



भारतीय विमानपत्तन प्राधिकरण  
AIRPORTS AUTHORITY OF INDIA

No.AAI/PERS/SSS/GPAI-2010/168

March 4, 2010

The Regional Executive Director/Airport Director  
**Western/ Northern/ Eastern/Southern/ North-Eastern Region**

In-Charge of Project  
**Kolkata/Chennai/Amritsar/Surat/Jaisalmer Project**

Principal, CATC, Allahabad

ED,RCDU/FIU, SAP, New Delhi  
GM CRSD/E&M Workshop, SAP, New Delhi

GM(P&A),AAI, Redeployment Cell, IGI/CSI Airport ,New Delhi/Mumbai

**Sub : Coverage under Group Personal Accident Insurance Scheme(GPAI)**

Sir,

Kindly refer to CHQ letter No.A.60011/70/04/PP dated 21.07.2006 & letter No.A.60011/70/5/Vol.I dated 20.12.2006 intimating therein that a Group Personal Accident Insurance Scheme is introduced in AAI w.e.f. 21.07.2006 and Policy is awarded to M/s Oriental Insurance Company Limited.

2. It is informed that the coverage under GPAI Scheme has now been awarded to M/s National Insurance Company Limited, New Delhi under the Policy No.360700/42/09 8100000987 w.e.f. 26.02.2010. The compensation payable to the dependents in respect of executives and non-executives are enclosed at **Annexure-I**.

3. It is requested that all claims effective from 26.02.2010 may be forwarded as per the Personal Accident Claim Form (copy enclosed as **Annexure-II**) issued by National Insurance Company and the following documents are also required while forwarding the claim to CHQ:-

- i. Written Notice of the claim with full particulars
- ii. Personal Accident Claim Form duly filled in
- iii. Medical Report from Doctor/Hospital
- iv. Postmortem Report
- v. Death Certificate, in original

4. It may be ensured that all the above documents are attached while forwarding the claim in the case of accidental death of the employees so as to enable us to settle the claim with the Insurance Company at the earliest possible.

5. It is informed that all the claims will be entertained by the Insurance Company within a period of 30 days and as such the time limit may be maintained while forwarding the claims.

Yours faithfully,

( S.K. SHARMA )  
Jt. General Manager (P)

Encl : As above

**Copy to GM (IT) for uploading on AAI Website**

**ANNEXURE-I**  
(to letter no. AAI/PERS/SSS/GPAI-2010 dated 02/03/2010)

S.No.	Grade	Designation	Compensation * payable (in case of death outside workplace) (Rs.in Lakh)	Compensation * payable (in case of death at workplace as well at places (Posted at high risk areas such as North East,J&K) (Rs.in Lakh)
1	E-09	Executive Director	11.0	17.0
2	E-08	General Manager	10.0	16.0
3	E-07	Jt.General Manager	9.5	14.5
4	E-06	Dy. General Manager	9.0	13.5
5	E-05	Asstt. General Manager	8.3	12.5
6	E-04	Sr. Manager	7.5	11.2
7	E-03	Manager	7.3	10.1
8	E-02	Asstt. Manager	6.7	10.0
9	E-01	Jr. Executive	5.8	8.7
1	NE-10	Sr.Supdt(SG)	7.2	10.8
2	NE-09	Sr.Supdt.	6.5	9.8
3	NE-08	Superintendent	5.8	8.7
4	NE-07	Supervisor	5.2	7.8
5	NE-06	Sr. Assistant	4.8	7.2
6	NE-05	Assistant	4.4	6.6
7	NE-04	Jr.Assistant	4.0	6.0
8	NE-03	Senior Attendant	3.6	5.4
9	NE-02	Attendant	3.2	4.8
10	NE-01	Jt. Attendant	2.8	4.2

E = Executive

NE = Non Executive

\*The compensation amount shown above is simplified / quantified following the same methodology based on the pay scales, applicable from 01.01.97 in respect of all the levels of employees.

## नेशनल इन्श्योरेंस कम्पनी लिमिटेड

(भारतीय साधारण बीमा निगम की एक अनुबन्धी)  
दिल्ली क्षेत्रीय कार्यालय: "जीवन भारती"  
टावर-II, लेवल IV, 124, कनाट सर्कस  
नई दिल्ली-110 001



## National Insurance Company Limited

(A Subsidiary of General Insurance Corporation of India)  
Delhi Regional Office : "Jeevan Bharti"  
Tower-II, Level-IV, 124, Connaught Circus,  
New Delhi-110 001

(पंजीकृत कार्यालय : 3, मिडिलटन स्ट्रीट, कोलकाता-700 071)  
(Regd. Office : 3, Middleton Street, Kolkata-700 071)

जारीकर्ता कार्यालय Issuing Office :  
National Insurance Co. Ltd.  
13/32, WEA, Arya Samaj Road  
Karol Bagh, New Delhi-110005  
Ph. 5725353, 5711567

दावा संख्या :  
Claim No :  
पॉलिसी संख्या :  
Policy No :  
एजेंसी कूट :  
Agency Code :

## निजी दुर्घटना दावा-प्रपत्र Personal Accident Claim Form

इस प्रपत्र को जारी करने का अर्थ कम्पनी की ओर से देयता ग्रहण न लगाया जाए और इसे पूर्ण रूप से भरकर कम्पनी के जारीकर्ता कार्यालय को इसके जारी करने के 7 दिन के भीतर लौटा दिया जाए।

The issuance of this form is not to be construed as an admission of liability on the part of the Company & should be completed and returned to the issuing office of the Company by whom it was issued, within seven days.

बीमाकृत व्यक्ति का नाम Name of Insured.....उम्र Age.....

जीवन-बीमित व्यक्ति का नाम Name of the life Insured.....उम्र Age.....

पूरा पता Address in full .....

व्यवसाय या धन्धा Profession or Occupation.....

(कृपया यह बतायें कि क्या मास्टर अधीक्षक, मास्टर वर्किंग या कामगार है)

(Please indicate whether Superintending, Master working or workman)

पॉलिसी संख्या Policy No. ....नवीकरण तिथि Renewal Date.....दावा संख्या Claim No .....

1. बतायें कि दुर्घटना कब और कहाँ हुई। तिथि और समय बतायें। State when and where the accident took place ? Give date & time.	
2. बतायें कि यह कैसे हुई और बीमाकृत व्यक्ति/जीवन-बीमित व्यक्ति उस समय क्या कर रहा था। State how it happened and what the Insured/the Life Insured was doing at the time.	
3. लगी चोटों की प्रकृति और सीमा जितनी पूर्ण रूप से बता सकते हो बतायें। State as fully as you can the nature and extent of the injuries sustained.	
4. इन चोटों के लिए बीमाकृत व्यक्ति/जीवन-बीमित व्यक्ति की परिचर्या करने वाले डाक्टर का नाम और पता दें। क्या वह सामान्य चिकित्सा परिसर है ? क्या किसी अन्य चिकित्सा व्यवसायी से परामर्श किया गया है ? Give the name and address of the doctor attending the Insured/the Life Insured for these injuries. Is he the usual Medical Attendant ? Has any other Medical man been consulted ?	
5. क्या बीमाकृत व्यक्ति/जीवन-बीमित व्यक्ति अब भी अक्षम है? कृपया बतायें कि उसके अपने सामान्य कारोबार या व्यवसाय को पुनर्ग्रहण करने के लिए कब फिट होने की सम्भावना है-पूर्णतः या अंशतः। If the insured/the Life Insured is still disabled, please indicate when/he/she is likely to be fit to resume usual business or occupation either wholly or in part.	

<p>6. चिकित्सा अधिकारी या बीमाकर्ताओं के किसी अधिकारी द्वारा बीमाकृत व्यक्ति/जीवन-बीमित व्यक्ति का निरीक्षण (अगर आवश्यक हो) कब और कहाँ किया जा सकता है ? When and where can the Insured/the Life Insured be visited (if necessary) by medical Officer or an Official the Insurer ?</p>	
<p>7. क्या दुर्घटना के समय बीमाकृत व्यक्ति/जीवन बीमित व्यक्ति का स्वास्थ्य अच्छा था और वह शारीरिक दोष या ग्रसकता से मुक्त था ? Was the Insured/Life-Insured in good health and free from physical defect or infirmity at the time of the accident ?</p>	
<p>8. उपरोक्त दुर्घटना से पूर्व उस पर, अन्तिम चिकित्सकीय उपचार कब दिया गया था ? कृपया शिकायत (बीमारी) की प्रकृति बतायें । When did he/she last received medical attention previous to the above mentioned accident ? Please also state nature of complaint.</p>	
<p>9. क्या किसी अन्य बीमे के अन्तर्गत कोई दावा किया जा रहा है? यदि हाँ, तो कृपया विवरण दें । Is a claim being made under any other Insurance ? If so, please give particulars.</p>	
<p>10. यदि तुरन्त निपटान स्वीकार्य है तो कृपया राशि बतायें । If immediate settlement is acceptable please mention the amount.</p>	

### घोषणा DECLARATION

मैं, अधोहस्ताक्षरकर्ता, एतद्वारा घोषणा करता हूँ कि पूर्वगामी विवरण मेरी जानकारी और विश्वास के अनुसार संध्या सत्य और सही हैं ।

I the undersigned, do hereby declare that to the best of my knowledge and belief the foregoing particulars are true and correct.

तिथि Date.....

हस्ताक्षर Signature.....

सावधानी में ही बचाव है ।