



मानव संसाधन प्रबंधन विभाग, मानव संसाधन प्रभाग, प्रधान कार्यालय
प्लॉट सं. 4, सेक्टर 10, द्वारका, नई दिल्ली- 110075
HUMAN RESOURCE MANAGEMENT DIVISION, HRD, HEAD OFFICE
PLOT NO.4, SECTOR-10, DWARKA, NEW DELHI-110075

TO ALL OFFICES

12-01-2024

HRMD CIRCULAR NO.745/2024

PERSONAL ACCIDENTAL INSURANCE COVER AND PREVENTIVE HEALTH CHECKUP FOR PENSIONERS, THEIR SPOUSES & FAMILY PENSIONERS - MODALITIES FOR AVAILING BENEFITS

This has reference to HRMD Circular No.742/2024 dated 01.01.2024 vide which it was informed that bank has obtained Scheme of Personal Accidental Insurance Cover and Preventive Health Checkup for Pensioners, their spouses and Family Pensioners upto 90 years of age for the period 01.01.2024 to 31.12.2024 from M/s. Bajaj Allianz General Insurance Company. (Policy number - OG-24-1155-9902-00000052).

For utilization of services under corporate tie-up arrangement with M/s. Bajaj Allianz General Insurance Company, concerned user needs to first download the mobile application "Bajaj Finserv Health" available at Google play store. The user needs to sign up using mobile number as per HRMS record only.

The detailed procedure to be followed is enclosed at Annexure – I.

In case any assistance is required, the concerned officials of M/s. Bajaj Allianz General Insurance may be contacted as per the details given at Annexure – II.

All concerned are advised to bring the contents of this circular to the notice of Pensioners/ Family Pensioners.

**GENERAL MANAGER
(SUMESH KUMAR)**

ANNEXURE – I

1. FOR UTILISATION OF PREVENTIVE HEALTH CHECKUP:

- 1.1. After Sign up using Mobile Number as per registered Mobile number in HRMS record, go to **“My Active Plans”** then select **“Utilize”** option.
- 1.2. Then select Lab benefit option.
- 1.3. Home collection facility is available at many locations. For locations where home sample collection is not available, the customer needs to visit physically and avail the tests benefit.
- 1.4. Select **“Home Collection”** or **“Lab Visit”** and then Click on **“Book Now”**.
- 1.5. After entering contact details and slot timings the appointment will be confirmed.

2. FOR UTILISATION OF TELECONSULTATION COVER:

- 2.1. After Sign up using Mobile Number as per registered Mobile number in HRMS record, go to my **“Active Plans”**.
- 2.2. Select doctor benefit option then select member (Self/Spouse) and choose option **“Consult Doctors Instantly”** or **“Book Video Consultation”**.
- 2.3. Choose specialization and confirm. The doctor will join the call for instant consultation.

**3. LODGEMENT OF CLAIM UNDER PERSONAL ACCIDENTAL COVER:
DEATH AND PERMANENT DISABILITY:**

A. Accidental Death:

Accidental Death coverage entails the payment of the Sum Insured in the event of the insured person’s death within 12 Months from the date of coverage.

पंजाब नैशनल बैंक
मानव संसाधन प्रबंधन प्रभाग, प्रधान कार्यालय
PUNJAB NATIONAL BANK
HUMAN RESOURCES MANAGEMENT DIVISION, HEAD OFFICE

B. Permanent Total Disability:

In the event of Permanent total disability caused by accident within 12 months from the date of coverage, lump sum payment of 125% of sum insured is provided. The permanent disability includes:

1. Loss of the sight of both eyes.
2. Physical separation of or the loss of ability to use both hands or both feet.
3. Physical separation of or the loss of ability to use one hand and one foot.
4. Loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot.

Procedure to be followed for claim lodgment in case of accidental death/Permanent disability:

1. Submit the claim form (as per attachment) duly filled and signed by the insured / Claimant.
2. Provide the beneficiary names against the policy and NEFT details of the beneficiary.
3. Completely filled NEFT details to be provided along with the Account number, IFSC code, Account Type, duly signed by the nominee/claimant with original preprinted cancelled cheque or 1st page of bank passbook or bank statement attested by the bank.
4. Documents to be submitted with claim form as under:

IN CASE OF DEATH: -

- Aadhar Card and PAN card of Nominee/Claimant.
- Attested copy of Death Certificate.
- Attested copy of FIR/Panchanama/Inquest.
- Attested copy of Post Mortem Report
- Attested copy of Viscera/Chemical Analysis report, if any.
- Hospitalization documents, if any.

पंजाब नैशनल बैंक
मानव संसाधन प्रबंधन प्रभाग, प्रधान कार्यालय
PUNJAB NATIONAL BANK
HUMAN RESOURCES MANAGEMENT DIVISION, HEAD OFFICE

- In case of Death, if nominee is not defined on the policy copy then notarized Legal Heir Certificate containing affidavit and indemnity bond on 200 INR, to be submitted duly signed by all legal heir.
- If nominee is minor, then Decree Certificate from court stating the guardian of the insured.

IN CASE OF PERMANENT TOTAL DISABILITY: -

- Aadhar Card and PAN card of Nominee/Claimant.
- Duly Filled Medical Certificate attached in the personal accident claim form.
- X-ray Films/Investigation reports supporting the diagnosis.
- PTD certificate from the govt. authority certifying the disability of the insured.
- Photograph of the patient before and after the accident to support the disability.

The claim form along with the requisite documents is to be sent to either of the following address:

- Bajaj Allianz General Insurance Company Limited: Block No 4, DLF Tower, 15, Shivaji Marg, New Delhi-110015.
- Bajaj Allianz General Insurance Company Limited: Bajaj Allianz House, Airport Road, Opp. Gunjan Theatre, Yerwada, Pune-411006.

-----**-----

पंजाब नैशनल बैंक
मानव संसाधन प्रबंधन प्रभाग, प्रधान कार्यालय
PUNJAB NATIONAL BANK
HUMAN RESOURCES MANAGEMENT DIVISION, HEAD OFFICE

ANNEXURE – II

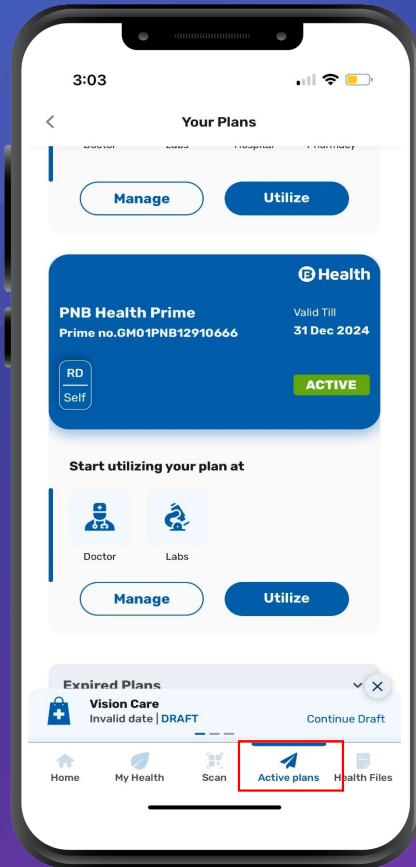
Contact details of M/s. Bajaj Allianz General Insurance Company Officials

LOCATION	ZONE	NAME	MOB NO.	EMAIL ID
Kolkata	EAST	Sarwar Hussain	7033592115	sarwar.hussain@bajajfinserv.in
Indore	EAST	Abhishek Rout	9108767433	abhishek.rout@bajajfinserv.in
Bhopal	EAST	Saurabh Sharma	9753185653	saurabh.sharma12@bajajfinserv.in
Indore 2	EAST	Kunal Parmar	9827780008	kunal.parmar1@bajajfinserv.in
Bhubaneswar	EAST	Sovan Mahato	7061953317	sovan.mahato@bajajfinserv.in
Kolkata 2	EAST	Anupam Guchhait	8509385985	anupam.guchhait@bajajfinserv.in
Kolkata	EAST	Pankaj Goswami	7050062536	pankaj.goswami@bajajfinserv.in
Ranchi	EAST	Rahul Singh	8709193129	rahul.singh28@bajajfinserv.in
Siligudi	EAST	Priti Saha	8670433025	priti.saha@bajajfinserv.in
Guwahati	EAST	Munmi Deka	7576841636	munmi.deka@bajajfinserv.in
Patna	EAST	Manish Singh	8804391058	manish.singh10@bajajfinserv.in
Delhi	NORTH	Dheeraj Kapoor	9711636969	dheeraj.kapoor@bajajfinserv.in
Lucknow	NORTH	Amit Singh	9315497796	amit.singh5@bajajfinserv.in
Delhi	NORTH	Rakesh K Pandey	9999115167	rakesh.pandey@bajajfinserv.in
Delhi 2	NORTH	Shivank Bhargav	9549197652	shivank.bhargav@bajajfinserv.in
Delhi 3	NORTH	Madhav Singh	7703997267	madhav.singh@bajajfinserv.in
Ludhiana	NORTH	Gurpreet Singh	9478949481	gurpreet.singh10@bajajfinserv.in
Chandigarh	NORTH	Vijay Kumar	9876211021	vijay.kumar7@bajajfinserv.in
Amritsar	NORTH	Praduman Varma	7837748868	parduman.verma@bajajfinserv.in
Jaipur	NORTH	Sidhant Jhinjha	9571453900	sidhant.jhinjha@bajajfinserv.in
Jaipur 2	NORTH	Priyanka Jakhar	7014763198	priyanka.jakhar@bajajfinserv.in
Kanpur	NORTH	Kuldeep Singh	8840275708	kuldeep.singh17@bajajfinserv.in
Allahabad	NORTH	Alok Anand	9430919701	-
Meerut	NORTH	Shubham Goyal	8630060842	shubham.goyal3@bajajfinserv.in
Bangalore	South	Sasi Reddy	8886969117	d.reddy2@bajajfinserv.in
Bangalore	South	Pavan Reddy	9972692324	pavan.reddy2@bajajfinserv.in
Hyderabad	South	Narkuri Murali	9912438838	narkuri.krishna@bajajfinserv.in
Chennai	South	Jayanth P	9392058752	p.jayanth@bajajfinserv.in

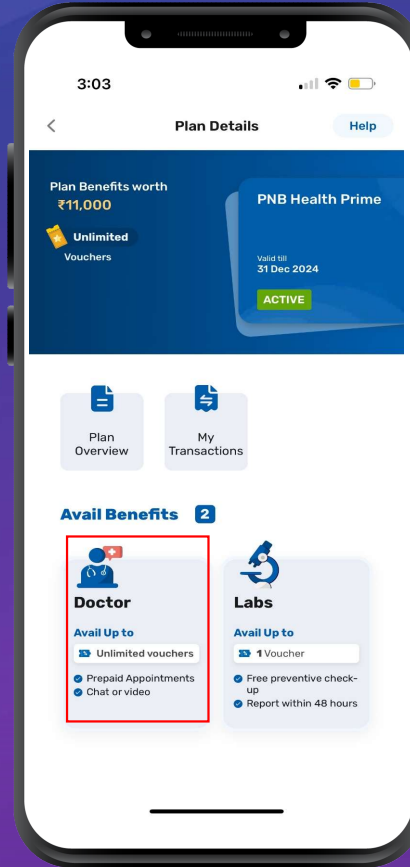
पंजाब नैशनल बैंक
मानव संसाधन प्रबंधन प्रभाग, प्रधान कार्यालय
PUNJAB NATIONAL BANK
HUMAN RESOURCES MANAGEMENT DIVISION, HEAD OFFICE

LOCATION	ZONE	NAME	MOB NO.	EMAIL ID
Cochin	South	Abhinav Nambi K	9656041460	abhinav.nambi@bajajfinserv.in
Vijayawada	South	Naresh Pathipkka	9000321244	naresh.pathipaka@bajajfinserv.in
Madurai	South	Tambi Durai	9791555771	thambidurai.s@bajajfinserv.in
Coimbatore	South	Gokila Gayu	8754786608	gokila.govindraj@bajajfinserv.in
Vizag	South	Palla Ajith	8639880470	palla.ajith@bajajfinserv.in
Tirupati	South	K balaji	9951676664	k.balaji@bajajfinserv.in
Mumbai	West	Sagar Saxena	7045043477	sagar.saxena@bajajfinserv.in
RAJKOT	West	Manmeet Dhaduk	9714135131	manmeet.dhaduk@bajajfinserv.in
Baroda	West	Ankit Srivastava	8115155432	-
Ahmedabad	West	Manish K Singh	8109954363	manish.singh10@bajajfinserv.in
Ahmedabad 2	West	Devendra H Koshti	7777990780	devendra.koshti@bajajfinserv.in
Surat	West	Anand Yadav	9039982930	anand.yadav@bajajfinserv.in
Mumbai 4	West	Prachi Dwivedi	8299465084	prachi.dwivedi@bajajfinserv.in
Mumbai 3	West	Richa Saxena	9871413978	richa.saxena@bajajfinserv.in
Mumbai 2	West	Narayan Sawant	9833995108	narayan.sawant@bajajfinserv.in
Mumbai	West	Nitin Singhal	9997303456	nitin.singhal@bajajfinserv.in
Aurangabad	West	Santosh Zampa	7020656413	santosh.zampa@bajajfinserv.in
Pune	West	Anima Kumud	9561164195	anima.kumud@bajajfinserv.in
Pune 2	West	Asif Shaikh	9834214464	asif.shaikh6@bajajfinserv.in
Nagpur	West	Atul Jain	7720035630	atul.jain2@bajajfinserv.in
Nashik	West	Baba Saheb Wagh	9960810608	babasaheb.wagh@bajajfinserv.in
KOLHAPUR	West	Vaibhav Chougule	9970062026	vaibhav.chougule@bajajfinserv.in

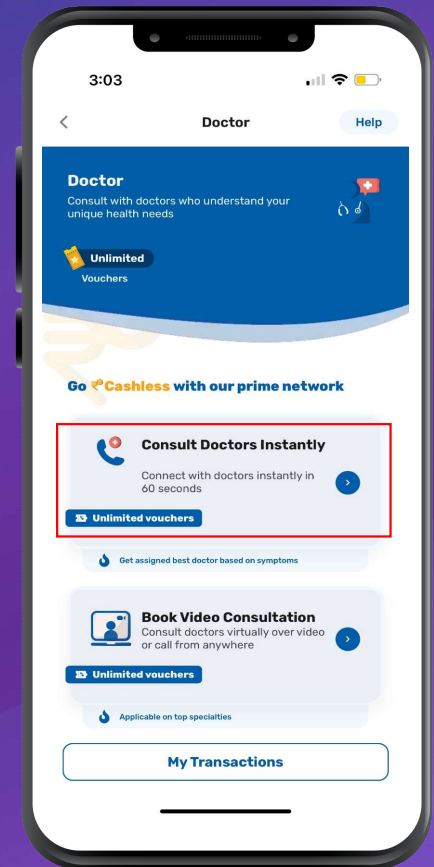
How to utilize Insta-consultations?



Click on Plan card from "My Active Plans"

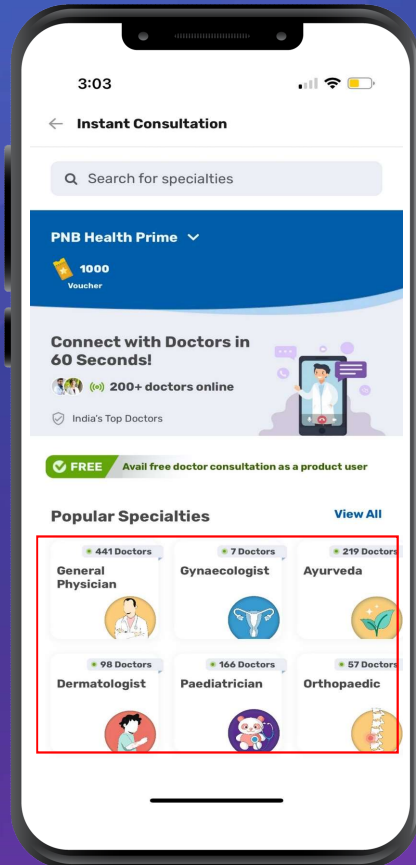


Click on "Doctor"

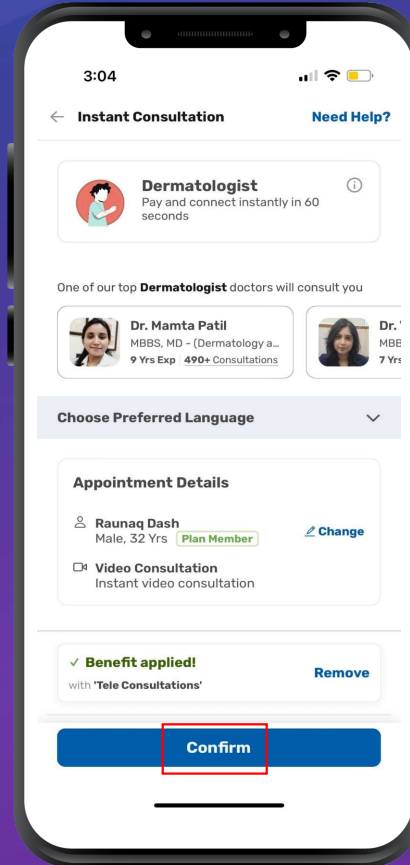


Click on "Consult Doctors Instantly"

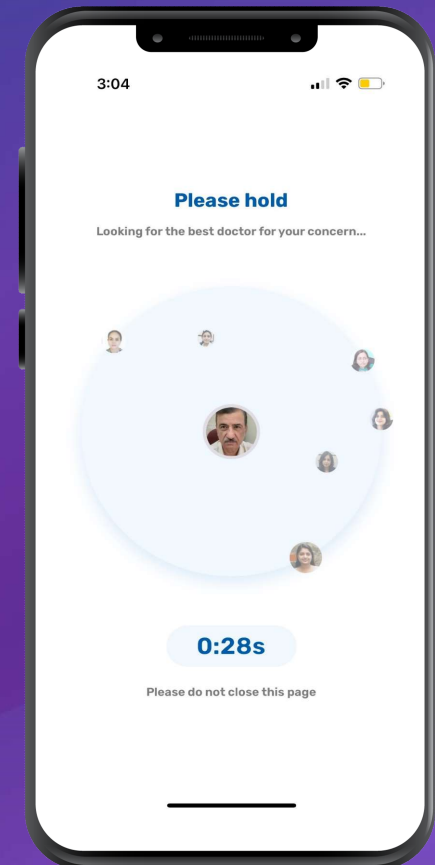
How to utilize Insta-consultations?



Select your specialization



Review details and click on "Confirm"

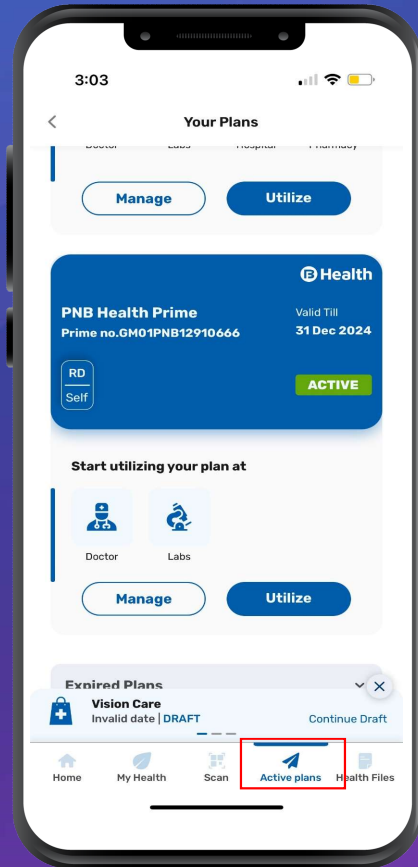


Your Insta-consultation will begin in 30 secs!

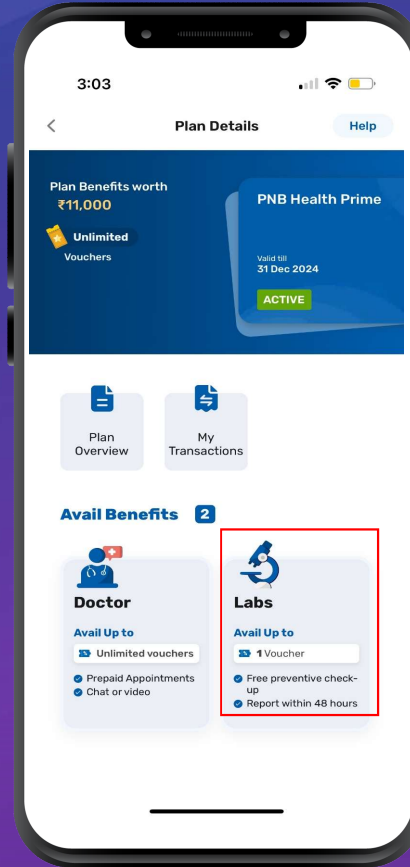
Our Lab Partners



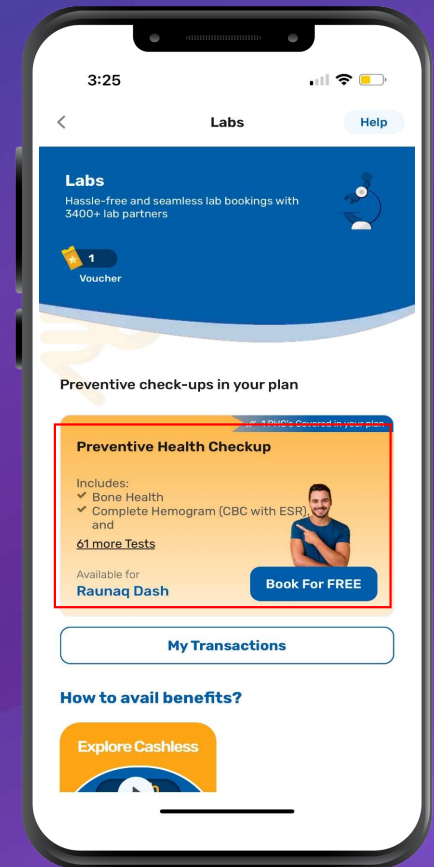
How to utilize PHC?



Click on plan card from "My active plans"

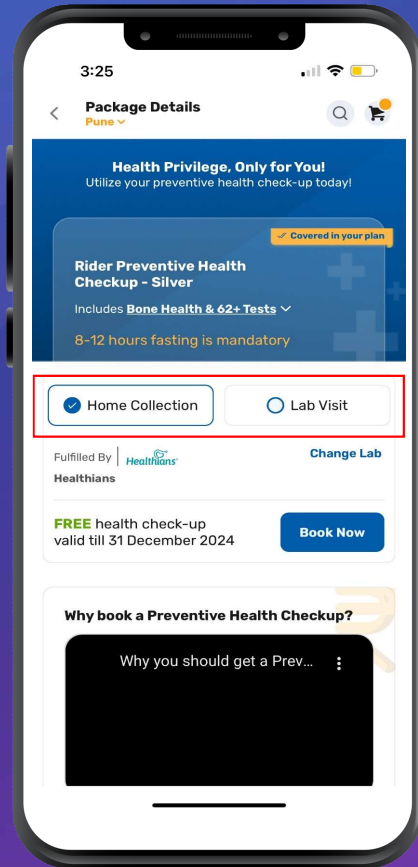


Click on "Labs"

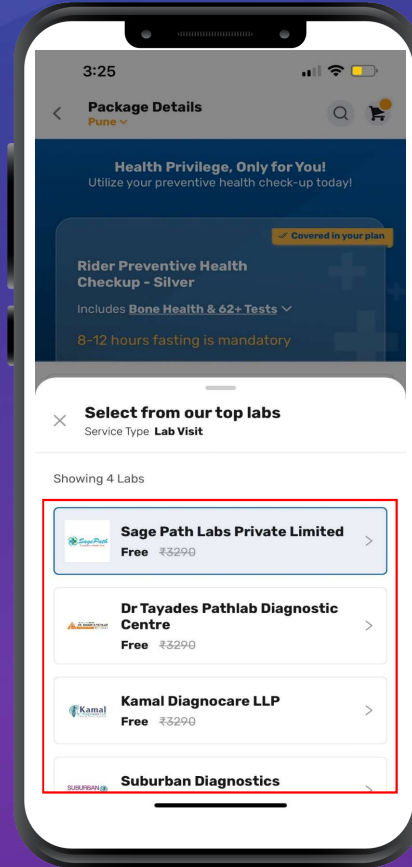


Click on your PHC card

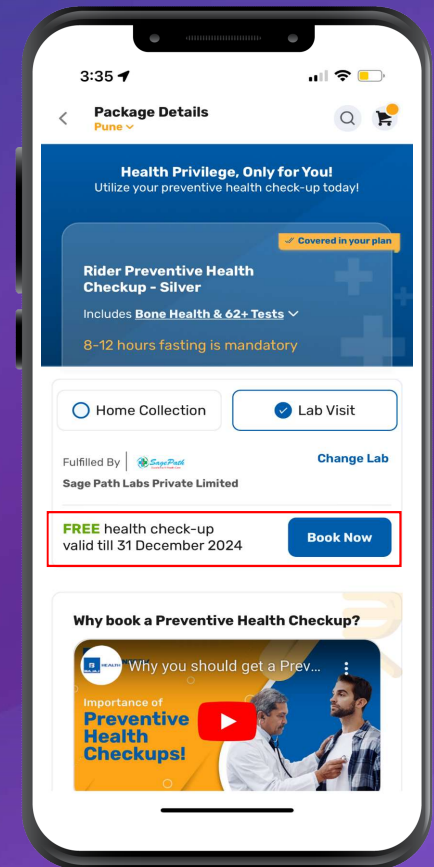
How to utilize PHC?



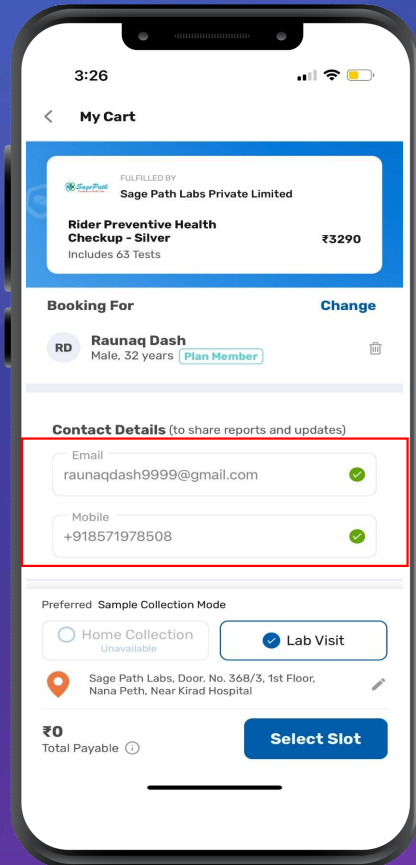
Select "home" or "lab"



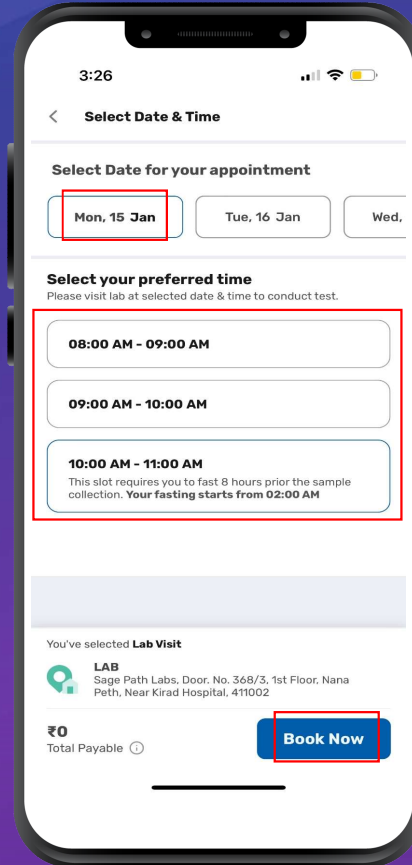
Select provider



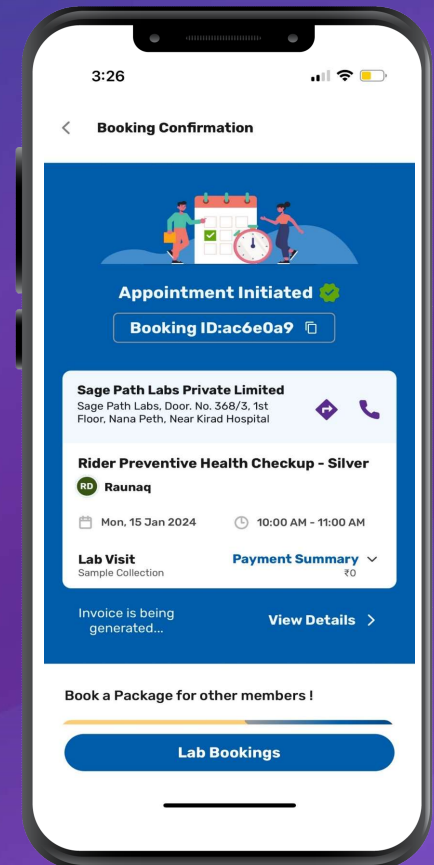
Click on "Book Now"



Enter Contact Details



Select Slot Timings



Click on "Book Now" and appointment is confirmed

(To be filled in block Letters)

CLAIM FORM FOR GROUP PERSONAL ACCIDENT POLICIES

Policy No.	
Claim No.	
Corporate Name	
Address of the Unit/ Location.	

Policy issued Name or Unnamed basis Named Unnamed

Please confirm if insured with any other Insurance or Offices granting compensation for accident?

If Yes Kindly provide name of insurance company and policy number and Sum Insured _____

Insured / Proposer Details

1	Name of the Insured/ Proposer									
2	Profession or Occupation									
3	Employee Number	Employee Date of Joining <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
4	Name of the insured person died/injured in the accident									
5	Relationship With Employee/ Proposer									

6 Address of the Insured

House No.		Area	
City		State	
Pin code		Contact Number	
E-Mail ID:			
Aadhar Card Number /UID:		PAN Card Number	
CKYC on Nominee / Insured can be added			

7 Claims under Which Benefits (Tick against the benefit)

Death Permanent Partial Disability Permanent Total Disability Temporary Total Disability Accidental Hospitalization Hospital Cash
 Medical Expenses Children Education Bonus Transportation / Ambulance Burial Expenses / Mortal Remains
Others (Please Specify) _____

8	Date and Time of the Accident	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
	Where did it happened / Location									
	Where did it happened / Location									
	Final Ailment									

9	Whether Accident Reported to Police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes Please confirm FIR / MLC (Details) MLC report and Police FIR attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

10	Is there any Accidental Hospitalization? If Yes Please confirm Date of admission and Date of Discharged	Date of Admission <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Date of Discharge <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												

11	Name of the Hospital	
	Address of the Hospital	

12	Name of the Treating Doctor									
	Address of the Treating Doctor									
	Contact details of the Treating Doctor									
13	In case death of insured, please mention Date of Death	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
14	In case of Death , if beneficiary is Employee , Please provide the Nominee Details:									
	a) Address of Nominee									
	b) Contact Details of nominee									
	c) Aadhar Card / UID Details of Nominee									
	d) PAN Card Details of Nominee									
15	Permanent Total Disability/Permanent Partial Disability/Temporary Total Disability Medical Certificate from Treating Doctor Mandatory as same attached in the Claim Form									

In Support of the claim, I enclosed the below tick documents along with the claim form.

Common Documents for Group Personal Accident.	Benefits.
<input type="checkbox"/> Claim form duly filled and signed by the insured / Claimant. <input type="checkbox"/> Beneficiary Name against the Policy and NEFT Details of Beneficiary: Corporate / Employee <input type="checkbox"/> Completely filled NEFT details stating Branch, Branch IFSC Code, Account type, Complete Account Number duly signed by Nominee / Claimant with original pre printed cancel cheque if pre-printed cheque is not available Kindly provide 1st Page of Bank Pass Book/ Bank statement Attested by the Bank which clearly indicates Beneficiary Name & Complete Account no as well IFSC code.(All Fields in the form are mandatory to process). <input type="checkbox"/> Aadhar Card & Pancard details of Nominee / Claimant. <input type="checkbox"/> In case of Unnamed Policy we will require Salary Slip at the time of issuance of the policy for Salary Commensuration. <input type="checkbox"/> In case of Unnamed Policy Kindly provide the attendance record/Roll from the Employer duly signed and sealed by the employer (For Confirmation of Total Number Of Employees On Roll at The Time Of Accident). Accidental Hospitalization: <input type="checkbox"/> Original Discharge Summary. <input type="checkbox"/> All the previous Consultation Papers <input type="checkbox"/> Investigation Reports supporting the diagnosis. <input type="checkbox"/> Operation Theatre Notes <input type="checkbox"/> Original Final Bill with detailed bill break up and Paid Receipts <input type="checkbox"/> Original Pharmacy and Investigation Bills	Death: <input type="checkbox"/> Attested copy of Death certificate <input type="checkbox"/> Attested copy of FIR / Panchanama / Inquest <input type="checkbox"/> Attested copy of Post Mortem Report <input type="checkbox"/> Attested copy of Viscera /Chemical analysis Report if any <input type="checkbox"/> Hospitalization documents, if any <input type="checkbox"/> In case of Death if Nominee is not defined on the policy copy then we will require the below documents <input type="checkbox"/> Legal heir certificate containing affidavit and indemnity bond on 200 INR (As per attached format).The same should be duly signed by all legal heirs, notarized. <input type="checkbox"/> If Nominee is minor then we will require Decree Certificate from Court stating the guardian of the insured Permanent Partial Disability and Permanent Total Disability: <input type="checkbox"/> Duly filled Medical Certificate attached in the Group Personal Accident Claim Form. <input type="checkbox"/> X-ray films /Investigation reports supporting the diagnosis. <input type="checkbox"/> Permanent Total Disability and Permanent Partial Disability Certificate from the Government authority certifying the disability of the insured. <input type="checkbox"/> Photograph of the patient before and after the accident to support the disability. Temporary Total Disability : <input type="checkbox"/> Duly filled Medical Certificate attached in the Group Personal Accident Claim Form <input type="checkbox"/> Leave certificate from employer stating the exact leave period, duly signed and sealed by the employer. <input type="checkbox"/> All the consultation papers with details of treatment during TTD period. <input type="checkbox"/> Final medical fitness certificate from treating doctor stating the type of disability, disability period and declaration that patient is fit to resume his duty on given date. <input type="checkbox"/> X-ray films /Investigation reports supporting the diagnosis. Add On Cover: Children Education Bonus: <input type="checkbox"/> In Case of Death and PTD, Kindly provide bonafide certificate from the school authorities stating that child of the insured is studying over there. (Mentioning - Name, S/D/o, Date of Birth and Class) School Identity Card. Burial Expenses & Transportation Expenses: <input type="checkbox"/> Original Paid Receipts Hospital Cash Expenses: <input type="checkbox"/> Copy of Final Bill and Discharge Summary. <input type="checkbox"/> Investigation reports toward diagnosis.

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT

(Submission of Cancelled Blank Cheque Leaf with Payee Name Printed OR Copy of the First page of the Bank Passbook is Mandatory)

Name of the Account Holder (As per Bank Account) _____
Bank Account No (As per appearing in the cheque book): _____
Bank Name: _____
Bank Branch Address: _____
IFSC Code: _____ MICR Code: _____

Account Type: D Saving D Current D Cash Credit

I/We authorize Insurance Company/TPA to contact me/us through SMS/Email/WhatsApp for any update on this claim.

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize Bajaj Allianz General Insurance Company Limited, to seek necessary medical information/ documents from any hospital/ Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills/ receipts for the purpose of this claim.

1. For retail policies/individual customers:

Consent/Declaration to be added in proposal and claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

2. For Juridical person/non-individual customer:

Consent/Declaration to be added in proposal and claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

3. For Group Policies:

Consent/Declaration to be added in claim form CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry for the purpose of undertaking KYC

4. For Juridical person/non-individual customer and Group Policies:

Consent/Declaration to be added in claim form CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

Witness:

Witness Name: _____

Date:

Signature of the Witness

Signature of the HR officer of Unit/ Location

Name of Claimant/ Proposer: _____

Name of Claimant/ Proposer: _____

MEDICAL CERTIFICATE

(Claim must be supported by the Medical Evidence furnished by the Insured at his/her expense)

1 (a)	Name of Claimant	
(b)	Age / Gender	
2(a)	Type of disability	<input type="checkbox"/> Permanent Total Disability <input type="checkbox"/> Permanent Partial Disability <input type="checkbox"/> Temporary Total Disability
	Date and Circumstances of Injury stating diagnosis and details of Injury	
	Date on which you first attended claimant for this injury	
	If Injury give cause	<input type="checkbox"/> Self-inflicted <input type="checkbox"/> Assault <input type="checkbox"/> Road Traffic Accident <input type="checkbox"/> Substance Abuse /Alcohol Influence <input type="checkbox"/> Others (Please Specify) _____
	If Medico legal Done :	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Reported to Police:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Extent of Disablement for Permanent Total Disability and Permanent Partial Disability as per Extraordinary Gazette Notification issued by Ministry of Social Justice & Empowerment, GOI, Part II, Sec. 1, June 13, 2001	Date Of Injury :- Disability% :-
	Period of Temporary Total disablement (From Date of Injury to Fit to resume his Duty Date.	Date of Injury: Fit to resume his Duty Date on: No of Days
	Is claimant suffering from any disease or illness apart from his injury and is there any illness by circumstances which may tend to retard recovery? If so, give particulars	
	Present State of Incapacity	<input type="checkbox"/> Fit <input type="checkbox"/> Disable

Having personally examined the above named Insured, I certify that the above statements are correct and that the injured person is necessarily disabled by the accident referred to.

Name of the Doctor _____

Qualification & Registration Number: _____

Address: _____



Seal and Signature