

Tel.: "BHUMIBANK"

दूरमाष - ई.पी.ए.बी.एक्स 2238840 Phones : 2238842, 2239805,3056381 केस: - 0522 2239806 E. Mail : ldb@up.nic.in

## उ०प्र० सहकारी ग्राम विकास बैंक लि० प्रधान कार्यालय, 10, माल एवेन्यू, लखनऊ।

परिपत्र संख्याःसी- 5 7 /बीमा सेल/तकनीकी प्रको0/2018-19,

दिनांकः 12/10/18

समस्त शाखा /वरिष्ठ प्रबंधक उ०प्र0सहकारी ग्राम विकास बैंक लि0, उत्तर प्रदेश।

## विषयः बीमा व्यवसाय को गति प्रदान करने एवं बैंक की आर्थिक स्थिति को सुदृढ़ बनाने संबंधी।

बीमा व्यवसाय को गित प्रदान करने एवं बैंक की आर्थिक स्थित को सुदृढ़ बनाने के उद्देश्य से बैंक की प्रबन्ध समिति द्वारा यह निर्णय लिया गया कि बैंक में सामान्य बीमा कारपोरेट एजेन्सी लेकर परिसम्पत्तियों का बीमा कर उससे अर्जित प्रोत्साहन राशि, जो आई0आर0डी0ए0आई0 मानक के अनुरूप होगी, प्राप्त कर बैंक की आर्थिक स्थिति को सुदृढ़ बनाया जा सकता है। मुख्यालय पर प्राप्त एम0आई0एस0 के आकड़ों से स्पष्ट है कि कतिपय शाखाओं द्वारा ऋण वितरण तो किया जा रहा है, परन्तु बीमा के विषय में कोई भी सूचना बीमा सेल को प्राप्त नहीं कराई जा रही है, जिससे कारपोरेट एजेन्सी लिए जाने का उद्देश्य विपरीत रूप से प्रभावित हो रहा है। बैंक के समस्त शाखा/वरिष्ठ प्रबंधकों को प्रशिक्षण दिए जाने के उपरान्त बीमा कम्पनियों के मध्य मण्डल का विभाजन भी कर दिया गया है जो निम्नवत है:-

क्रम	कम्पनी का नाम	मण्डल का नाम	नाम एवं मोबाइल नम्बर						
1	इफ्को टोकियो जनरल इन्श्योरेन्स कम्पनी	आगरा,फैजाबाद,कानपुर,मेरठ,सहारनपुर	श्री विकास त्रिवेदी-9818006851,						
		तथा लखनऊ	श्री मनु प्रताप सिंह-9695024444						
2	रॉयल सुन्दरम जनरल इन्श्योरेन्स कम्पनी	मुरादाबाद,अलीगढ़,बरेली,इलाहाबाद,	श्री ललित जोशी-6390675000						
		मिर्जापुर तथा देवीपाटन							
3	आई0सी0आई0सी0आई0 लोम्बार्ड जनरल	गोरखपुर,बस्ती,आजमगढ़,वाराणसी,	श्री अभिचल शुक्ला-8707602491,						
	इन्श्योरेन्स कम्पनी	झॉसी तथा चित्रकूट	7408402413						

आप सभी को निर्देशित किया जाता है कि तत्काल प्रभाव से अपने अपने क्षेत्रों से संबंधित बीमा कम्पनी के अधिकारियों से संपर्क कर अपनी शाखा द्वारा वितरित ऋणों पर बीमा कराना एवं शाखाओं द्वारा वितरित ऋण की दैनिक सूचना अनिवार्य रूप से दिए गए प्रारूप पर बीमा सेल को upsgyb.insurance@gmail.com पर भेजना सुनिश्चित करें।

क्र	म	शाखा	एवं	जनपद	मण्डल	का	नामयोजना	का	नाम	लाभार्थी	का	स्वीकृत	ऋण	धनराशि	बीमित	ऋण	धनराशि/	अन्य	विवरण
										नाम व	पता				बीमा प्र	ग्रीमियग	न धनराशि		
															Se .				

ऋण वितरण के साथ ही बीमा से संबंधित समस्त आवश्यक प्रपत्र व प्रीमियम की धनराशि मुख्यालय के <u>चालू खाता</u> संख्या 00000037936052066, उ0प्र0सहकारी ग्राम विकास बैंक लि0, भारतीय स्टेट बैंक मुख्य शाखा हजरतगंज, लखनऊ, IFSC CODE SBIN0000125 में पूर्व परिपत्र सख्या सी-47/सामान्य बीमा/तक0प्रको0/ 18-19, दि0 06.09.18 के निर्देशों के क्रम में भेजना सुनिश्चित करें। इसमें विलम्ब के कारण यदि बीमा के अभाव में कोई क्लेम अदेय होता है तब उसका पूर्ण उत्तरदायित्व आपका ही होगा।

प्रतिलिपिः निम्नांकित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित-

- 1. समस्त मण्डलीय पर्यवेशक, उ०प्र०सहकारी ग्राम विकास बैंक लि०,प्र०का०लखनऊ को इस निर्देश के साथ कि इस परिपत्र का अनुपालन अपने मण्डल की संबंधित शाखाओं द्वारा अनुपालन कराना सुनिश्चित करें।
- 2. समस्त वरिष्ठ प्रबंधक,उ०प्र०सहकारी ग्राम विकास बैंक लि०,उ०प्र० को इस निर्देश के साथ कि इस परिपत्र की प्रति अपने जनपद की समस्त शाखाओं को उपलब्ध कराना सूनिश्चित करें।
- 3. उप महाप्रबंधक(कम्प्यूटर),प्रधान कार्यालय लखनऊ को इस निर्देश के साथ कि इस परिपत्र को ई-मेल द्वारा समस्त जनपदीय शाखओं को प्रेषित कराना सुनिश्चित करें।
- मुख्य वित्त एवं लेखाधिकारी, प्रधान कार्यालय,लखनऊ।

🖟 प्रबन्ध निदेशक



Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
Unit No.: 19/100, UGF 2, Ground Floor, Riz Building, 5 Park Road,

Lucknow - 226001 (UP). Tel. No.: 0522-4072118

Toll No.: 1860 425 0000 | E.mail: customer.services@royalsundaram.in

Website: www.royalsundaram.in

Registered Office: 21, Patullos Road, Chennai - 600 002.

IRDAI Registration Number - 102 | CIN-U67200TN2000PLC045611

The Managing Director

Uttar Pradesh Sahkari Gram Vikas Bank Ltd.

H.O. Lucknow

Subject: - Coverage for all loan account holders,

Dear Sir.

We wish to thank you for your association with us as corporate agent, As part of our relationship building with your esteemed bank and customers of your bank, we are pleased to design a unique and customized product that will cover the risk of death of all loan account holders of your bank and further we will sponsor the education of first two dependent children (up-to the age of 25 years). We will also cover accidental hospitalization charges as per coverage.

We would like to offer the following coverage to your loan account holders

1. Accidental Death

2. Permanent Total Disability

3. Permanent Partial Disablement

4. Medical Extension up to 10% of SI ( Rs 10000 if opted for Rs 100000 Sum Insured)

5. Child Education

We will pay full sum insured in case of Death and Permanent Total Disability. In case of Death and Permanent Total Disability, we will sponsor the education fee up to Rs 20000/- for each child maximum for first two dependent children. We will sponsor the education of child having age less than or equal to 25 years.

Jam (Lech) h case of any claim, we will pay the entire claim in your bank account only as this will help your bank in recovery of loan outstanding amount and to control the NPA of bank up to some extent also.

Premium Per Person Per 1 Lac: - Rs 149/-

Sum Insured: - Rs 100000

Cover: - As stated above.

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10/10/16



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The product is unique in terms of coverage and pricing, and only available to the bank's customer base. Bank will get commission on this business as per IRDA norms.

Looking forward to be a significant contributor in your growth story.

For Royal Sundaram General Insurance Company Ltd

(Authorized Signatory)

#### **Benefits Offered**

- We will cover all loan account holders up to the age of 70 Years. You can opt any Sum Insured as per loan outstanding amount up to Rs 25 Lac in multiple of 1 Lac. For example if loan outstanding is 1.75 Lac, you will opt for Rs 2 Lac Sum Insured.
- **Death:** In unfortunate event of fatal accident the Sum stated in the Schedule / Certificate of Insurance will be paid to the nominee of Insured Person.
- Permanent Total Disablement: In unfortunate event of an accident resulting in Permanent Total Disablement as specified below, the Insured Person will be paid the Sum stated in the Schedule / Certificate
  - a) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:
  - Sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or such loss of sight of one eye and such loss of one entire hand or one entire foot, the Sum Insured stated in the Schedule hereto
  - Use of two hands or two feet or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Sum Insured stated in the Schedule hereto.
  - b) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
  - The sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Sum Insured stated in the Schedule hereto
  - Use of a hand or a foot without physical separation, fifty percent (50%) of the Sum Insured stated in the Schedule hereto.

Note: For the purpose of sub-clause (a) and sub-clause (b) above, 'physical separation' of a hand means separation at or above the wrist and of the foot means separation at or above the ankle.

- c) If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any gainful employment or occupation of any description, whatsoever, then a lump sum equal to hundred percent (100%) of the Sum Insured stated in the Schedule hereto.
- Permanent Partial Disablement: In unfortunate event of an accident resulting a
  Permanent Partial Disablement, the Insured Person will be paid a specified percentage of
  Sum stated in Schedule / Certificate of Insurance according to the disability which has
  been listed in the policy.

			Percentage of Sum Insured
i)	Loss of toes	all	20
	Great	both phalanges	5
	Great	one phalanx	2
	Other than Great, if more than one toe lost,	for each toe	1
ii)	Loss of hearing	both ears	75
iii)	Loss of hearing	one ear	30
iv)	Loss of four fingers and thumb of one hand		40
v)	Loss of four fingers		35
vi)	Loss of thumb	both phalanges	25
		one phalanx	10
vii)	Loss of index finger	three phalanges two phalanges one phalanx	10
viii)	Loss of middle finger	three phalanges two phalanges one phalanx	6
ix)	Loss of ring finger	three phalanges two phalange one phalanx	5
x)	Loss of little finger	three phalanges two phalanges one phalanx	4
xi)	Loss of metacarpals	first or second (addl) third, fourth or fifth (addl)	3
xii)	Any other permanent partial disablement	percentage as assessed by the panel doctor of the Company.	

• Temporary Total Disablement Benefit: Fixed lump sum (stated in the Schedule / Certificate of Insurance) of Weekly benefit for accident resulting in home confinement of the Insured Person, then so long as the insured person shall be totally disabled from engaging in any employment or occupation of any description whatsoever a sum at the rate of one percentage (1%) of the Capital Sum Insured stated in the Schedule hereto per week but in any case not exceeding Rs.3000/- per week in all, under all policies.

Provided that the compensation payable under the foregoing Sub-clause shall not be payable for more than 104 weeks in respect of any injury calculated from the date of commencement of disablement and in no case shall exceed the Capital Sum Insured.

 Medical Expenses due to hospitalization: Reimbursement of medical Expenses for hospitalization due to accident resulting in Death / Disablement with limits of 40% of Claim Amount or 10% of sum insured or actuals whichever is less.

### • Child Education Support

In case of Death and Permanent Total Disability, we will sponsor the education fee up to Rs 20000/- for each child maximum for first two dependent children. We will sponsor the education of child having age less than or equal to 25 years.