

**Claims Process – RuPay Insurance Program 2026-27 for RuPay Platinum & RuPay Select Cards**

**1. Claim intimation**

1. All the claims where an incident has happened in the financial year 2026-27, 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 7 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 honored, if all terms under the policy are met as on date of accident.

**2. Documents Receipt / Follow-up:-**

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

**Claims Department**

The New India Assurance Co Ltd,  
Non-Suit Claims Hub (140001), RuPay Claims,  
2nd Floor, Jeevan Seva Building, S.V. Road, Santacruz (West), Mumbai - 400054.

**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 a 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.

All supporting documents relating to the claim must be submitted within sixty (60) days from the date of intimation.

The eligible claims will be settled in thirty (30) working days from the date of receiving the complete documents set.

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).

Claim requirements will be communicated to claimants as per set process.

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.

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.

**C. 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

**D. Claims Follow up / Processing**

| Sr. No | Escalation Level | Name              | Designation             | Email ID                      |
|--------|------------------|-------------------|-------------------------|-------------------------------|
| 1      | First Query      | Ms. Beena Khule   | Assistant Manager       | rupay@newindia.co.in          |
| 2      | Escalation 1     | Mr. Ravi Dabhade  | Assistant Manager       | ravi.dabhade@newindia.co.in   |
| 3      | Escalation 2     | Mr. Akshay Patil  | Senior Business Manager | akshay.patil@newindia.co.in   |
| 4      | Escalation 3     | Mr.Jeevan Bhosale | Regional Manager        | jeevan.bhosale@newindia.co.in |

**E. For Policy Administration:**

| Sr. No | Escalation Level | Name                   | Designation                  | Email ID                    |
|--------|------------------|------------------------|------------------------------|-----------------------------|
| 1      | SPOC             | Mr. Ravi P Dabhade     | Business Development Manager | ravi.dabhade@newindia.co.in |
| 2      | Escalation 1     | Mr. Akshay Vijay Patil | Senior Business Manager      | akshay.patil@newindia.co.in |

**F.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).

**G.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.

## **I. Documents check list –**

### **For Accidental Death Claims:**

- a) Claim Form - Annexure C - Duly filled in, signed and stamped by the Bank who had issued the captioned RuPay Card.
- b) Original or Certified copy of Death Certificate
- c) Original or Certified copy of FIR giving description of the accident {along with Notarised translation into English or Hindi}
- d) Original or certified copy of Post Mortem Report alongwith Chemical Analysis/FSL Reports (wherever applicable).
- e) 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 who had issued the captioned RuPay Card;
- j) Bank Account Statement of the deceased person from 30 Days PRIOR to the Date of Accident upto the Date of Accident with the eligible POS/Ecommerce transaction done using RuPay Card highlighted;
- k) 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 alongwith 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 nos/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: –**

- a) Claim Form duly completed and signed & copy of RuPay card of insured.
- b) Copies of all hospitalization & treatment records along with relevant diagnostic reports
- c) Disability certificate issued by Competent medical authority
- d) Copy of FIR/ Police report giving description of the accident.
- e) Photograph of disabled body organ
- f) Copy of Aadhar card of insured & claimant
- g) Certificate from card issuing bank mentioning
- h) 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)
- i) Nominee details (including NEFT details) as per bank. Nominee form submitted at the time of account opening\*
- j) Brief description of Accident as per FIR translated in English or Hindi.
- k) Declaration Form - Annexure D - Duly filled in, signed and stamped by the Bank who had issued the captioned RuPay Card

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

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## **RuPay Insurance Program-Platinum & Select Cards**

(31<sup>st</sup> March 2026- 30<sup>th</sup> March 2027)

### **Frequently Asked Questions**

#### **Death Claims – Personal Accident Insurance**

**Q1. What is meant by an accident?**

**Ans.:** An accident refers to a sudden, unforeseen and involuntary event caused by external, visible and violent means.

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

**Ans.:** Personal Accident Insurance provides coverage against accidental injuries. Claim benefits are payable in cases of Accidental Death and Permanent Total Disability arising solely from an accident.

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

**Ans.:** No. The Personal Accident policy provides coverage only for deaths resulting from accidents or accidental injuries that are non-intentional and not self-inflicted.

**Q4. What is the sum insured under the policy?**

**Ans.:**

- Up to ₹2 lakh for RuPay Platinum cardholders
- Up to ₹10 lakh for RuPay Select cardholders

**Q5. What is the eligibility criterion to avail Personal Accident Insurance on a RuPay card?**

**Ans.:** Insurance benefits are available to RuPay cardholders who have performed at least one successful RuPay card-induced domestic or international financial transaction (POS – contact or contactless, or e-commerce, on-us or off-us, including RuPay Credit Card linked UPI transactions) within 30 days prior to the date of accident, including the accident date. ATM transactions are not considered eligible transactions.

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

**Ans.:** Personal Accident Insurance is available to all RuPay cardholders, subject to fulfilment of policy terms and conditions.

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

**Ans.:** Yes. Coverage is applicable worldwide. Claims are settled in Indian Rupees as per the applicable sum insured, subject to submission of required documentation. There is no negative list of countries.

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

**Ans.:** The beneficiary may be the nominee registered with the bank account of the cardholder or the legal heir. A legal heir is one who submits a succession certificate or legal heir certificate issued by a competent court or authority.



**Q9. How are claims settled in cases with multiple heirs or beneficiaries?**

**Ans.:** In cases of multiple legal heirs, claims are settled as per the legal heir certificate submitted. If any legal heir relinquishes the right to claim, a No Objection Certificate (NOC) is required for settlement in favour of another eligible beneficiary as mentioned in the legal heir certificate.

**Q10. What is the process for filing a claim?**

**Ans.:** Claim documentation, as per the prescribed checklist, is required to be completed and submitted to the bank or branch where the RuPay cardholder maintains the account.

**Q11. Who should be contacted for claim intimation?**

**Ans.:** Claim intimation is required to be made to the RuPay card-issuing bank or its designated branch.

**Q12. What documents are required for accidental death claims (India or overseas)?**

**Ans.:**

The following documents are required:

- Duly completed and signed claim form
- Original or certified copy of the Death Certificate
- Original or certified copy of FIR/Police report detailing the accident
- Original or certified copy of Post-Mortem Report and Chemical Analysis/FSL reports (if applicable)
- Aadhaar copies of the cardholder and nominee
- Bank declaration confirming:
  - Active RuPay card details (16-digit card number and IIN)
  - Compliance with the 30-day transaction eligibility criteria
  - CKYC details, NEFT details of nominee, and cancelled cheque
  - Brief description of the accident (translated into English or Hindi, if required)
  - Bank official's name and contact details

Additional documents may be requested by the insurer based on claim requirements.

**Q13. Within how many days are claims settled?**

**Ans.:** Claims are settled within 30 working days from the date of receipt of a complete set of documents by the insurer.

**Q14. What is the timeline for claim intimation?**

**Ans.:** Claim intimation is required to be made immediately, and not later than 90 days from the date of accident. Delays due to hospitalisation or critical condition may be considered, subject to investigation and policy terms.

**Q15. What is the timeline for submission of claim documents?**

**Ans.:** Claim documents are required to be submitted within 30 days from the date of claim intimation.

**Q16. Is this cover in addition to other Personal Accident policies?**

**Ans.:** Yes. This insurance operates as an additional benefit over and above any existing Personal Accident policies.

**Q17. What do “exclusions” mean?**

**Ans.:** Exclusions refer to circumstances under which the insurer is not liable to pay benefits under the policy.

**Q18. What exclusions apply under the policy?**

**Ans.:** The insurer is not liable for claims arising from specified exclusions outlined in the policy document, including intentional self-injury, intoxication, criminal acts, war-related events, nuclear risks, pregnancy-related causes, and certain high-risk occupations, among others.

**Q19. Is coverage available if an accident occurs within 30 days of card issuance?**

**Ans.:** Yes. As a special exception, coverage remains valid even if the accident occurs within 30 days of card issuance, notwithstanding the transaction eligibility window.

**Q20. Is coverage valid if the qualifying transaction occurred before the policy period but the accident occurred during the policy period?**

**Ans.:** Yes. Coverage remains valid provided the accident occurs within the active policy period.

**Q21. How many RuPay cards are eligible for compensation per cardholder?**

**Ans.:** Insurance coverage is applicable to only one eligible RuPay card per cardholder, even if multiple cards across banks meet the eligibility criteria. The selection of the card for claim purposes rests with the cardholder.

### Permanent Total Disability

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

**Ans.:** Permanent Total Disability refers to the permanent loss of ability to use specified body parts resulting solely from accidental injuries. Coverage and compensation are limited to the disabilities specified under the policy schedule.

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

**Ans.:** The policy provides compensation for Permanent Total Disability arising from an accident, as defined and classified under the policy terms and conditions.

**Q3. What is covered under Permanent Total Disability, whether the incident occurs in India or overseas?**

**Ans.:** Permanent Total Disability resulting from an accident is covered worldwide and includes the following disabilities, subject to certification and policy terms:

| Type of Disablement                                                                                                                                                                           | Compensation (% of Sum Insured) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Permanent Total Disablement                                                                                                                                                                   | 100%                            |
| Permanent and incurable insanity                                                                                                                                                              | 100%                            |
| Permanent total loss of two limbs                                                                                                                                                             | 100%                            |
| Permanent total loss of sight in both eyes                                                                                                                                                    | 100%                            |
| Permanent total loss of sight in one eye and one limb                                                                                                                                         | 100%                            |
| Permanent total loss of speech                                                                                                                                                                | 100%                            |
| Complete removal of lower jaw                                                                                                                                                                 | 100%                            |
| Permanent total loss of mastication                                                                                                                                                           | 100%                            |
| Loss of central nervous system or thorax and abdominal organs resulting in total inability to engage in any occupation and inability to perform daily activities without full-time assistance | 100%                            |
| Permanent total loss of hearing in both ears                                                                                                                                                  | 75%                             |
| Permanent total loss of one limb                                                                                                                                                              | 50%                             |
| Permanent total loss of sight in one eye                                                                                                                                                      | 50%                             |
| Permanent total loss of lens in one eye                                                                                                                                                       | 25%                             |
| Permanent total loss of hearing in one ear                                                                                                                                                    | 15%                             |
| Loss of use of four fingers and thumb of either hand                                                                                                                                          | 40%                             |
| Loss of use of four fingers of either hand                                                                                                                                                    | 20%                             |

**Q4. What is the sum insured under the Permanent Total Disability cover?**

**Ans.:**

- Up to ₹2 lakh for RuPay Platinum cardholders
- Up to ₹10 lakh for RuPay Select cardholders

**Q5. What is the eligibility criterion to avail Permanent Total Disability Insurance on a RuPay card?**

**Ans.:** Insurance benefits are available to RuPay cardholders who have completed at least one successful RuPay card-induced domestic or international financial transaction at a POS terminal (contact or contactless) or through e-commerce, on-us or off-us, including RuPay Credit Card linked UPI transactions, within 30 days prior to the date of accident, including the accident date.

ATM transactions are not considered eligible transactions for meeting the eligibility criteria.

**Q6. Is there any age limit for availing the Permanent Total Disability policy?**

**Ans.:** Permanent Total Disability Insurance is available to all RuPay cardholders, subject to fulfilment of the policy's terms and conditions.

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

**Ans.:** Yes. Permanent Total Disability coverage is applicable worldwide. Claims are settled in Indian Rupees as per the applicable sum insured upon submission of required documentation. There is no negative list of countries.

**Q8. Who is considered the beneficiary under the Permanent Total Disability policy?**

**Ans.:** The insured RuPay cardholder is considered the beneficiary under the Permanent Total Disability policy.

**Q9. What documents are required for submission of a Permanent Total Disability claim?**

**Ans.:** The following documents are required for claim processing:

- Duly completed and signed claim form
- Discharge card and medical records confirming duration and percentage of disability, duly certified by the treating physician or surgeon
- Original or certified copy of FIR/Police report detailing the accident
- Original copies of investigation reports related to the accident
- Aadhaar copies of the cardholder
- Declaration from the card-issuing bank confirming:
  - Active RuPay card details (IIN and 16-digit card number)
  - Compliance with the 30-day transaction eligibility criteria (supported by transaction logs or account statement)
  - Brief description of the accident as per FIR (translated into English or Hindi, if required)

- o Name and contact details of the bank official

Additional documents may be requested depending on the nature and merit of the claim.

**Q10. Within how many days are Permanent Total Disability claims settled?**

**Ans.:** Claims are settled within 30 working days from the date of receipt of a complete set of documents by the insurer.

**Q11. Whom should be contacted for claim intimation?**

**Ans.:** Claim intimation is required to be made to the RuPay card-issuing bank or the designated bank branch.

**Q12. What is the process for filing a Permanent Total Disability claim?**

**Ans.:** Claim forms and supporting documents, as prescribed, are required to be completed and submitted to the bank or branch where the RuPay cardholder maintains the account.

**Q13. What is the timeline for claim intimation?**

**Ans.:** Claim intimation is required to be made within 90 days from the date of accident. Delays caused due to hospitalisation or critical medical condition may be considered, subject to policy terms and investigation.

**Q14. What is the timeline for submission of claim documents?**

**Ans.:** Claim documents are required to be submitted within 60 days from the date of claim intimation.

**Q15. Is this cover available in addition to other Permanent Total Disability insurance policies?**

**Ans.:** Yes. This policy operates as an additional benefit over and above any other Permanent Total Disability or similar insurance policies held.

**Q16. Is a cashless facility available under this policy?**

**Ans.:** No. This is not a mediclaim policy; therefore, cashless treatment facilities are not available.

**Q17. What are exclusions under the Permanent Total Disability policy?**

**Ans.:** Exclusions refer to specific circumstances under which the insurer is not liable to pay benefits, as defined in the policy document. These include, but are not limited to, intentional self-injury, intoxication, criminal acts, war-related events, nuclear risks, pregnancy-related causes, and specified hazardous occupations.

**Q18. Is any interim relief payable pending claim settlement?**

**Ans.:** No interim relief is payable. Claims are payable only after establishment of entitlement in accordance with policy terms.

**Q19. Is coverage available if an accident occurs within 30 days of card issuance?**

**Ans.:** Yes. As an exception, coverage remains valid even if the accident occurs within 30 days of card issuance, notwithstanding the transaction eligibility requirement.

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**Q20. Is coverage valid if the accident occurs during the policy period but the eligible transaction occurred before the policy period?**

**Ans.:** Yes. Coverage remains valid provided the accident occurs during the active policy period.

**Q21. How many RuPay cards are eligible for Permanent Total Disability compensation per cardholder?**

**Ans.:** Compensation is applicable to only one eligible RuPay card per cardholder, even if multiple cards held across banks satisfy the eligibility criteria. Selection of the card for claim purposes rests with the cardholder.



## The New India Assurance Company Limited

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

POLICY NO 14230068250100000602

POLICY PERIOD 31/03/2026 TO 30/03/2027

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         |                             |
| RUPAY CARD NUMBER           |                             |

|                                               |  |
|-----------------------------------------------|--|
| NAME OF NOMINEE [ CLAIMANT ]                  |  |
| MOBILE NUMBER                                 |  |
| EMAIL ID                                      |  |
| ADDRESS OF CLAIMANT WITH DISTRICT AND PINCODE |  |

|                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|
| 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<br>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?<br>IF YES, PLEASE GIVE DETAILS. |       |
| TYPE OF DISABILITY AS DEFINED IN ANNEXURE                                                                                                             |       |

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

### The Disablement

*Compensation expressed as a percentage of Total Sum Insured.*

| The Disablement                                                                                                                                                                                                                                             | Compensation % |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1) <b>Permanent Total Disablement</b>                                                                                                                                                                                                                       | 100%           |
| 2) Permanent and incurable insanity                                                                                                                                                                                                                         | 100%           |
| 3) Permanent Total Loss of two <b>Limbs</b>                                                                                                                                                                                                                 | 100%           |
| 4) Permanent Total <b>Loss of Sight</b> in both eyes                                                                                                                                                                                                        | 100%           |
| 5) Permanent Total <b>Loss of Sight</b> of one eye and one <b>Limb</b>                                                                                                                                                                                      | 100%           |
| 6) Permanent Total <b>Loss of Speech</b>                                                                                                                                                                                                                    | 100%           |
| 7) Complete removal of the lower jaw                                                                                                                                                                                                                        | 100%           |
| 8) Permanent Total <b>Loss of Mastication</b>                                                                                                                                                                                                               | 100%           |
| 9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out <b>Daily Activities</b> essential to life without full time Assistance | 100%           |
| 10) Permanent Total <b>Loss of Hearing</b> in both ears                                                                                                                                                                                                     | 75%            |
| 11) Permanent Total Loss of one <b>Limb</b>                                                                                                                                                                                                                 | 50%            |
| 12) Permanent Total <b>Loss of Sight</b> of one eye                                                                                                                                                                                                         | 50%            |
| 13) Permanent Total <b>Loss of Hearing</b> in one ear                                                                                                                                                                                                       | 15%            |
| 14) Permanent Total Loss of the lens in one eye                                                                                                                                                                                                             | 25%            |
| 15) Permanent Total Loss of use of four fingers and thumb of either hand                                                                                                                                                                                    | 40%            |
| 16) Permanent Total Loss of use of four fingers of either hand                                                                                                                                                                                              | 20%            |
| 17) Permanent Total Loss of use of one thumb of either hand:                                                                                                                                                                                                |                |
| a) Both Joints                                                                                                                                                                                                                                              | 20%            |
| b) One joint                                                                                                                                                                                                                                                | 10%            |
| 18) Permanent Total Loss of one finger of either hand:                                                                                                                                                                                                      |                |
| a) Three joints                                                                                                                                                                                                                                             | 5%             |
| b) Two joints                                                                                                                                                                                                                                               | 3.5%           |
| c) One joint                                                                                                                                                                                                                                                | 2%             |
| 19) Permanent Total Loss of use of toes:                                                                                                                                                                                                                    |                |
| a) All-one foot                                                                                                                                                                                                                                             | 15%            |
| b) Big-both Joints                                                                                                                                                                                                                                          | 5%             |
| Big-one joint                                                                                                                                                                                                                                               | 2%             |
| d) Other than Big- each toe                                                                                                                                                                                                                                 | 2%             |
| 20) Established non-union of fractured leg or kneecap                                                                                                                                                                                                       | 10%            |
| 21) Shortening of leg by at least 5cms                                                                                                                                                                                                                      | 7.50%          |
| 22) Ankylosis of the elbow, hip or knee                                                                                                                                                                                                                     | 20%            |

## Annexure D

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

We hereby confirm that, Mr./Mrs. \_\_\_\_\_  
having Aadhar number \_\_\_\_\_ is holder of the  
account number no. \_\_\_\_\_ and was issued a  
RuPay Card bearing no. \_\_\_\_\_.

Card type: [ **Rupay Platinum / Select Card**]

A. Details of Customer induced transaction qualifying for the RuPay Insurance Program 2026-27.

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

[Copy of 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.]

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 followup regarding the captioned claim.

Name and Address of Bank : \_\_\_\_\_

Name of Official: \_\_\_\_\_

Contact Number: Mobile : \_\_\_\_\_

Landline : \_\_\_\_\_

Email ID of Bank **Branch** : \_\_\_\_\_

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

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.