

GUIDELINES FOR SETTLEMENT OF CLAIMS FOR COMPENSATION FOR DEATH OR PERMANENT DISABILITY ARISING FROM ACCIDENTS FACED BY MEMBERS OF GENERAL PUBLIC AND CERTAIN CATEGORIES OF PERONS IN THE DEPARTMENT OF ECONOMIC AFFAIRS AND AUTONOMOUS ORGANISATIONS AND PUBLIC SECTOR UNDERTAKINGS UNDER ITS CONTROL

1. **Title:** These guidelines may be called as Guidelines for Settlement of Claims for Compensation.

2. **Effective date:** The guidelines would be effective from 4th Feb, 2019.

3. **Applicability:** These guidelines would govern the settlement of compensation claims arising out of accidents resulting into *loss of life or permanent disability* of the following categories of persons:-

(i) Members of general public visiting the premises of Department of Economic Affairs or any of the autonomous organisations/public sector undertaking under its administrative control, for any official purposes who may not be covered under any provisions/rules/guidelines for any compensation on account of their not being a Government employee;

(ii) employee/worker of a contractor or agency engaged/hired by the Department of Economic Affairs or by any of the autonomous organisations/public sector undertaking under its administrative control, for carrying out any activity/work within or outside the premises of the Department/or autonomous organisations/public sector undertaking;

Provided that an employee/worker of a contractor engaged by such public sector undertaking and who is eligible for payment of such compensation under any existing policy of that undertaking will not be covered under these guidelines

4. **Definitions:**

a) **Accident:** Any death or permanent disability resulting solely and directly from *any unintended and unforeseen injurious occurrence caused during the maintenance, operation and provisioning of any public services undertaken by the Department.*

b) **Competent Authority:** Competent Authority means Secretary to Government of India in the Department of Economic Affairs or the Chairman/Head of the autonomous organisation or Chairman cum Managing Director or the public sector undertaking under the control of the Department of Economic Affairs.

c) **Department:** means *Department of Economic Affairs* and for the purposes of the present Guidelines includes, any autonomous organisations and public sector undertaking, under the administrative control of the Department of Economic Affairs.

d) **Dependent:** As defined in the Employee's Compensation Act, 1923.

e) **Designated Officer:** An Officer designated by the Competent Authority of the Grade of Junior Administrative Grade, (JAG) or equivalent for the purposes of receiving and processing claims for compensation under the present Guidelines.

f) Victim: Any person who suffers permanent disablement or dies in an accident as defined in these Guidelines.

g) Permanent Disablement: A disablement that is classified as a permanent total disablement under the proviso to Section 2 (I) of The Employee's Compensation Act, 1923.

5. Detailed Accident Report: The report prepared by the police within a period of 30 days from the date of incident as per Schedule of this guidelines.

Explanation: For the purpose of the preparation of the detailed accident report, the word "injury as referred in Schedule –I refers to "permanent disability" as mentioned in clause 4(i) of the Guidelines.

6. Extent of Liability: On the occurrence of any accident as defined under these Guidelines, the Department shall, whether or not there has been any wrongful act, neglect or default on part and notwithstanding anything contained in any other law, be liable to pay compensation to such extent as prescribed below:

(i) In the event of death or permanent disability resulting from loss of both limbs: Rs. 10,00,000/- (Rupees Ten Lakh)

(ii) In the event of other permanent disability: Rs. 7,00,000/- (Rupees Seven Lakh)

7. Procedure of settlement of claims in respect of compensation

a) The Victim or his/her dependents would make an application within a period of 90 days of the accident to the Designated Officer under whose jurisdiction the accident had occurred. The application should be accompanied by the following documents:

(i) Proof of age of the victim.

(ii) Death certificate of the victim **OR** Permanent disability certificate issued by the Medical Board authorized by the Government.

(iii) Certified copy of FIR lodged in respect of the accident.

(iv) Proof of applicant's relation with the victim/Dependency Certificate.

To establish the genuineness of the claim and identity of the claimant(s), the Designated Officer may seek any further documents from the claimant(s), as he deems necessary, for settlement of claim;

Provided that where there are more than one dependent, the applicant must mention their name, addresses and relations with the victim and the Designated Officer may at his own discretion issue notices to all before releasing the compensation.

b) The Designated Officer, on receipt of above application, taking into consideration the Detailed Accident Report submitted by the Police Authority, would process the

claim of compensation on priority basis but would not take more than 30 days for disposing off the same in any case.

c) Notwithstanding anything contained in these guidelines, the Designated Officer, in case where no application is received from the victim/dependents of victims, may on receipt of the detailed accident report proceed suo-moto to initiate the process for consideration for grant the compensation to the victim/dependents of victim.

d) With effect from the date of coming into force of these Guidelines, all contracts/agreements to be entered into by the Department with any person or agency for maintenance, operation and provisioning of public service would invariably include a clause whereby any compensation paid under these guidelines shall be recoverable from such person, agency or firm.

e) In no case a claim for appointment of any of the dependents of he victim on the compassionate grounds would be entertained by the Department.

8. Method of Disbursement of compensation

i. The amount of compensation so awarded shall be deposited in a Nationalized Bank or if the branch of a Nationalized Bank is not in existence, it shall be deposited in the branch of a scheduled commercial bank, in the joint or single name of the victim/dependent(s). Out of the amount so deposited, 75% (seventy five percent) of the same shall be put in a fixed deposit for a minimum period of one year and the remaining 25% (twenty five percent) shall be available for utilization and initial expenses by the victim/dependent(s) as the case may be.

ii. In the case of a minor, 75% of the amount of compensation so awarded shall be deposited in the fixed deposit account and shall be drawn only on attainment of the age of majority, but not before one year of the deposit. Provided that in exceptional cases, amounts may be withdrawn for educational or medical needs of the beneficiary at the discretion of the Department.

iii. The interest on the sum shall be credited directly by the bank in the savings account of the victim dependent(s) on monthly basis.

9. Appeal: An appeal against the decision of the Designated Officer in respect of the amount of compensation or rejection of such claim shall be made to competent authority within a period of 30 days of receipt of such appeal.

SCHEDULE-I

PART-I-PARTICULARS OF THE ACCIDENT		
1.	FIR No....., Date and Under Section	
2.	Name of the Police Station	
3.	Date, Time, Place of the accident	

4.	Who reported the accident to the police	
5.	Name of the Person who took the victim to the hospital and Name of the Hospital	
6.	Whether any hospital denied treatment to the Victim?	
7.	Nature of the accident:- (i) Whether resulted in death or injury or both? (ii) Number of persons injured/died.	
8.	Name and Contact No. of the Investigating Officer	
9.	Name of the witnesses of the accident	
10.	Description of the accident	

PART-II-IMPACT OF THE ACCIDENT ON THE VICTIMS		
1.	Death Cases:- a) Name and Address of the deceased b) Age c) Gender d) Education e) Occupation f) Income (monthly) g) Legal Heirs/Guardian i. Name ii. Relationship iii. Age iv. Address v. Contact No.	
2.	Injury Cases (permanent disablement) a) Name and address of the injured b) Age c) Gender	

	<p>d) Education</p> <p>e) Occupation</p> <p>f) Income (Monthly)</p> <p>g) Details of family dependent of the victim MLC No.</p> <p>h) Nature of injuries</p> <p>i) Name of the Hospital where the injured treated</p> <p>j) Whether victim refused medical treatment</p> <p>k) Period of hospitalization</p> <p>l) Period of treatment</p> <p>m) Whether treatment continuing</p> <p>n) Name, address and contact number of the doctor (s) who treated the injured</p> <p>o) Whether the injured underwent any surgery? If Yes, then give particulars.</p> <p>p) Whether suffered any permanent disability.</p> <p>q) Expenditure incurred on treatment conveyance, special diet, attendant etc. Give details, if available.</p> <p>r) Whether the injured got reimbursement of medical expenses from his employer or under a mediclaim policy. Give details, if available.</p> <p>s) Whether the injured was provided cashless treatment by the insurance Company? Give details, if available.</p>	
3.	Any other relevant information.	

PART-III- RELEVANT DOCUMENTS TO BE ATTACHED		
1.	First Information Report	
2.	Photographs of the scene of the accident from all angles	
3.	Statement of the witness recorded by the police	

4.	Scientific report, If the Victim was under the influence of any liquor/drugs	
5.	<p>In case of Death</p> <p>a) Post Mortem Report</p> <p>b) Death Certificate</p> <p>c) Photograph and proof of identify of the Dead.</p> <p>d) Proof of legal representatives of the deceased.</p> <p>e) Photograph, specimen, signatures attested by the bank and identify proof of the legal representatives of the deceased.</p> <p>f) Treatment of the deceased with name and address of the Hospital.</p> <p>g) Bank account No. of the legal representatives of the deceased.</p>	
6.	<p>In case of Injury</p> <p>a) MLC</p> <p>b) Multi angled photographs of the injured</p> <p>c) Photograph, specimen, signatures attested by the bank and identify proof of the Injured.</p> <p>d) Disability certificate</p>	
7.	Any other relevant information	

VERIFICATION

Verified at on this of, that the contents of the above report are true and correct and the documents mentioned in part III have been verified.

Station House Officer

Assistant Commissioner of Police

(Signature with name & stamp)

(Signature with name & stamp)