical Bill With Proper Prescription,
- Test Report with Bill.
- X-Ray Report alongwith films & bills
- Fitness certificate
- CT scan report alongwith films & bill
- MRI ,Sonography report alongwith films & bills
- Police report / FIR (wherever applicable)
- MLC - Medical Legal Certificate from Hospital
- Valid Driving License of the Students if accident occurred while driving the Vehicle.
- Any other document /information if found necessary

#### IN THE EVENT OF ACCIDENTAL INJURIES IN PERMANENT DISABLEMENT

- Immediate written notice should be given to the Insurance Company within **seven days** with all particulars.

E. Mail:[archanank@orientalinsurance.co.in](mailto:archanank@orientalinsurance.co.in);  
[kamlesh.banglekar@orientalinsurance.co.in](mailto:kamlesh.banglekar@orientalinsurance.co.in)  
[shraddha.nerurkar@orientalinsurance.co.in](mailto:shraddha.nerurkar@orientalinsurance.co.in)  
[lalita.pagare@orientalinsurance.co.in](mailto:lalita.pagare@orientalinsurance.co.in)  
[p.ramesh@orientalinsurance.co.in](mailto:p.ramesh@orientalinsurance.co.in)  
[rghodgekar04@gmail.com](mailto:rghodgekar04@gmail.com)

- Medical Certificate about the nature and extent of accident resulting injuries.
- Disability Certificate
- Valid Driving License of the Students if accident occurred while driving Vehicle.
- Any other document /information if found necessary

#### IN THE EVENT OF ACCIDENTAL DEATH

The following documents are required to be submitted :

- Immediate written notice should be given to the Insurance Company within **seven days** with all particulars.

E. Mail:[archanank@orientalinsurance.co.in](mailto:archanank@orientalinsurance.co.in);  
[kamlesh.banglekar@orientalinsurance.co.in](mailto:kamlesh.banglekar@orientalinsurance.co.in)  
[shraddha.nerurkar@orientalinsurance.co.in](mailto:shraddha.nerurkar@orientalinsurance.co.in)  
[lalita.pagare@orientalinsurance.co.in](mailto:lalita.pagare@orientalinsurance.co.in)  
[p.ramesh@orientalinsurance.co.in](mailto:p.ramesh@orientalinsurance.co.in)  
[rghodgekar04@gmail.com](mailto:rghodgekar04@gmail.com)

- Post-mortem Report.
- F.I.R./ Police Report.
- Punchnama
- Report of Doctor/Hospital/Nursing Home.
- Death Certificate.
- Inquest Panchnama ,



- Cause of Death Certificate
- Valid Driving License of the Students if accident occurred while driving Vehicle.
- Viscera Report If viscera preserved
- In case the police Authorities have registered the case & conducted Police Panchanama U/S 174, then submit Final Investigation report of Police
- Nominee Aadhar Card , PAN Card, Ration Card Xerox attested
- Any other document /information if found necessary

Our Co.is Doing the insurance in Mumbai University,SNDT University,Since 2005,Amravati University,NMU Jalgaon Since 2015, IGKV Raipur ,JNKVV Jabalpur, Agricultural University KOTA, KUFOS Kochi, Banda University UP,Cental University Manipur, SVPU Merrut, Bihar University & Various Colleges Of MPKV Rahuri,VNMKV Parbhani,PDKV Akola,BSKKV Dapoli since 2018.

We assure you that we will endeavour to provide all possible assistance and prompt service.Looking forward to build up strong business relations in the years to come. Please feel free to call on our below Tel no. in case of any queries/clarifications'

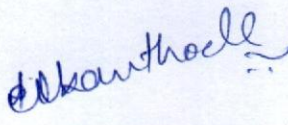

**Office Address :**        **Sr. Divisional Manager**  
**The Oriental Insurance Company Limited**  
**THANE DIVISIONAL OFFICE**  
**Saraswati Mandir, 3<sup>rd</sup> Floor,**  
**Above Marathi Grantha Sangrahalaya,**  
**Near Z.P. Office, Subhash Road ,**  
**THANE (W) Maharashtra – 400 601**

**Rohan Ghodgekar :** Cell No. 9820934701 / 9029410866 / 9757282913  
Tel No. : 022-25402721 /22 ,25401172, 25369996, 25378618  
**Email : [archanank@orientalinsurance.co.in](mailto:archanank@orientalinsurance.co.in) / [rghodgekar04@gmail.com](mailto:rghodgekar04@gmail.com)**

**Claim Service Centre Adress :** **The Oriental Insurance Company Limited**  
**Claim Service Centre (Non Motor)**  
**Regional Office No. III Town Centre, 6<sup>th</sup> Floor,**  
**Andheri – Kurla Road, Marol ,**  
**Andheri (E) Mumbai Pin 400059**  
**Tel No . 022-41042234 / 41042239 / 41042208**

Thanking You

Yours truly

**SR. DIVISIONAL MANAGER**

**अर्चना कांतोडे**  
**ARCHANA KANTHODE**  
**वरिष्ठ मण्डलीय प्रबन्धक**  
**SR. DIVISIONAL MANAGER**