



# सावित्रीबाई फुले पुणे विद्यापीठ

(पूर्वीचे पुणे विद्यापीठ)

## विद्यार्थी विकास मंडळ

गणेशखिंड, पुणे - ४११ ००७

डॉ. प्रभाकर देसाई

एम्.ए., पीएच्.डी.

संचालक

संदर्भ क्र. विविमं/२०१९-२०/२९

दिनांक : २८ जून, २०१९.

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 : २०१९-२०या शैक्षणिक वर्षातील विद्यार्थी अपघात सुरक्षा विमायोजनेसंबंधी.**

महोदय,

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

शैक्षणिक वर्ष २०१९-२० साठी (२९ जून २०१९ ते २८ जून २०२०) दि ओरिएण्टल इंश्योरेंस 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 नाशिक जिल्हयांतील सावित्रीबाई फुले पुणे विद्यापीठाशी संलग्नित महाविद्यालये व मान्यताप्राप्त परिसंस्था व विद्यापीठ विभाग यांनी पुढील क्रमांकावर अधिक माहितीसाठी संपर्क साधावा.

**कार्यालयाचा पत्ता आणि दूरध्वनी.**

**दि ओरिएण्टल इंश्योरेंस 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

vaishali.gaikwad@orientalinsurance.co.in

shraddha.nerurkar@orientalinsurance.co.in

lalita.pagare@orientalinsurance.co.in

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

Mail ID : 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>

मागच्या वर्षीप्रमाणेच अंशिक अपंगत्व, कायमचे अपंगत्व, अपघातग्रस्त विद्यार्थ्यांना औषधोपचारासाठी तसेच मृत्यू पावलेल्या विद्यार्थ्यांच्या पालकांना उपरोक्त निर्धारित भरपाई रक्कम फक्त विमा कंपनीकडून मिळेल. परिणामी २०१७-१८ पर्यंत तितकीच रक्कम विद्यापीठाकडून देण्याची तरतूद रद्द होऊन विमा कंपनीने विमासंरक्षण दिलेल्या प्रकरणात कोणतीही रक्कम विद्यापीठाकडून मागील वर्षापासून अदा केली जात नाही. त्यामुळे आता विद्यापीठास स्वतंत्र अर्ज करून विमा संरक्षण भरपाई दावा दाखल करता येणार नाही, याची नोंद घ्यावी.

विमा संरक्षण भरपाई दावा दाखल करण्यासाठी आवश्यक त्या सर्व कागदपत्रांची पूर्तता विमा कंपनीस करणे आवश्यक आहे. कळावे, ही विनंती.

सोबत : विमा संरक्षण नुकसान भरपाई दावा अर्ज आणि नियमावली.

संचालक, (अतिरिक्त कार्यभार)  
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. 131400/48/2020/3671 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:



**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**

**Mobile No. 9820934701 / 9029410866 / 9757282913**

**Email: [archanank@orientalinsurance.co.in](mailto:archanank@orientalinsurance.co.in) / [rghodgekar04@gmail.com](mailto:rghodgekar04@gmail.com)**

**Date: 27<sup>th</sup> June, 2019**

**To,  
The Director,  
Board Of Student 's Development  
Savitribai Phule Pune University  
Ganeshkhind  
Pune  
Pin – 411 007**

**Sub: Student Safety Insurance Policy For the Academic Year 2019-2020**

Respected Sir,

This refers to your above letter. We are thankful for giving us an opportunity for serving you the best. We give here below the confirmation of our premium quote given to you and the terms and conditions applicable for the same :

**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:

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.

- 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.

#### **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
- Fee Receipt Xerox
- College or Trust Pancard
- College Light Bill Or Telephone Bill Xerox
- College Cancelled chq For ECS
- Policy Copy
- 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);

[vaishali.gaikwad@orientalinsurance.co.in](mailto:vaishali.gaikwad@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)

[ratan.das@orientalinsurance.co.in](mailto:ratan.das@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);  
[vaishali.gaikwad@orientalinsurance.co.in](mailto:vaishali.gaikwad@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) ,  
[ratana.das@orientalinsurance.co.in](mailto:ratana.das@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);  
[vaishali.gaikwad@orientalinsurance.co.in](mailto:vaishali.gaikwad@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)  
[ratana.das@orientalinsurance.co.in](mailto:ratana.das@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
- Any other document /information if found necessary

**Coverages**

SR.NO	PARTICULARS OF COVERAGE	AMOUNT OF COVERAGE
1	Accidental Death	Rs.1,00,000/-
2	Loss of two limbs, eyes or one limb and eye	Rs.1,00,000/-
3	Loss of one limb and one eye	Rs.50,000/-
4	Permanent Total disablement from injuries other than those named above (PTD)	Rs.1,00,000/-
5	Medical expenses arising out of accidental injuries due to hospitalization for every student (minimum 24 hrs)	Rs.50,000/-
6	Any one accident limit	Rs.25,00,000/-

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)

Thanking you

*Archana Kanthode*



Sr. Divisional Manager.

अर्चना कांतोडे

**ARCHANA KANTHODE**

वरिष्ठ मण्डलीय प्रबन्धक  
SR. DIVISIONAL MANAGER