

NPCI/2025-26/RuPay/035

Date: 14<sup>th</sup> April'25

To,

All members – RuPay

Dear Madam/Sir,

**Subject: RuPay Insurance Program FY 2025-26- RuPay Platinum and Select Cards**

1. It is hereby informed that the RuPay Insurance Program for RuPay Platinum and Select Cards has been extended for the fiscal year 2025-26, effective from March 31, 2025, to March 31, 2026. The New India Assurance Company Ltd will continue to serve as the insurance partner with NPCI for these cards.

2. All terms and conditions, along with the claims process related to the RuPay Insurance Program for RuPay Platinum and Select Cards for FY 2025-26, are detailed in the annexures attached to the circular.

Yours truly,

  
Kunal Kalawatia  
Chief of Products

Annexure A: Claim Process  
Annexure B: Frequently Asked Questions  
Annexure C: Claim Form  
Annexure D: Declaration Form

## **Claims Process – RuPay Insurance Program 2025-26 for RuPay Platinum & Rupay Select Cards**

### **A) Claim intimation**

1. All the claims where an incident has happened in the financial year 2025-26, should be intimated to email [rupay@newindia.co.in](mailto:rupay@newindia.co.in), along with incident details.
2. The New India Assurance Co Ltd will register the claim and provide the claim number to the Member Bank within 2 working days with the policy number in subject line.
3. Claim intimation should be within Ninety (90) days from the date of accident. In cases where a person is hospitalized (and under a critical condition) and is unable to file a claim within 90 days of loss/incident such claim cases will be accepted by The New India Assurance Co Ltd for investigation and honoured, if all terms under the policy are met as on date of accident.

### **B) Documents Receipt / Follow-up:-**

Claim will be processed only after receiving hard-copy set of all the documents at the given below address: -

**NON SUIT CLAIM HUB 140001  
THE NEW INDIA ASSURANCE CO. LTD  
MUMBAI REGIONAL OFFICE 2,  
2nd Floor, Jeevan Seva Building,  
Santacruz(W),  
MUMBAI - 400 054  
[Email: rupay@newindia.co.in](mailto:rupay@newindia.co.in)**

Claim to be intimated within Ninety (90) days from the date of accident. In case where a person is hospitalized (and under a critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted with valid justification provided for such delay, such cases will be investigated if required.

1. All supporting documents relating to the claim must be submitted within sixty (60) days from the date of intimation.
2. The eligible claims will be settled in thirty (30) working days from the date of receiving the complete documents set.
3. In case the settlement is not confirmed, the Bank should follow up with The New India Assurance Co. Ltd. for status update of the claim and comply with the pending requirements in hard copy by post/courier. (Scanned images of required documents shall not be sent to the Insurance Company)
4. Claim requirements will be communicated to claimants as per set process.
5. Two reminders will be sent for submission of claim requirements at specified intervals to the bank branch email id/claimant. If all requirements are not fulfilled within the timelines specified in communications, the claim will be treated as closed without payment due to non- submission requirements.
6. Closure letter, hard copy letter will be sent to Member Bank on 90th day from claim intimation in case of no communication received from Member Bank.

**Investigator Appointment (Specific cases that need detailed investigation)**

Based on the merit of the claim, The New India Assurance Co. Ltd. investigation team shall be appointed

**C) Claims Follow up / Processing**

| Sr. No | Escalation Level | Name                   | Designation              | Email ID                                                                     |
|--------|------------------|------------------------|--------------------------|------------------------------------------------------------------------------|
| 1      | First Query      | Mr.Shashikishor Jadhav | <b>Assistant Manager</b> | <a href="mailto:rupay@newindia.co.in">rupay@newindia.co.in</a>               |
| 2      | Escalation 1     | Mr. Ravi Dabhade       | <b>Assistant Manager</b> | ravi.dabhade@newindia.co.in                                                  |
| 3      | Escalation 2     | Mr. Akshay Patil       | Senior Business Manager  | <a href="mailto:akshay.patil@newindia.co.in">akshay.patil@newindia.co.in</a> |

|   |              |                      |                  |                              |
|---|--------------|----------------------|------------------|------------------------------|
| 4 | Escalation 3 | Mr. KHUSHALDAS GOHIL | Regional Manager | khushal.gohil@newindia.co.in |
|---|--------------|----------------------|------------------|------------------------------|

**For Policy Administration:**

| Sr. No | Escalation Level | Name                   | Designation             | Email ID                                                                     |
|--------|------------------|------------------------|-------------------------|------------------------------------------------------------------------------|
| 1      | SPOC             | Mr. Ravi P Dabhade     | Assistant Manager       | <a href="mailto:ravi.dabhade@newindia.co.in">ravi.dabhade@newindia.co.in</a> |
| 2      | Escalation 1     | Mr. Akshay Vijay Patil | Senior Business Manager | <a href="mailto:akshay.patil@newindia.co.in">akshay.patil@newindia.co.in</a> |

**D) Claim Payment**

Once the claim is approved, the payment in the form of **NEFT** shall be done to the cardholder (in case of Disablement) / to nominee or legal heir (in case of Death).

**E) Dispute Management**

A committee of 3 people as mentioned below to resolve the dispute.

- Representative from The New India Assurance Co Ltd
- Representative from NPCI.
- Representative/s of the disputing Bank/s.

**F) Document check list –**

**For Accidental Death Claims:**

- Claim Form - Annexure C - Duly filled in, signed and stamped by the Bank.
- Original or Certified copy of Death Certificate
- Original or Certified copy of FIR giving description of the accident {along with Notarised translation into English or Hindi}
- Original or certified copy of Post Mortem Report along with Chemical Analysis/FSL Reports (wherever applicable).
- Copy of all medical records, if hospitalized

- f) Copy of Newspaper cutting, if any.
- g) CKYC Form with KYC, NEFT documents of Nominee
- h) Aadhar copies of Cardholder and Nominee.
- i) Declaration Form - Annexure D - Duly filled in, signed and stamped by the Bank.
- j) Details of card induced POS/ Ecommerce transaction done using RuPay card details within 30 days (as applicable) prior to date of accident (to be supported with complete transaction log / account statement from the bank's system)
- k) Nominee details (including NEFT details) as per bank. Nominee form submitted at the time of account opening\*In case Nominee/s details are not available, Legal Procedure to be adopted as per bank's guidelines and Legal Heirs details to be provided after confirmation of Legal heir as per Bank's guidelines:- Provide Legal Heir Details in form of registered affidavit OR succession certificate along with KYC and Banking details (including Passbook copy).
- l) Aadhar copies of Cardholder and Nominee.
- m) Nominee Passbook copy for Banking Details. (Clear and legible copy; Passbook copy with A/C number/IFSC written manually will not be accepted).
- n) True Copy of the Driving License of the deceased person if the accident was whilst the deceased was driving any vehicle.

\*Additional documents may be requested by The New India Assurance Co Ltd based on the case requirement such as Medical Reports, Identity documents, etc.

**FOR Permanent Total Disability Claim: –**

- i. Claim Form duly completed and signed & copy of RuPay card of insured. Copies of all hospitalization & treatment records along with relevant diagnostic reports
- ii. Disability certificate issued by Competent medical authority
- iii. Copy of FIR/ Police report giving description of the accident.
- iv. Photograph of disabled body organ
- v. Copy of Aadhar card of insured & claimant
- vi. Certificate from card issuing bank mentioning
- vii. Details of card induced POS/ Ecommerce transaction done using RuPay card details within 30 days (as applicable) prior to date of accident (to be supported with complete transaction log / account statement from the bank's system)

viii. Nominee details (including NEFT details) as per bank. Nominee form submitted at the time of account opening\*

ix. Brief description of Accident as per FIR translated in English or Hindi.

X. Declaration Form - Annexure D - Duly filled in, signed and stamped Card Issuing Bank

\*Additional documents may be requested by The New India Assurance Co Ltd based on the case requirement.

**RuPay Insurance Program 2025-26 for RuPay Platinum and Select Card**  
(As per standard Group Personal Accident Policy Clauses of The New India Assurance Co. Ltd)

**Frequently Asked Questions**

**Death Claims**

**Q1. What is an accident?**

Ans. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

**Q2. What are the benefits payable under this policy?**

Ans. Now you can protect yourself with Personal Accident Insurance against accidental injuries caused by all kind of accidents. The policy provides the benefits to you, for Accidental Death and Permanent Total Disability.

**Q3. Does the Personal Accident policy cover natural death, suicide or death due to some illness/disease/pregnancy?**

Ans. No, Personal Accident policy covers death occurring only due to accidents or accidental injuries which are non- intentional or not self-inflicted.

**Q4. What is the available sum insured under the plan?**

Ans. Sum insured of uptoRs 2 lakhs for RuPay Platinum cardholders and uptoRs 10 lakh for RuPay Select cardholders

**Q5. What is the eligibility criterion to avail Personal Accident Insurance cover on my RuPay Card?**

Ans: Benefits of Insurance will be available to the

1. RuPay Cardholder who have performed minimum one successful RuPay Card induced domestic / international financial transaction at any POS (contactless / contact) or e-com, both Intra & Inter – bank i.e. on-us or off –us,(which also includes any RuPay Credit card linked UPI transaction) within 30 days prior to date of accident including accident date of RuPay Cardholders.

2. Are ATM transactions covered?

No, ATM transactions are not covered. Successful RuPay Card induced domestic / international financial transaction at any POS (contactless / contact) or e-com, both Intra & Inter – bank i.e. on-us or off –us,(which also includes any RuPay Credit card linked UPI transaction) within 30 days prior to date of accident including accident date of RuPay Cardholders are covered.

**Q6. Is there any age limit for availing Personal Accident Policy?**

Ans. Personal Accident Insurance is open to all RuPay cardholders subject to fulfilment of the terms and conditions of the policy.

**Q7. Does the policy have worldwide coverage?**

Ans. Yes, the Personal Accident policy will cover you even if the incident has happened when out of the country. Claim will be paid in Indian rupees as per the sum insured on submission of required documentation. There is no negative list of countries.

**Q8. Who can be the beneficiary?**

Ans. The beneficiary could be nominee on the account of the cardholder or legal heir as per competent court order.

**Q9. Who is the beneficiary in case there are multiple heirs / beneficiaries?**

Ans. In case of multiple beneficiaries the claim is settled in the name of heir as per legal heir certificate submitted.

In case the legal heir absolves his right of claim (i.e. legal heir doesn't want to claim) we will need the NOC from him/her and the claim can be settled in the name of another beneficiary so nominated.

**Q10. How do I make a claim?**

Ans. Please intimate claim to [rupay@newindia.co.in](mailto:rupay@newindia.co.in).

Please fill the entire documents as per the checklist and submit the same to the Bank / Bank branch where RuPay cardholder has an account.

**Q11. Whom should I contact in case of a claim?**

Ans. Please contact RuPay cardholder Bank / Bank branch of which RuPay cardholder has a card for intimating claim.

**12. What are the claim documents to be submitted in case of a claim, whether an incident has happened in India or overseas?**

Ans. For Accidental Death Claims:

- a) Claim Form duly completed and signed.
- b) Original or Certified copy of Death Certificate.
- c) Original or Certified copy of FIR / Police report giving description of the accident.
- d) Original or Certified copy of Post Mortem Report along with Chemical Analysis/FSL reports wherever applicable.
- d) Aadhar copies of Cardholder and Nominee.
- e) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:
  - 1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
  - 2. Compliance of 30 days transaction criteria (to be supported with transaction log / account statement from the bank's system)
  - 3. CKYC Form with KYC, NEFT documents of Nominee (including Cancelled Cheque)
  - 4. Brief description of Accident as per FIR translated in English or Hindi.
  - 5. Bank official's Name and contact details with email ID.

Additional documents may be requested by The New India Assurance Co. Ltd based on the case requirement such as Medical Reports, Identity documents, etc.

Please Note: If the original claim documents are submitted to any particular General Insurance co., copies of the same duly certified by Branch in-charge of RuPay card issuing bank can be submitted.

**Q13. In how many days the claims will be settled?**

Ans. The claims will be settled in thirty (30) working days from the date of receiving the complete document set by The New India Assurance Co. Ltd.

**Q14. In how many days should I intimate about claim?**

Ans. The intimation should be immediate to The New India Assurance Co. Ltd. or Bank but not later than ninety (90) days of the date of accident. In case where the person is hospitalized (and under critical condition) and is unable to file claim within ninety (90) days of loss/incident such claim cases will be accepted by The New India Assurance Co. Ltd for investigation and honoured, if all terms under the policy are met as on date of accident.

**Q15. In how many days should I submit the claim documents?**

Ans. The claim documents must be submitted within Sixty (60) days from the date of claim intimation.

**Q16. In case RuPay Cardholder having a Personal Accident policy with another insurance Company, will this Insurance Policy will be an additional cover?**

Ans. Yes, the policy is a benefit policy and hence it will be an additional cover over the other Personal Accident insurance policies being held by the cardholder.

**Q17. What do you mean by exclusions?**

Ans. Exclusions are situations or conditions wherein The New India Assurance Co. Ltd is not liable to pay the benefits to insured person in the event of accident.

In case of joint account, we will cover primary accountholder in case only one physical card is issued else if more than one physical cards are issued for other than primary accountholder owning the joint account and the premium is being paid for all the cards from NPCI to The New India Assurance Co. Ltd then only we will cover the individual card holders.

On-duty people from below occupations are excluded: Navy, Military, Police, Defence, Air Force, and People working on the live transmission

Lines or wires, People doing any sort of mining activities, People working at heights greater than 10 meters above the ground, People involved in performing offshore activities, Employees of Thermal Power and Hydro Power, Paramilitary, Home Guards

**Q18. What are the exclusions applicable?**

Ans. The New India Assurance Co. Ltd. shall not be liable under this policy for the following exclusions:

- Compensation under more than one of the foregoing Sub-clauses in respect of the same period of the same period of disablement of the Insured person.
- Any other payment to the same person after a claim under one of the Sub-Clauses (a), (b), (c) or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.
  - Sub-clause (a): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.
  - Sub-Clause (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 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 of such loss of sight of one eye and such loss of sight of one

eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Policy Schedule herein applicable to such Insured person.

- 1.a.a. 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 Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.
- Sub-Clause (c): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
  - 1.a.a.1. 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 Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.
  - 1.a.a.2. Total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

*Note: For the purpose of Clauses (b) and (c) above, physical separation of a hand means separation at or above the wrist and of the foot means at or above the ankle.*

- Sub-Clause (d): If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured, stated in the Policy Schedule hereto applicable to such insured person.
- Any payment in case of more than one claim in respect of such insured person under the Policy during any one period of insurance by which the maximum liability of the Company specified in the Policy schedule applicable to such Insured person would exceed the sum payable under sub-clause (a) of this Policy to such insured person. However, amount relating to medical expenses and carriage of dead body would be payable in addition if applicable.
  - Sub-clause (a): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.

1. Payment of weekly compensation until the total amount shall have been ascertained and agreed.

2. Payment of compensation in respect of Death, injury or Disablement of the Insured person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal diseases, aids or insanity, (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers ( for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.

3. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to :

War, Invasion, Act or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.

4. Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person -

## **RuPay Insurance Program 2025-26 for RuPay Platinum and Select Card**

(As per standard Group Personal Accident Policy Clause of The New India Assurance Co. Ltd)

- Directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
  - Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
    - ❖ Provided also that the due observance and fulfilment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and/or Insured person be a condition precedent to any liability of the Company under this Policy.
5. Pregnancy Exclusion Clause : The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

**Q19. If the incident occurs in a timeline of 0-30 days of issuance of the RuPay card, thereby not giving a window of 30 days qualifying criteria for doing a transaction in order to be eligible for the insurance benefit, is the Cover still valid?**

Ans. Yes, as an exception in such cases the cover is still valid and claim can be intimated as applicable for RuPay Cardholders.

**Q20. Since the cover is effective 1st April, 2025 and upto 31st March, 2026, if incident happens on 15th April, 2025 and the transaction has happened prior to the policy period is the cover valid?**

Ans. Yes, as long as the incident has happened in the policy period the cover is valid.

**Q21. For how many cards will I be eligible for the compensation of Insurance cover?**

Ans. The Insurance policy is applicable for the compensation of only one eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholder of same / different banks meet the eligibility criteria. The choice of the card for the claim would rest with the customer.

## **Permanent Total Disability**

**Q1. What is Permanent Total Disability?**

Ans. Permanent Total Disability is defined as permanent loss of ability to use a body part due to accidental injuries. The cover is restricted as mentioned in table in answer to Question No 3 below.

**Q2. What is the benefits payable under this policy?**

Ans. This policy pays for any Permanent Total Disability due to an accident.

**Q3. What is covered under Permanent Total Disability whether incident has happened in India or overseas?**

Ans. Permanent Total Disability due to an accident will cover the following:

| <b>The Disablement</b>                                                  | <b>Compensation %</b> |
|-------------------------------------------------------------------------|-----------------------|
| 1) <b>Permanent Total Disablement</b>                                   | 100%                  |
| 2) Permanent Total Loss of two <b>Limbs</b>                             | 100%                  |
| 3) Permanent Total <b>Loss of Sight</b> in both eyes                    | 100%                  |
| 4) Permanent Total <b>Loss of Sight</b> of one eye and one <b>Limb</b>  | 100%                  |
| 5) Permanent Total <b>Loss of Hearing</b> in both ears                  | 75%                   |
| 6) Permanent Total Loss of one <b>Limb</b>                              | 50%                   |
| 7) Permanent Total <b>Loss of Sight</b> of one eye                      | 50%                   |
| 8) Permanent Total <b>Loss of Hearing</b> in one ear                    | 30%                   |
| 9) Permanent Total Loss of use of four fingers and thumb of either hand | 40%                   |
| 10) Permanent Total Loss of use of four finger                          | 35%                   |
| 11) Permanent Total Loss of use of Loss of thumb - both phalange        | 25%                   |
| b) one phalanx                                                          | 10%                   |
| 12) Permanent Total Loss of one finger of either hand:                  |                       |
| a) Three joints                                                         | 5%                    |
| b) Two joints                                                           | 3.5%                  |
| c) One joint                                                            | 2%                    |
| 13) Permanent Total Loss of use of toes:                                | 15%                   |
| a) All-one foot                                                         | 5%                    |
| b) Big-both Joints                                                      | 2%                    |
| c) Big-one joint                                                        | 2%                    |
| d) Other than Big- each toe                                             | 1%                    |

**Q4. What is the available sum insured under this insurance cover?**

Ans. Sum insured of uptoRs 2 lakhs for RuPay Platinum cardholders and uptoRs 10 lakh for RuPay Select cardholders.

**Q5. What is the eligibility criterion to avail Permanent Total Disability Insurance cover on my RuPay Debit Card?**

Ans : Benefits of Insurance will be available to the:

1. RuPay Cardholder who have performed minimum one successful RuPay Card induced domestic / international financial transaction at any POS (contactless / contact) or e-com, both Intra & Inter –

## **RuPay Insurance Program 2025-26 for RuPay Platinum and Select Card**

(As per standard Group Personal Accident Policy Clause of The New India Assurance Co. Ltd)

bank i.e. on-us or off –us,(which also includes any RuPay Credit card linked UPI transaction) within 30 days prior to date of accident including accident date of RuPay Cardholders.

2. Is ATM transactions covered?

No, ATM transaction is not covered. successful RuPay Card induced domestic / international financial transaction at any POS (contactless / contact) or e-com, both Intra & Inter – bank i.e. on-us or off –us,(which also includes any RuPay Credit card linked UPI transaction) within 30 days prior to date of accident including accident date of RuPay Cardholders are covered.

### **Q6. Is there any age limit for opting Permanent Total Disability Policy?**

Ans. Permanent Total disability Insurance policy is open to all RuPay cardholders above subject to fulfilment of the terms and conditions of the policy.

### **Q7. Does the policy have a worldwide coverage?**

Ans. Yes, the Permanent Total Disability policy will cover you even if the incident has happened when out of the country. Claim will be paid in Indian rupees as per the sum insured on submission of required documentation. There is no negative list of countries.

### **Q8. Who can be the beneficiary?**

Ans. Beneficiary will be the insured under this policy.

### **Q9. What are the claim documents to be submitted in case of claim?**

Ans. Permanent Total Disability Claim Forms:-

- a) Claim Form duly completed and signed.
- b) Discharge card along with case history confirmation therein duration & percentage of disability duly certified by the concerned/treating Physician/Surgeon.
- c) Original or Certified copy of FIR/ Police report giving description of the accident.
- d) All investigation report in original copies\* thereof in respect of tests had undergone pertaining to accident.
- e) Additional documents, if any, based on merit of the loss.
- f) Aadhar copies of Cardholder and Nominee
- g) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:

1.g.1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number

1.g.2. Meeting 30 days transaction criteria (include the transaction log / account statement from the system)

1.g.3. Brief description of Accident as per FIR translated in English or Hindi.

1.g.4. Bank official's Name and contact details with email ID.

Additional documents may be requested by The New India Assurance Co. Ltd based on the case requirement such as Medical Reports, Identity documents, etc

\* If the original claim documents are submitted to any particular General Insurance co., copies of the same duly certified by Branch in-charge of RuPay card issuing bank can be submitted.

### **Q10. In how many days the claim will be settled?**

Ans. The claims will be settled in thirty (30) working days from the date of receiving the complete document set by The New India Assurance Co. Ltd.

**Q11. Whom should I contact in case of a claim?**

Ans. Please contact RuPay cardholder Bank/Bank branch of which RuPay cardholder has a card for intimating claim.

**Q12. How do I make a claim?**

Ans. Please fill the entire documents as per the checklist and submit the same to the Bank/Bank branch where RuPay cardholder has an account.

**Q13. In how many days should I intimate about claim?**

Ans. Please intimate about the claim within 90 days of the date of accident. In case where the person is hospitalized (and under critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted by The New India Assurance Co. Ltd. for investigation and honoured, if all terms under the policy are met as on date of accident.

**Q14. In how many days should I submit the claim documents?**

Ans. The claim documents needs to be submitted within 60 days from the date of claim intimation.

**Q15. Can I claim additional cover on my existing Permanent Total Disability cover from other Insurer (s) company?**

Ans. Yes, it will be an additional cover over any other existing insurance cover being held by the cardholder.

**Q16. Accidental Injury can I avail the cashless facility?**

Ans. This is not a mediclaim policy hence, cashless facility is not available for Personal accident policy.

**Q17. What do you mean by exclusions?**

Ans. Exclusions are situations or conditions wherein The New India Assurance Co. Ltd is not liable to pay the benefits to insured person in the event of accident.

On-duty people from below occupations are excluded: Navy, Military, Police, Defence, Air Force, and People working on the live transmission

Lines or wires, People doing any sort of mining activities, People working at heights greater than 10 meters above the ground, People involved in performing offshore activities, Employees of Thermal Power and Hydro Power, Paramilitary, Home Guards

**Q18. What are the exclusions applicable?**

Ans. The New India Assurance Co. Ltd. shall not be liable under this policy for the following exclusions:

- Compensation under more than one of the foregoing Sub-clauses in respect of the same period of the same period of disablement of the Insured person.
- Any other payment to the same person after a claim under one of the Sub-Clauses (a), (b), (c) or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.
  - Sub-clause (a): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.
  - Sub-Clause (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
    - 1.a.a. 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 of such loss of

## **RuPay Insurance Program 2025-26 for RuPay Platinum and Select Card**

(As per standard Group Personal Accident Policy Clause of The New India Assurance Co. Ltd)

sight of one eye and such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Policy Schedule herein applicable to such Insured person.

- 1.a.b. 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 Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.
- Sub-Clause (c): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
  - 1.a.b.1. 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 Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.
  - 1.a.b.2. Total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

*Note: For the purpose of Clauses (b) and (c) above, physical separation of a hand means separation at or above the wrist and of the foot means at or above the ankle.*

- Sub-Clause (d): If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured, stated in the Policy Schedule hereto applicable to such insured person.
  - Any payment in case of more than one claim in respect of such insured person under the Policy during any one period of insurance by which the maximum liability of the Company specified in the Policy schedule applicable to such Insured person would exceed the sum payable under sub-clause (a) of this Policy to such insured person. However, amount relating to medical expenses and carriage of dead body would be payable in addition if applicable.
    - Sub-clause (a): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.
1. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
  2. Payment of compensation in respect of Death, injury or Disablement of the Insured person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal diseases, aids or insanity, (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers ( for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.
  3. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to : War, Invasion, Act or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.
  4. Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person -

## **RuPay Insurance Program 2025-26 for RuPay Platinum and Select Card**

(As per standard Group Personal Accident Policy Clause of The New India Assurance Co. Ltd)

- Directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
- Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
  - ❖ Provided also that the due observance and fulfilment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and/or Insured person be a condition precedent to any liability of the Company under this Policy.

5. Pregnancy Exclusion Clause : The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

### **Q19. Is there is provision for interim relief on Insurance?**

Ans. There is no provision for interim relief until establishment of entitlement upon which the claim is payable as qualified.

### **Q20. If the incident occurs in a timeline of 30 days of issuance of the RuPay card, thereby not giving a window of 30 days qualifying criteria for doing a transaction in order to be eligible for the insurance benefit, is the Cover still valid?**

Ans. Yes, as an exception in such cases the cover is still valid and can be intimated as applicable for Non-Premium Cardholders.

### **Q21. Since the cover is effective 1st April, 2025 and upto 31st March, 2026 if incident happens on 15th April, 2025 and the transaction has happened prior to the policy period is the cover valid?**

Ans. Yes, as long as the incident has happened in the policy period the cover is valid.

### **Q22. For how many cards will I be eligible for the compensation of Insurance cover?**

Ans. The Insurance policy is applicable for the compensation of only one eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholders of same / different banks meet the eligibility criteria. The choice of the card for the claim would rest with the customer.



# The New India Assurance Company Limited

Regd & Head Office: New India Assurance Building, 87, M.G. Road, Fort, Mumbai - 400 001.

Policy Issuing Office : Bandra Divisional Office 142300

C-6,NCL Business Premises, 1st Floor, Bandra-Kurla Complex, Mumbai 400051.

## RuPay CARDHOLDER'S PERSONAL ACCIDENT INSURANCE CLAIM FORM 2025-26

**POLICY NUMBER: 14230042240100000687**

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY**

|                             |                             |
|-----------------------------|-----------------------------|
| RuPay CARD TYPE             | [ PLATINUM / SELECT CARDS ] |
| NAME OF RUPAY CARDHOLDER    |                             |
| AADHAR NUMBER OF CARDHOLDER |                             |
| BANK ACCOUNT NUMBER         |                             |
| ACCOUNT OPENING DATE        |                             |
| RUPAY CARD NUMBER           |                             |

|                             |  |
|-----------------------------|--|
| NAME OF NOMINEE [ CLAIMANT] |  |
| MOBILE NUMBER               |  |
| EMAIL ID                    |  |
| ADDRESS OF CLAIMANT         |  |

|                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| DATE AND TIME OF ACCIDENT                                                                                                     |  |
| PLACE OF ACCIDENT                                                                                                             |  |
| BRIEF DESCRIPTION OF ACCIDENT<br>[MANDATORY IN ENGLISH / HINDI]<br><br>IF SPACE IS INSUFFICIENT,PLEASE ATTACH SEPARATE SHEET. |  |

|                                              |                     |
|----------------------------------------------|---------------------|
| NATURE OF CLAIM                              | DEATH / DISABLEMENT |
| ANY OTHER RuPay CARD HELD BY THE SAME PERSON | YES / NO            |
| IF YES PLEASE GIVE DETAILS                   |                     |

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and also that I have not abstained from any usual occupation longer than absolutely necessary and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and I am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

|                         |  |                       |  |
|-------------------------|--|-----------------------|--|
| BANK SEAL AND SIGNATURE |  | SIGNATURE OF CLAIMANT |  |
|-------------------------|--|-----------------------|--|

## WITNESS CERTIFICATE

[TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT IF ANY]

I hereby certify that I was present when the Accident occurred to Mr./  
Ms. \_\_\_\_\_ on the  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ in the manner  
stated by him/her over leaf, that it was caused by \_\_\_\_\_ which \* was  
/ was not his/her wilful act and that he /she \* was / was not under the influence of intoxicating liquor at  
the time.

\*Strike out which is not applicable

SIGNATURE & DATE

NAME OF WITNESS  
ADDRESS  
OCCUPATION

## MEDICAL CERTIFICATE for DISABILITY CLAIMS ONLY

Disability Claims must be supported by medical evidence furnished by the Insured and at his expense.

|                                                                                                                                                    |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| NAME OF INJURED PERSON [CLAIMANT]                                                                                                                  |       |
| SEX : [ MALE / FEMALE]                                                                                                                             | AGE : |
| NATURE OF ACCIDENT                                                                                                                                 |       |
| WHETHER THE INJURIES ARE CONSISTENT TO THE DESCRIPTION OF ACCIDENT.                                                                                |       |
| DATE ON WHICH YOU FIRST ATTENDED THE CLAIMANT FOR THE INJURY                                                                                       |       |
| HAS THE CLAIMANT BEEN DISABLED TOTALLY OR PARTIALLY                                                                                                |       |
| IS THE CLAIMANT SUFFERING FROM ANY DISEASE/ ILLNESS/SYMPTOMS APART FROM THE INJURY WHICH MAY TEND TO RETARD RECOVERY? IF YES, PLEASE GIVE DETAILS. |       |
| TYPE OF DISABILITY                                                                                                                                 |       |

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

Signature : \_\_\_\_\_

Name & Qualification : \_\_\_\_\_

Address : \_\_\_\_\_

Date : \_\_\_\_\_





**Annexure D**

**Declaration from Member Bank [on Bank's letterhead]**

We hereby confirm that Mr. /Mrs. \_\_\_\_\_ having  
Aadhar number \_\_\_\_\_ is holder of  
Account number no. \_\_\_\_\_. And was issued a RuPay  
Card bearing no. \_\_\_\_\_.  
Account opening date : \_\_\_\_\_

Card type : **[PLATINUM/ SELECT]**

**A. Details of Customer induced transaction qualifying for the RuPay Insurance Program 2025-2026.**

Date of Transaction : \_\_\_\_\_  
Type of Transaction : \_\_\_\_\_  
Brief Description of transaction : \_\_\_\_\_

[ Copy of entire 30 days Account Statement of cardholder with highlighted qualifying transaction to be attached]

**B. Details of Nominee / Legal Heir**

Name of Nominee / Legal Heir : \_\_\_\_\_  
Aadhar Number of Nominee/ Legal Heir : \_\_\_\_\_  
Relation with Cardholder : \_\_\_\_\_  
Nominee's/ Legal Heir's Bank Name : \_\_\_\_\_  
Nominee's/ Legal Heir's Account number : \_\_\_\_\_  
Nominee's/ Legal Heir's Account IFSC code : \_\_\_\_\_

[ Copy of Pass Book / Cancelled Cheque of Nominee/Legal Heir's A/c. to be Attached]

[In case Nominee details are not available, Legal procedure to be adopted as per bank's guidelines and Legal Heirs details to be provided.]

AUTHORISED SIGNATORY  
WITH BANK SEAL.

page 2.

C. Brief Description of Accident [ to be narrated in English / Hindi only by Bank Official]

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D. Details of Bank's Official for follow up regarding the captioned claim.

Name and Address of Bank : 

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Name of Official : 

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Contact Number : Mobile: 

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Landline: 

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Email ID of Bank **Branch** : 

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Email ID of Bank **RO/ZO** : 

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We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

We also confirm that the documents sent in support of the captioned claim are true copies and have been verified by us with the original documents.

AUTHORISED SIGNATORY  
WITH BANK SEAL.