

DELHI DEVELOPMENT AUTHORITY
G.I.S.BANCH

The GIS Branch deals with claims pertaining to GIS,PAIP and B.F. These payments are released to the legal heirs of the employee who die in harness.

The silent features of the schemes are given below:-

1. Group Insurance Scheme (GIS):- The documents furnished by the DDO's to the GIS Branch are scrutinized as per the check list prescribed for the purpose and are forwarded to LIC for release of payment to the legal heir of the deceased. At present the GIS policy is with LIC of India. The amount paid to Legal Heirs of deceased employees is as follows:

Group A Rs.25000.00

Group B Rs.20000.00

Group C Rs.10000.00

Group D Rs.10000.00

2. Personal Accident Insurance Policy (PAIP) :- The Personal Accident Insurance Policy Scheme cover the case of accidental death of employee or disability due to accident. The requisite documents are forwarded by the DDO concerned to G.I.S. Branch. The claims are scrutinized as per the check list and are forwarded to National Insurance Co. Ltd.w.e.f.2.4.09 for payment to the legal heir of the employee.(Prior to 2.4.09 the payment of PAIP claims were made by the DDA out of the DDA Fund).
3. Benevolent Fund (B.F.) :- The Benevolent fund payment to those employees who are working in S&JJ,MCD and ISBT on deputation is made by G.I.S. Branch. Payment of B.F. to other DDA employees is made by the concerned DDO.

DELHI DEVELOPMENT AUTHORITY
G.I.S.BRANCH

No. F1(1)94/DDA/268

Date:-21-3-11

To,

M/S National Insurance Co. Ltd.
2&3 Central Market, Punjabi Bagh (W),
New Delhi-26.

Sub: - Renewal of PAIP (Personal Accident Insurance Policy) for DDA employees
w.e.f.2.4.2011 to 1.4.2012.

Dear Sir,

This has reference to your confirmation letter dt. 28.1.2011 conveying your acceptance for renewal of PAIP at the same premium rates and Terms and Condition as accepted for financial year 2010-11. In this connection, it is intimated that the Competent Authority has accepted your quoted rates for PAIP scheme for the period 2.4.2011 to 1.4.2012 as per the following:-

No. of employees- Gr.A&B = 1853 Gr.C&D = 16045

Amount payable to the employees or their dependents in case of mishap:-

	<u>For Gr. A&B</u>	<u>For Gr. C&D</u>
1. Only in the case of death	Rs.3, 00,000/-	Rs.1, 50,000/-
2. Loss of two parts, both eyes, One limb and one eye.	Rs.3, 00,000/-	Rs.1, 50,000/-
3. Loss of one part or one eye.	Rs.1, 50,000/-	Rs.75, 000/-
4. Permanent total disablement	Rs.3, 00,000/-	Rs.1, 50,000/-
5. Permanent partial disablement.	As per standard norms of General Insurance Companies.	

In addition, Rs.1, 000/- will be paid to the family of the deceased to carry dead body to Village/Home Town.

CHILDREN EDUCATION

Agency will have to pay Rs.10, 000/- for two children below the age of 23 years as children education fund.

The maximum amount payable in a case may work out to Rs.3, 11,000/- and Rs.1, 61,000/- in the case of Gr.A&B and Gr.C&D employees respectively.

Insurance Premium payable by DDA:

- i) Rs.40/- i/c S.Tax per person for Gr.A & B.
- ii) Rs.22/- i/c S.Tax per person for Gr. C & D.

Total premium payable Rs.4,27,110/- only i/c Service Tax.

A cheque no.491368 dt.18-03-2011 for Rs.4,27,110/- (Rs.Four lac twenty seven thousand one hundred and ten only) in favour of National Insurance Co.Ltd. Divisional Office XXIV, 2 & 3 Central Market, Punjabi Bagh (W), New Delhi on account of PAIP premium of DDA employees for the period 2-4-2011 to 1-4-2012 is also enclosed.

You are requested to send the personal Accident Insurance Policy for 2011-12 at the earliest.

You are also requested to issue the receipt of this cheque and hand over the same to the bearer of this letter.

Sd/-
Sr.Accounts Officer
GIS/DDA

(Established by the Life Insurance Corporation of India)

Regional Office, New Delhi Div. Office Estd. 1955.

Employer's Claimant's Statement.

to be completed by the Member Policy holder.

- i) Name of Scheme : ~~Group of Insurance Scheme~~
- ii) Master Policy No. : 21/46143
- iii) Full Name and Address of Master policy holder : PDA/Now Delhi
- iv) Full Name of the deceased member :
- v) Employee No. and name of the unit :
- vi) Date of entry in the service :
- vii) Category and salary grade of the employee. :
- viii) Amount of insurance covered under GIS scheme :
- ix) Name of beneficiary :
- x) Date of entry in to scheme :
- xi) Date of Death. :
- xii) Cause of Death. :
- xiii) Place of Death. :
- xiv) Was the member in the service of the employer on the date of Death. :
- xv) Date of Birth recorded by the employer. :
- xvi) Date when member last attended duty. :

We hereby declare that the answers to all the above question are true in every respect.

We enclose Death Certificate in original in proof of death of members.

(Seal and signature of
the DDC on behalf of _____)

For the existing member of the date of the entry in to the scheme would be either _____ or date on which the employer has rejoined duty of on leave on _____ for new entrants date of reporting for ~~new~~ duty to the employer.

Affidavit on Non-Judicial Stamp paper of Rs. 10/- duly attested by Ist Class Magistrate/Notary Public :
In case of Notary then a Notarial stamp of Rs. 5/- be got affixed on it.

I _____ aged _____ year widow/
widower of Sh/Smt. _____ R/o _____
_____ hereby solemnly affirms and declare as under:

1. That I am the widow/widower of Sh/Smt. _____
S/o _____ who was working as work-charged/
Regular establishment in _____ Section/Branch/Division
DDA expired on _____.
2. That late Sh/Smt. _____ had left the following
family members behind him/her.

S.No.	Name of the family members.	Date of birth	Age	Relation with the deceased.
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

3. That I am the legal of late Sh/Smt. _____ and
natural guardian of my minor children mentioned at
Sl.No. _____ to _____ in para 2 above.
4. That I am the only wedded widow/widower of Sh/Smt. _____

5. That I am entitled for payment of Rs. _____ /- out of the
GIS/B. Fund.
6. That apart from the family members indicated in para-2
above, there is no other major or minor family member
heir of late Sh/Smt. _____
7. That it is established that I have concealed/supressed
any facts that I will be squarely responsible for the
whole affairs and actions be taken against me/her under
law including the refund/recovery of benevolent fund/
GIS recovered by me.

DEPONENT

VERIFICATION:

Verified that the contents mentioned above are true to
the best of my knowledge & belief and nothing has been
concealed/supressed.

DEPONENT

WITNESSES:

Witness of two DDA permanent employees with their names &
designation & address.

(This Indemnity Bond is to be executed on a Non Judicial Stamp paper of Rs.100/- and to be registered with the Sub-Registrar under India Registration Act, Indemnifying the Delhi Development Authority or attested by N.P. 1st class Magistrate or oath Commissioner).

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INDEMNITY BOND

This indemnity Bond is made at _____ on this _____ day of _____ by Sh/Smt. _____ aged _____ year widower/widow/son/father/mother of late Sh./Smt. _____ R/o _____

(herein after called the claimant/executant) which expression shall i/c his heirs administrators, legal, representatives and assignees in favour of the Delhi Development Authority, Vikas Sadan, New Delhi. (herein after called the Authority) which expression shall unless the context requires otherwise, i/c its successors and assignees.

AND WHEREAS the deceased Sh/Smt. _____ was an employees of DDA and subscriber to GIS consequent upon his death on _____ the payment of GIS has become payable to the family/legal heirs of the deceased Sh/Smt. _____

AND WHEREAS I/We _____ S/o, D/o, W/o, F/o M/o late Sh/Smt. _____ an/are the sole claims of deceased.

AND WHEREAS I/we applied for an amount of Rs. _____ (Rupees _____) on account of due of GIS due to death of my/our _____ (relation) Sh/Smt. _____

AND WHEREAS the executant has been required by Delhi Dev. Authority to furnish an Indemnity Bond under taking to keep the Delhi Development Authority harmless and indemnifying against all claims, whatsoever against the aforesaid payment or in respect thereof together with all interests, losses, damages penalty action claim charges, demands and costs of all kinds whatsoever arising out of the payment of the amount payable on account of GIS in the name of executant's.

NOW THEREFORE the executant/executants do hereby undertake to keep the authority harmless and indemnified against all claims, whatsoever against the aforesaid payment in respect of the amount together with all interest, losses, damages, penalty, action charges demands and costs of all kinds whatsoever arising out of the payment the aforesaid mentioned amount payable on account of GIS in the name of the executant/executants.

In witnesses thereof I/we have signed this Indemnity Bond on the day, month and year mentioned herein above.

EXECUTANTS

WITNESSES

- 1.
- 2.

REQUIRED IN DUPLICATE

DISCHARGE RECEIPTS OF THE DEATH CLAIM
UNDER MASTER POLICY NO. GI/46443

Received a sum of Rs. _____ Rupees

_____ from the LIC of India in full and final settlement of all our claim and demand in r/o the following members. (Covered under Master Policy No. GI/46443)

Name & staff No.	Date of Birth	Amount
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Witness

Signature & name
(seal and signature off DDO)
Designation & address.

Director (P)
(Sig. of the Employer)

EMPLOYERS CERTIFICATE

This is to certify that Sh/Smt. _____
Staff No. _____ was enrolled as a member
of scheme from _____ and he was a member of _____
_____ the scheme on the date of death _____

The employee expired on _____

Signature with seal
of DDO.

Director (P)
(Signature of the employer)

REQUIRED IN DUPLICATE

Certified that the death claim in respect of late Sh./Smt.-----
----- who was expired on ----- has not been lodged
with L.I.C. so far.

We hereby declare that in case the above death claim in respect
of late Sh./Smt. ----- has already been
paid/settled by LIC previously, we undertake to indemnity to LIC
of India to the extent of the claim paid with interest.

Yours faithfully,

Authorized Signatory
(with office seal)

Dated:- -----

Certified that the death claim in respect of Late Sh./Smt.---
----- who was expired on ----- has not been lodged
with L.I.C. so far.

We hereby declared that in case the above death claim in r/o
late S./Smt. ----- has already been paid/sett-
led by LIC previously, we undertake to indemnity to ~~L.I.C.~~ LIC of
India to the extent of the claim paid with interest.

Yours faithfully

Authorized Signatory
(with office Seal)

Dated:- -----

DELHI DEVELOPMENT AUTHORITY
GROUP INSURANCE SCHEME BRANCH

Reg.:- Death claim of GIS in r/o Late Sh./Smt.-----
working in ----- since expired on-----

The following documents/certificates are required for processing the above mentioned case:-

1. Original Death Certificate issued by Registrar, Birth & Death, NDMC/MCD or Local Authority duly counter signed by the D.D.O. along with an attested photo copy.
2. Claim form in duplicate are required duly filled in and signed by the D.D.O. of the deceased with seal.
3. The discharge receipt and employer's certificate in duplicate are required duly filled in and witnessed by the DDO of the deceased under his seal and signature.
4. A revenue stamp worth Rs.1/- only is required to be got affixed on one copy of the discharged receipts and employer's certificates at the place provided for the purpose.
5. An affidavit duly countersigned by the DDO and attested by Ist class Magistrate/Notary public on stamp paper worth Rs.10/- only is also required from the claimant/Legal heir of the deceased as per specimen kept opposite.
6. Attested photo copy of service book for the deceased is required duly recorded with the following certificates:-
 - (a) An entry regarding death of the DDA employees should be recorded.
 - (b) A certificate regarding submission or non-submission of nomination form duly accepted on account of GIS by the deceased, while alive should be recorded in the Service Book.
 - (c) A certificate regarding recovery of GIS from the salary of the deceased employee from Jan.82 or date of joining of the deceased up to the month of death, should be recorded in the service book.
7. An Indemnity Bond duly countersigned by the DDO on a stamp paper worth Rs.100/- only and registered with the sub-registrar or by Notary Public, Executive Magistrate/Commissioner, Indemnifying DDA is required from the claimant as per specimen kept opposite.
8. Three passport size photographs of the claimant duly attested by the DDO of the deceased are required. Name of the claimant is also written on the photographs.
9. Three specimen signatures/thumb impression of the claimant duly attested by the DDO are also required separately.
10. A 'No Objection' Affidavit on stamp paper worth Rs.2/- duly attested by attesting authority is required from the parents of the deceased relinquishing their share in favour of Sh./Smt.----- on account of GIS claim.
11. Indemnity letter is required duly countersigned. by the DDO of the deceased under his seal.