

ഭരണഭാഷ-മാതൃഭാഷ
വ്യാവസായിക പരിശീലന വകുപ്പ്
(കേരള സംസ്ഥാനം)

ഐ 2/1856/2019.

ടെയിനിംഗ് ഡയറക്ടറേറ്റ്,
 തൊഴിൽ ഭവൻ, പി.എം.ജി,
 തിരുവനന്തപുരം- 33,
 തീയതി: - /12/2019.

ചുറ്റിയിപ്പ്

വിഷയം:-വ്യാവസായിക പരിശീലന വകുപ്പ് - ടെയിനിംഗ്
 ഡയറക്ടറേറ്റ് - ഐടിഐ ടെയിനികൾക്ക് ഗ്രൂപ്പ് ഇൻഷുറൻസ്
 പദ്ധതി നടപ്പിലാക്കുന്നത് - സംബന്ധിച്ച്.

സൂചന:- ഈ ആഫീസിൽ നിന്നുമുള്ള 25/10/2019 ലെ
 ഡിറ്റി/1856/19-ഐ നമ്പർ വർക്ക് ഓഡർ.

മേൽ സൂചനയിലെ വർക്ക് ഓർഡർ പ്രകാരം വകുപ്പിന് കീഴിലുള്ള എല്ലാ
 ഐടിഐകളിലും പരിശീലനം നേടുന്ന ടെയിനികൾക്ക് ടെയിനിംഗ് സമയത്ത്
 എന്തെങ്കിലും അപകടം സംഭവിക്കുകയാണെങ്കിൽ അപകട ഇൻഷുറൻസ്
 ലഭിക്കുന്നതിനായി M/s. New India Assurance Company, Thiruvananthapuram,
 വുമായി കരാറിൽ ഏർപ്പെട്ടിരുന്നു. ഇത് സംബന്ധമായ വ്യവസ്ഥകൾ ഉൾപ്പെട്ട
 എഗ്രിമെന്റിന്റെ ഒരു പകർപ്പ് ഇതോടൊപ്പം ഉള്ളടക്കം ചെയ്യുന്നു.

ഇക്കാര്യത്തെ താഴെപ്പറയുന്ന വിവരങ്ങൾ M/s. New India Assurance
 Company, Thiruvananthapuram എന്ന സ്ഥാപനത്തിന് എല്ലാ ഐ ടി ഐ
 പ്രിൻസിപ്പാളും നേരിട്ട് 18-12-2019 നകം neenu.prasad@newindia.co.in എന്ന മെയിൽ
 ഐ ഡി യിൽ എക്സൽ ഫോർമാറ്റിൽ നൽകേണ്ടതാണ്. ടെയിനികളുടെ
 ഇൻഷുറൻസ് പരിരക്ഷ സംബന്ധിച്ച വിഷയം ആയതിനാൽ ഇതിൽ വീഴ്ച
 വരുത്താൻ പാടുള്ളതല്ല. സ്ഥാപനത്തിന്റെ പേര് ചുവടെ ചേർക്കുന്നു.

| Sl. No. | Name of Institute | Name of Student | Admn. No. of Student | Year of Study | Name of Guardian |
|---------|-------------------|-----------------|----------------------|---------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

ടെയിനിംഗ് ഡയറക്ടർക്ക് വേണ്ടി

സ്വീകർത്താവ് : എല്ലാ സർക്കാർ ഐടിഐ പ്രിൻസിപ്പാൾമാർക്കും

പകർപ്പ്:- (അറിവിലേയ്ക്കായി)

Divisional Manager

M/s New India Assurance Co Ltd

Divisional Office (III), TC -4282, Second Floor

Govt Press Road , Tvpm -01

SERVICE LEVEL AGREEMENT

This SERVICE LEVEL AGREEMENT is executed on this the ----- between The New India Assurance Company Ltd, Divisional Office III(763100), T.C 4282, Second Floor, Govt. Press Road, Thiruvananthapuram, Pincode-695001, having its Registered Office at Mumbai (hereinafter referred to as 'the Insurer' which expression shall unless it be repugnant to the context or meaning thereof be deemed to mean and include its successors in office and assigns) represented by Mrs Shailaja Sivadas, Divisional Manager, of the FIRST PART; and The Director of Training, Industrial Training Department (Kerala State) (hereinafter referred to as 'the Insured' which expression shall unless it be repugnant to the context or meaning thereof be deemed to mean and include its successors in office and assigns) represented by The Director of Training, Industrial Training Department (Kerala State), of the SECOND PART.

GROUP ACCIDENT INSURANCE COVER WITH MEDICAL EXPENSES (STUDENTS SAFETY INSURANCE)

WHEREAS the Insured has approved (hereinafter referred to as the Insured persons) for providing Insurance Coverage to the ~~30200~~ ^{30,523} (TENTATIVE) trainees of Govt. ITIs for accidental death resulting only from an accident for a Capital Sum Insured of Rs 300000/- (Rupees Three lakhs only) and Inpatient Treatment of Trainees to a maximum of Rs 75,000/- for hospitalization due to accident and OP treatment for Rs.30000/- per student for a total sum of Rs. ~~1630800~~ ^{16,20,771/-} (TENTATIVE) insurance premium inclusive of 19% GST for Five months i.e. from 01/10/2019 to 30/09/2020. (TENTATIVE)

AND WHEREAS, as per Order No. ~~07/1856/2019-22~~ ^{07/1856/2019-22} dated 25-7-2019, the Director of Training has accorded sanction to enter into a Service Level Agreement between The Director of Training, Industrial Training Department (Kerala State) and The New India Assurance Company Ltd,

IT IS HEREBY DECLARED AND AGREED AS FOLLOWS:

The sum benefits under the INSURANCE SCHEME are as under:-

Schedule

| SI NO | BENEFIT | SUM INSURED IN Rs |
|-------|--|--|
| 1 | Death | 3,00,000/- (Rupees Three Lakhs only) |
| 2 | Loss of two eyes or two limbs | 3,00,000/- (Rupees Three Lakhs only) |
| 3 | Loss of one eye or one limb | 150000/- (Rupees One Lakh Fifty Thousand only) |
| 4 | Permanent total disablement from injuries other than loss named above(PTD) | 3,00,000/- (Rupees Three Lakhs only) |
| 5 | Permanent Partial disablement from injuries other than loss named above(PPD) | Based on % certified by the treating Doctor. |
| 6 | Treatment as inpatient for the hospitalization of each student due to accident | 75000/- (Rupees Seventy Five thousand only) |
| 7 | Outpatient treatment for each student due to accident | 30000/- (Rupees Thirty thousand only) |

SECTION 1 (Personal Accident cover)

Now this policy witnesses that in consideration of the payment of premium made to the insurer for the period stated in the policy schedule, subject to the terms, provisions, exceptions and conditions herein expressed or contained or herein endorsed, the insurer shall pay to the Insured Persons to the extent as

provided in the INSURANCE SCHEME and in the manner hereinafter provided that if any of the insured persons shall:

- Sustain any bodily injury resulting solely and directly from accident, which is a sudden, unforeseen and involuntary act caused by external, visible and violent means and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital sum insured stated in the INSURANCE SCHEME APPENDED ABOVE shall be payable to the legal heirs of such insured person.

SECTION 2 Accidental hospitalization

Subject to the limit mentioned in the INSURANCE SCHEME appended above, expenses incurred by the insured person for hospitalization (minimum 24 hours) due to an Accident will be reimbursed. Discharge summary, Bills, Receipts, X-ray and other connected documents/reports in Original from the Hospital are to be submitted to the insurer in addition to Claim form and other related documents.

CLAIM PROCEDURE

- All Claims/accidents should be intimated to the Insurer immediately-not later than 3 days
- On Intimation of the Accident, claim form will be sent by the insurer to the concerned communication address of claimant to be stated in the intimation letter, by the concerned Principals of the I.T.Is where the claimant was studying.
- Claim form duly completed by the Insured person (claimant) is to be attested by the authorized Authorities of the Insured viz the Principals of the concerned I.T.I.
- The authorized Authorities of Insured should issue a certificate confirming the genuinity of the Accident and of the Insured person (Trainee student/legal heir of the deceased).
- All claim documents should be forwarded to the insurer in the address: **The New India Assurance Company Ltd, Divisional Office III(763100), T.C 4282, Second floor, Govt. Press Road, Thiruvananthapuram, Pincode-695001** by the claimant along with the claim form filled by Insured and the Certificate issued by the concerned Principal of the I.T.I. where the claimant was studying.
- Insurer will settle the claim directly with the Insured student/legal heir under advice to the authorized Authorities of the Insured viz the Principals of the concerned I.T.I.
- A medical certificate from a competent/qualified Physician should be attached.

CLAIMS DOCUMENTS

The following documents to be submitted in the event of a claim by the insured:

FOR DEATH CLAIMS DUE TO ACCIDENT

- First Information Report (FIR) from police.
- Post Mortem Report, Death certificate & Legal Heirship Certificate
- Completed claim form duly attested by the authorised person, viz the Principals of the concerned I.T.I. who will verify and certify the student and identify the claimant.
- Detailed Discharge summary from attending hospital with date of admission, (in case of hospitalisation before death), nature of injury, Treatment details and Doctor's certificate.
- Proof of education (certificate from the educational institution) need to be submitted.
- Should be a trainee of Govt ITIs.

FOR HOSPITALIZATION CLAIMS DUE TO ACCIDENT

- A certificate from the concerned Principal of the I.T.I certifying the accident & identifying the claimant involved in the accident.
- Duly completed claim form and medical certificate forming part of claim form
- After discharge, detailed discharge summary from attending Hospital with the date of admission, nature of injury, X ray, treatment details and doctors certificate
- Original hospital bills, lab and other investigation reports.

Additional Conditions:

- All claims payable under this policy will be settled with the claimant or his/her legal heirs.
- No sum payable under this policy shall carry interest.
- The Insurer shall not be liable to make any payment under this policy in respect of any claim, if such claim be in any manner fraudulent or supported by any fraudulent statement or device, whether by the insured or by any person on behalf of the insured.
- This policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Insurer on or before the date of expiry of the policy or of the subsequent renewal thereof. The Insurer shall not however, be bound to give notice that such renewal premium is due.
- The insurer may at any time, by notice in writing, terminate this Policy, provided that the Insurer shall in that case return to the insured the then last paid premium less a pro rata part thereof for the portion of the current insurance period which shall have expired. Such notice shall be deemed sufficiently given if posted and addressed to the insured at the address last registered in the Insurer's books and shall be deemed to have been received by the insured at the time when the same would be delivered in the ordinary course of post.

OR

The policy may be cancelled at any time by the Insured by giving a notice to the Insurer in writing under Certificate of posting or under Regd. A/D. Such notice shall be deemed to be effective from the date of dispatch of the same by the Insured.

PROVIDED that no claim has arisen under the within mentioned Policy prior to the dispatch of such notice by the insured to the Insurer, the Insured would be entitled to the return of premium less premium at Insurer's short period rates for the period the policy has been in force.

The Insurer shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy but the receipt of the claimant or his/her legal heirs shall in all cases be an effective discharge to the Insurer.

If any dispute of difference shall arise as to the quantum to be paid under the policy liability being otherwise admitted such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Insurer has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the loss or damage shall be first obtained.

It is also hereby further expressly agreed and declared that if the Insurer shall disclaim liability to the Insured person for any claim here under and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable here under.

All aspects of the working of this insurance scheme shall be closely monitored by Insured and the Insurer. Matters of doubtful nature and controversial aspects shall be finalized by discussion between competent authority of insured and Insurer.

IN WITNESS THEREOF, the two parties, Insured and Insurer have agreed to abide by the foregoing terms and conditions of the agreement.

The Director of Training

The New India Assurance Company Ltd.

Mrs Shailaja Sivadass
Divisional Manager

Witnesses:

- 1.
- 2

| SI No | Name of ITI | JuniorTrainees | Senior Trainees | Total | | |
|-------|--------------------|----------------|-----------------|-------|--|--|
| 1 | ITI Dhanupuram | 921 | 433 | 1354 | | |
| 2 | ITI Aryanad | 348 | 115 | 463 | | |
| 3 | ITI Chackai, Tvm | 1196 | 410 | 1606 | | |
| 4 | ITI(W)Kazhakkuttom | 564 | 84 | 648 | | |
| 5 | ITI Attingal | 812 | 317 | 1129 | | |
| 6 | Malayinkeezhu | 84 | 40 | 124 | | |
| 7 | ITI (W) Parassala | 72 | 21 | 93 | | |
| 8 | Vamanapuram | 72 | 19 | 91 | | |
| 9 | Varkkala | 120 | 34 | 154 | | |
| 10 | Kollam | 787 | 387 | 1174 | | |
| 11 | (W) Kollam | 581 | 78 | 659 | | |
| 12 | BTC Kollam | 308 | 74 | 382 | | |
| 13 | Chathannur | 136 | 99 | 235 | | |
| 14 | Elamad | 80 | | 80 | | |
| 15 | Thevalakkara | 108 | 17 | 125 | | |
| 16 | Chadayamangalam | 40 | 39 | 79 | | |
| 17 | Kottarakkara | 52 | 19 | 71 | | |
| 18 | Mayyanad | 140 | 40 | 180 | | |
| 19 | Chenneerkkara | 440 | 154 | 594 | | |
| 20 | (W) Mezhuveli | 50 | 19 | 69 | | |
| 21 | Ranni | 48 | 37 | 85 | | |
| 22 | Chengannur | 938 | 415 | 1353 | | |
| 23 | (W) Chengannur | 238 | 48 | 286 | | |
| 24 | Pallippad | 48 | 38 | 86 | | |
| 25 | Purakkad | 80 | | 80 | | |
| 26 | Kayamkulam | 68 | 20 | 88 | | |
| 27 | Vayalar | 47 | 41 | 88 | | |
| 28 | Ettumanoor | 764 | 344 | 1108 | | |
| 29 | Peruva(Mulakkulam) | 72 | 24 | 96 | | |
| 30 | Pallickathode | 776 | 222 | 998 | | |
| 31 | Thiruvvarppu | 60 | 21 | 81 | | |
| 32 | (W) Changanassery | 24 | 20 | 44 | | |

| | | | | | | |
|----|------------------------------|-----|-----|------|--|--|
| 33 | Kattappana | 400 | 176 | 576 | | |
| 34 | Rajakkad | 78 | | 78 | | |
| 35 | Kanjikuzhy | 67 | 14 | 81 | | |
| 36 | Chithirapuram | 44 | 27 | 71 | | |
| 37 | Kalamassery | 884 | 461 | 1345 | | |
| 38 | (W) Kalamassery | 208 | 40 | 248 | | |
| 39 | Arakkuzha | 72 | 16 | 88 | | |
| 40 | Maneed | 64 | 18 | 82 | | |
| 41 | Marad | 84 | 40 | 124 | | |
| 42 | Vengoor | 88 | 38 | 126 | | |
| 43 | Angamaly (Turavoor) | 60 | 21 | 81 | | |
| 44 | Chalakudy | 805 | 420 | 1225 | | |
| 45 | (W) Chalakudy | 200 | 65 | 265 | | |
| 46 | Mala | 513 | 190 | 703 | | |
| 47 | Manaloor | 48 | 41 | 89 | | |
| 48 | Desamangalam (Chelakkara) | 40 | 39 | 79 | | |
| 49 | Eriyadu | 68 | 19 | 87 | | |
| 50 | Cherppu | 40 | 39 | 79 | | |
| 51 | Malampuzha | 772 | 487 | 1259 | | |
| 52 | (W) Malampuzha | 183 | 95 | 278 | | |
| 53 | Kuzhalmannam | 136 | 58 | 194 | | |
| 54 | Kozhinjampara | 80 | 39 | 119 | | |
| 55 | Nenmara (Kollengode) | 111 | 18 | 129 | | |
| 56 | Attappady | 132 | 50 | 182 | | |
| 57 | Vaniyamkulam | 61 | 25 | 86 | | |
| 58 | Elumbulassery | 60 | 20 | 80 | | |
| 59 | Perumatty | 48 | 39 | 87 | | |
| 60 | Nilambur | 119 | 73 | 192 | | |
| 61 | Areacode | 476 | 271 | 747 | | |
| 62 | Maranchery | 60 | 20 | 80 | | |
| 63 | Puzhakkattiri | 44 | 39 | 83 | | |
| 64 | Thazhekkode | 47 | 30 | 77 | | |
| 65 | Cheriyamundom | 92 | 42 | 134 | | |
| 66 | Kozhikode | 796 | 308 | 1104 | | |
| 67 | (W) Kozhikode | 432 | 115 | 547 | | |

| | | | | | | |
|-----|------------------------------|-------|------|-------|--|--|
| 68 | Beppur | 72 | 18 | 90 | | |
| 69 | Koyilandy | 395 | 18 | 413 | | |
| 70 | Valayam | 44 | 34 | 78 | | |
| 71 | Maniyoor | 80 | 40 | 120 | | |
| 72 | Thiruvambadi | 92 | 37 | 129 | | |
| 73 | Vadakara | 83 | 35 | 118 | | |
| 74 | Koduvaly | 17 | 24 | 41 | | |
| 75 | Naripatta | 42 | 44 | 86 | | |
| 76 | Perambra | 120 | 58 | 178 | | |
| 77 | Chathamangalam | 48 | 39 | 87 | | |
| 78 | Kalpetta | 236 | 162 | 398 | | |
| 79 | (W) Nenmeni | 64 | 21 | 85 | | |
| 80 | Vellamuda (Mananthavaadi) | 68 | 20 | 88 | | |
| 81 | Kannur | 722 | 469 | 1191 | | |
| 82 | (W) Kannur | 184 | 95 | 279 | | |
| 83 | Madayi (Payyannur) | 92 | 46 | 138 | | |
| 84 | Peravoor | 48 | 39 | 87 | | |
| 85 | Peringom, Vayakkara | 62 | 19 | 81 | | |
| 86 | Kurumathoor | 48 | 40 | 88 | | |
| 87 | Koothuparmbu | 90 | 36 | 126 | | |
| 88 | Pinrayi | 64 | 62 | 126 | | |
| 89 | Padiyoor | 20 | 17 | 37 | | |
| 90 | Panniyannur (Thalassery) | 62 | 93 | 155 | | |
| 91 | Kayyur | 420 | 133 | 553 | | |
| 92 | Kasaragode | 512 | 154 | 666 | | |
| 93 | Pullir (Uduma) | 44 | 37 | 81 | | |
| 94 | Madikkai | 64 | 21 | 85 | | |
| 95 | Seethamgoli | 60 | 18 | 78 | | |
| 96 | (W) West eleri | 83 | 16 | 99 | | |
| 97 | Kodambelur | 87 | | 87 | | |
| 98 | Peelikkode | 52 | 19 | 71 | | |
| 99 | Kuttikkol | 40 | 36 | 76 | | |
| | TOTAL | 21601 | 8922 | 30523 | | |
| 103 | | | | | | |