

NO: Fin-IF-(F)9-5/2012-II

Dated: Shimla-2, the 17<sup>th</sup> November, 2025

**NOTIFICATION**

The Governor, Himachal Pradesh is pleased to renew the Group Personal Accident Insurance Scheme for Regular, Adhoc, Part-time, Contractual and Daily Waged employees of Government Departments, Boards, Corporations, Universities and Autonomous Bodies on compulsory basis for a period of one year w.e.f. 18.11.2025 to 17.11.2026. The scheme would be implemented by the State Government through Heads of Departments.

**Salient feature of the Scheme are as under :-**

1. Premium Rs. 200/- per annum per employee.
2. Coverage.
  - i) Death by reason of an accident or by drowning/ washing away in floods/ landslides/ snakebite/ earthquakes & cyclone; ( Post Mortem Report and FIR is compulsory).
  - ii) Accidental injuries leading to disability (As per para-B-II of the Scheme).
  - iii) The cover is available on twenty four hours basis and includes all types of accidents arising anywhere, i.e. at home, in public, whilst engaged in any occupation/vocational activity and or travelling by any mode of conveyance, directly caused by external violent and visible means in sudden, unforeseen manner.
  - iv.) Natural deaths, i.e. deaths not occurring due to accidents are however not covered under the scope of this scheme.

3.

**Sum Assured/Benefits in case of accident :-**

a)	Death	Rs. 5.00 lakh
b)	Permanent total disablement	Rs. 5.00 lakh
c)	Loss of one limb+one eye	Rs. 5.00 lakh
d)	Loss of one limb/eye	Rs. 2.00 lakh



A. **Mode of Premium payment**

1. Since the scheme is implemented on compulsory basis, each and every DDO (s) would ensure deduction of Rs. 200/- as premium from each employee from the salary/ wages for the month of November, 2021 in one instalment and the same will be deposited in receipt Head -0235-60-105-02.
2. The Boards/Corporations/Universities/Autonomous Bodies will also deposit the premium in above stated Receipt Head in respect of their employees.

B. **Procedure for claims :**

The concerned DDO(s) shall prefer the claims to their Head of Department. The following documents will required to be attached with the claim form duly countersigned by the concerned DDO.

i) **In case of death.**

- a) Intimation from legal heir of deceased within 30 days of death;
- b) Claim form along with copy of FIR, Post Mortem report by appropriate authority;
- c) Death Certificate issued by the appropriate authority.
- d) Legal heir certificate issued by the appropriate authority.

ii) **In case of injury.**

- a) Intimation from claimant;
- b) Claim form;
- c) Treatment and disability certificate in event of permanent total disability/permanent partial disability.

Specific proof of deduction and deposit of premium in designated Receipt Head in respect of beneficiary would be attached/ensured.



Contd:.....

In the event of claim, the concerned HOD will decide/settle the claim at his own level, on being satisfied that the claim falls within the scope of the scheme as explained in para 2 of these guidelines. The payments of compensation shall be made to the nominee(s) or legal heirs of the deceased by the concerned Head of Department. The expenditure on this account shall be charged to major Head-2235-60-105-02-SOON-NP-OC.

In case of claims under the scheme from Boards/Corporations/Universities/Autonomous Bodies, the claims will be settled by their respective Administrative Departments. Specimen copies of Claim Intimation Letter and Claim Form is enclosed as per Annexure-I & II.

The HOD/AD shall ensure that relevant documents as mentioned at Annexure-I & II as may apply to the particular case are attached with the claim form.

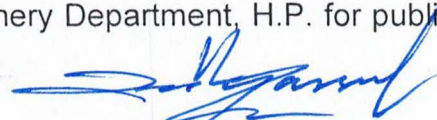
By order.

Principal Secretary (Finance) to the  
Government of Himachal Pradesh.

No. Fin-IF (F)9-5/2012-II. Dated: Shimla-2 the 17<sup>th</sup> November, 2025.

Copy for information and necessary action to :-

1. All Administrative Secretaries to the Govt. of Himachal Pradesh.
2. All the Heads of Departments.
3. Registrar General, H.P. High Court, Shimla.
4. The Director, Treasuries and Accounts with 120 copies for circulation to all the Treasuries in the State so that recovery of premium is ensured.
5. All Deputy Commissioners in Himachal Pradesh.
6. All Boards/Corporations/Universities/Autonomous Bodies in H.P.
7. The Controller, Printing and Stationery Department, H.P. for publication in the extra ordinary Rajpatra.



(Saurabh Jassal), I.A.S.  
Director (Institutional (Finance)-  
cum-Special Secretary) to the  
Govt. of Himachal Pradesh.

CLAIM INTIMATION LETTER

To

The Director,

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Sub:- INTIMATION OF LOSS UNDER GROUP PERSONAL ACCIDENT INSURANCE SCHEME FOR GOVERNMENT EMPLOYEES.

Sir,

It is to intimate to you that Sh. \_\_\_\_\_ S/o  
Sh. \_\_\_\_\_ R/o \_\_\_\_\_ working  
\_\_\_\_\_ as \_\_\_\_\_ in \_\_\_\_\_ posted at  
\_\_\_\_\_ has died/lost following body parts \_\_\_\_\_ Suffered  
permanent total disability/permanent partial disability due to accident of  
\_\_\_\_\_ on dated \_\_\_\_\_. You are requested to registered the  
claim at the earliest in favour of insured under the captioned scheme.

Thanking You

SIGNATURE

(Not in case of death)

Countersigned by Head of the  
Office/Department.

Documents to be submitted in event of claim :

- Claim intimation immediately after knowledge of occurrence.
- Claim Form alongwith
- Copy of FIR.
- Post Mortem report in the event of death/death certificate.  
from competent authority.
- Treatment/disability certificate in the event of Permanent  
Disability/Permanent Partial Disability.

NOTE:- ALL DOCUMENTS SHOULD BE DULY ATTESTED BY HOD.

ANNEXURE-II

CLAIM INTIMATION LETTER

1. NAME OF INSURED: \_\_\_\_\_  
DESIGNATION: \_\_\_\_\_  
PARENTAGE \_\_\_\_\_  
RESIDENTIAL ADDRESS \_\_\_\_\_  
  
POSTED AT \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_  
PREMIUM PAID ON \_\_\_\_\_
2. AGE \_\_\_\_\_ SEX \_\_\_\_\_  
DATE OF ACCIDENT \_\_\_\_\_ TIME OF ACCIDENT \_\_\_\_\_  
HOW DID ACCIDENT OCCUR: \_\_\_\_\_  
WITNESS OF ACCIDENT \_\_\_\_\_ HIS NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. NATURE OF INJURY RECEIVED \_\_\_\_\_  
NATURE OF DISABLEMENT \_\_\_\_\_  
NAME AND ADDRESS OF HOSPITAL \_\_\_\_\_  
PRESENT STATE OF INJURY/HEALTH \_\_\_\_\_
4. DETAIL OF POLICY REPORT LODGED  
WITH FIR NO AND DATE \_\_\_\_\_  
ULTIMATE LOSS \_\_\_\_\_ (loss body parts, PTD)  
DETAIL OF BODY PARTS LOST : \_\_\_\_\_  
DETAIL OF PERMANENT TOTAL DISABILITY \_\_\_\_\_  
POSTMORTEM/TREATMENT TAKEN FROM \_\_\_\_\_

5. I hereby declare that the forgoing statements are true to the best of my knowledge and belief and I have not attempted to conceal any relevant pertinent information. In case of any false/fraudulent/untrue averment whatsoever the said policy shall be void ab-inito and my right/my claim for compensation will be forfeited.

SIGNATURE

(Not in case of death)

Dated: Countersigned by Head of the ( )  
Place: Office/Department

FOLLOWING DOCUMENTS ENCLOSED IN SUPPORT OF THIS CLAIM

- FIR
- POST MORTEM REPORT
- BRIEF ACCIDENT REPORT BY THE DEPARTMENT
- ANY OTHER DOCUMENT.