

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

No.F.20-03/2016-Estt.I

Ansari Nagar, New Delhi-29.

Dated the :

MEMORANDUM

21 JUL 2019

Subject: Grant of compensation to the families of the victims died or injured at the public places due to the negligence and/or unforeseen causes-reg.

A copy of letter No.V-16020/154/2019-INI-I dated 2nd July, 2019 received from Ministry of Health & Family Welfare thereby forwarded the copy of O.M.No.A-13014/04/2018-W & PG dated 24th July, 2019 issued by W PG Section, MoHFW's on the above mentioned subject is forwarded for information and further necessary action.

(PALLAV KUMAR CHITTEJ)
ADMINISTRATIVE OFFICER

Encl. As above.

DISTRIBUTION:-

1. The Medical Superintendent / Addl. Medical Superintendent
2. All Head of Departments/Sections/Units
3. The Sr. Admn. Officers/ Admn. Officers/ Asstt. Admn. Officer of all Estt. Sections

- Copy to:-
1. PPS to the Director, AIIMS
 2. PS to the Dy. Director (Admn.)
 3. The Computer Facility - With the request to upload the same on official website of the Institute.

4. Sr Hindi Officer - is request to kindly provide the Hindi version of the above letter, so that we can upload the same at AIIMS website.

Dr. G.S. (CSA)

Sh. SK (SP)

2/8

9/8/2019

प्राप्त किया/RECEIVED
उप निदेशक (प्रशा.) कार्यालय, अ.भा.आ.स.
Dy. Director (Admin.) Office - AIIMS
06 JUL 2019

आयमा - अ.भा.आ.स./अ.भा.आ.स.रा.
GENERAL SECTION/A.I.M.S.
एफ.टी.एस.सं./F.T.S. No. 58498
दिनांक/DATED 5/7/19

V-16020/154/2019-INI-I
Government of India
Ministry of Health and Family Welfare
(INI-I Section)

Nirman Bhawan, New Delhi
Dated: 2nd July, 2019

4/11/19
5/7/19
To,

The Director,
AIIMS,
Ansari Nagar,
New Delhi-29

निदेशक कार्यालय, अ.भा.आ.स.
प्राप्त किया
05 JUL 2019
RECEIVED
DIRECTOR OFFICE, AIIMS

11-119
367

Subject: -Grant of compensation to the families of the victims died or injured at the public places due to the negligence and/or unforeseen causes-reg.

Sir,

I am directed to forward herewith a copy of W & PG Section, MoHFW's OM No. A-13014/04/2018-W & PG dated 24.06.2019 alongwith its enclosures on the above subject, which is self-explanatory, for necessary action.

Yours faithfully,

Signature valid

Digitally signed by SUNIL
KUMAR GUPTA
Date: 2019.07.02 16:26:37 IST
Reason: Approved

(Sunil Kumar Gupta)

Under Secretary to the Govt. of India

Tel:-23061986

Encl:-As above

Pl. endorse a copy to
this to all establishments
Med Supt/ addl. Med Supt's
HOD for information &
needful

6
8/7/19
C/O /AO (DO) /AO (FC)

BS
D.R.

Sua
5/7/19

Mr. Gupta
5/7/19

1388072(9)/2019/WELFARE AND PG File No.B-13014/04/2018-W&PG

No. A-13014/04/2018-W& PG
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare

Nirman Bhawan, New Delhi – 110 011

Dated, the 24th June, 2019

OFFICE MEMORANDUM

Sub:- Grant of compensation to the families of the victims died or injured at the public places due to the negligence and/ or unforeseen causes.

The undersigned is directed to forward herewith Guidelines for settlement of claims for compensation arising out of accidents resulting into loss of life or permanent disability where the accident happens in the premises of the Department of Health & Family Welfare or any of its Hospitals/ Public Sector Undertakings/ Autonomous Bodies/ Attached Offices/ Subordinate Offices for implementation in letter and spirit. This is in pursuance of Directives of Hon'ble Delhi High Court vide its order dated 9th July, 2015 for framing such guidelines by all the Departments/Ministries. The compensation amount may be disbursed from the "Office Expenses" budget head. The said Guidelines may be seen at "Annexure – A".

This issues with the approval of Secretary (HFW).


(Ziley Singh Vical)

Deputy Secretary

Tel # 011-2306 1554

To

All Joint Secretaries / EA(NS) / EA(PN) / CCA / Director(CGHS).

All Directors/ Deputy Secretaries – with a request to circulate the said guidelines to all Institutes / Subordinate/Attached Offices / Autonomous Bodies / PSUs / Hospitals under their control

Copy to:

Director(A&V), Dte.GHS – for similar action in respect of Dte.GHS and all Institutes / Subordinate/Attached Offices / Autonomous Bodies / PSUs / Hospitals coming under it

Copy for information to:

1. Sr.PPS to Secretary (HFW)
2. Sr. PPS to DGHS
3. PPS to AS&FA/ PPS to AS&DG & AS(H)/ PPS to AS&MD(NHM)/ PS to Addl Secy(AS)

Copy also to:

Cabinet Secretariat,

(Attn: Shri S.A.M. Rizvi, JS),

Rashtrapati Bhawan, New Delhi.

Annexure-A

GUIDELINES FOR SETTLEMENT OF CLAIMS FOR COMPENSATION ON ACCIDENTS APPLICABLE TO DEPARTMENT OF HEALTH & FAMILY WELFARE AND HOSPITALS/PSUs/AUTONOMOUS BODIES/ATTACHED OFFICES/SUBORDINATE OFFICES UNDER ITS ADMINISTRATIVE CONTROL.

PREAMBLE

Accidents are unfortunate incidents, occurrences of which cannot be obliterated completely, but can only be minimized by adopting most vigilant practices, safety precautions etc. Sometimes accidents do happen when responsibility and liability cannot be affixed on certain individuals or malfunctioning of certain machinery and the Law recognizes the Principle of 'No faulty Liability' for such unfortunate incidents. In such cases the loss of life and loss of dependency cost of the dependents of such victims cannot be written off merely on the pretext that negligence on the part of Ministry or its agencies cannot be substantiated for want of stricter proofs, particularly in a welfare state like ours. Therefore, these guidelines have been framed.

1. **Title:** These guidelines would be called Guidelines for Settlement of Claims for Compensation.
2. **Effective date:** The guidelines would be effective from the date of issue.
3. **Applicability:** These guidelines would govern the settlement of claims for compensation arising out of accidents resulting into loss of life or permanent disability where the accident happens in any premises where any official activity of the Department or any of its Hospitals/ Public Sector Undertakings/Autonomous Bodies/Attached Offices/Subordinate Offices is being carried out.
4. **Definitions:**
 - a) **Accident:** Any death or permanent disability resulting solely and directly from any unintended and unforeseen injurious occurrence caused during the

maintenance, operation and provisioning of any public services undertaken by the Department, provided that death or disability arising during course of normal treatment in hospitals or cases due to natural calamities will not be covered under these guidelines.

- b) **Appellate Authority:** In the case of Department of Health and Family Welfare, the Additional Secretary (AS) in charge of Welfare Division, and in cases of Hospitals/Public Sector Undertakings/Autonomous Bodies/Attached offices/Subordinate Offices, the Additional Secretary in charge of the Administrative Division for the institute will be the Appellate Authority.
 - c) **Competent Authority:** Joint Secretary (JS) level officer handling the work relating to Welfare Division in D/o Health & Family Welfare and Head of Hospitals/ Public Sector Undertakings/Autonomous Bodies/Attached Offices/Subordinate Offices under the administrative control of this Department will be competent to sanction the compensation.
 - d) **Department:** Department of Health & Family Welfare and any Hospitals/ Public Sector Undertakings/Autonomous Bodies/Attached Offices/Subordinate Offices under its administrative control.
 - e) **Dependent:** As defined in the Employee's Compensation Act, 1923.
 - f) **Designated Officer:** An Officer of the Grade of Under Secretary (US) or equivalent handling work of Welfare Division in the Department, for the purpose of receiving and processing claims for compensation under these Guidelines.
 - g) **Permanent Disability:** Assessment of disability as per Guidelines notified by the Department of Empowerment of Persons with Disabilities on 04-01-2018, and as amended from time to time.
 - h) **Victim:** Any person who suffers permanent disablement or dies in an accident as defined in these Guidelines.
5. **Detailed Accident Report:-** The report prepared by the police within a period of 30 days from the date of accident as per **Schedule-I** of these guidelines.

Explanation:- for the purposes of the preparation of the detailed accident report, the words "injury" as referred in **Schedule-I** refers to "permanent disability" as mentioned in clause 4(g) of the Guidelines.

6. **Extent of Liability:-** On the occurrence of any "accident" as defined under these Guidelines, the Department shall, whether or not there has been any wrongful act,

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neglect or default on its part and notwithstanding anything contained in any other law, pay compensation to the extent prescribed below:

- (i) In the event of death: Rs.10,00,000/- (Rupees Ten Lakh)
- (ii) In the event of Permanent Disability, the ceiling for compensation is Rs. 8,00,000/- (Rs. Eight Lakh only) subject to restriction of compensation to the extent of Disability.

For Example: If the Disability assessed is 100%, then the compensation to be awarded is computed as below:

$$100\% \text{ of Rs. } 8,00,000 = \text{Rs. } 8,00,000/-$$

For Example: If the Disability assessed is 50%, then the compensation to be awarded is computed as below:

$$50\% \text{ of Rs. } 8,00,000 = \text{Rs. } 4,00,000/-$$

However, persons claiming compensation under these guidelines would also be eligible for compensation due from the employer, if any, or any other source, as the case may be.

7. Procedure for settlement of claims in respect of compensation

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

- (i) Proof of age of the victim.
- (ii) Death certificate of the victim.

OR

Certificate of Permanent Disability resulting from the accident issued by the authorised Medical Board, based on the assessment as per Guidelines notified by the Department of Empowerment of Persons with Disabilities on 04.01.2018, and as amended from time to time.

- (iii) Certified copy of FIR lodged in respect of the accident, preferably by the designated officer.

- (iv) Proof of applicant's relation with the victim / Dependency Certificate.
 - (v) Detailed Accident report as per Schedule I.
- (b) The Designated Officer may seek any further documents for settlement of claim to its satisfaction.

Provided that where there are more than one dependent, the Applicant must mention their names, addresses and relations with the victim and the Designated Officer may at its own discretion issue notices to all concerned.

- (c) The Designated Officer, on receipt of above application, shall take into consideration the Detailed Accident Report submitted by the Police Authority, would process the claim of compensation on priority basis but would not normally take more than 30 days for seeking the orders of the Competent authority in any case.
- (d) The Designated Officer, in case where no application is received from the victim/dependents of victims, may on receipt of the detailed accident report proceed suo-motu to initiate the process for consideration for grant of compensation to the victim/dependents of victim. **The payment of compensation where fully in cash or partly in cash and partly towards reimbursement of medical expenses shall be decided by the Competent authority.**
- (e) With effect from the date of notification of these Guidelines, all contracts/agreements to be entered into by the Department with any person or agency or firm for maintenance, operation and provisioning of public service would invariably include a clause whereby any compensation paid under these guidelines shall be recoverable from such person, agency or firm.
- (f) In no case a claim for appointment of any of the dependents on the compassionate grounds would be entertained by the Department.

8. Method of Disbursement of compensation

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- i. The amount of compensation so awarded shall be deposited in a Nationalized Bank or if the branch of a Nationalized Bank is not in existence, it shall be deposited in the branch of a scheduled commercial bank, in the (joint or single) name of the victim/dependent(s). Out of the amount so deposited, 75% (seventy five percent) of the same shall be put in a fixed deposit for a minimum period of one year and the remaining 25% (twenty five percent) shall be available for utilization and initial expenses by the victim/dependent(s) as the case may be.
 - ii. In the case of a minor victim:
 - a. the compensation would be deposited in the bank account of surviving parents/legal guardian, in the event of death of the victim.
 - b. the compensation would be deposited in the joint bank account of victim and surviving parents/legal guardian, in the event of permanent disablement of the victim. Out of the amount so deposited, 75% (seventy five percent) shall be put in a fixed deposit which can be drawn only on attainment of age of maturity of the victim, but not before one year of the deposit, and the remaining 25% (twenty five percent) shall be available for utilization and initial expenses.
 - iii. The interest on the sum shall be credited directly by the bank in the account of the victim/dependent(s) on monthly basis.
9. **Appeal:** An Appeal against the decision of the Competent Authority in respect of the amount of compensation or rejection of such claim shall be made to Appellate authority within a period of 30 days of such decision. The Appellate Authority would decide the same within 30 days of receipt of such appeal.

SCHEDULE-I

PART-I PARTICULARS OF THE ACCIDENT	
1.	FIR No. Date and Under Section.
2.	Name of the Police Station.
3.	Date, Time, Place of the accident.
4.	Who reported the accident to the police.
5.	Name of the person who took the victim to the hospital and Name of the Hospital.
6.	Whether any hospital denied treatment to the Victim?
7.	Nature of the accident:- (i) Whether resulted in death or injury or both? (ii) Number of the person injured/died.
8.	Name and Contact No. of the Investigation Officer.
9.	Name of the Witnesses of the accident.
10.	Description of the accident.

PART-II- IMPACT OF THE ACCIDENT OF THE VICTIMS	
L.	<p>Death Cases:-</p> <ul style="list-style-type: none"> a) Name and Address of the deceased b) Age c) Gender d) Education e) Occupation f) Income (Monthly) g) Legal Heirs/Guardian <ul style="list-style-type: none"> 1. Name 2. Relationship 3. Age 4. Address 5. Contract No. <p>Injury Cases (Permanent disablement):-</p> <ul style="list-style-type: none"> a) Name and Address of the deceased b) Age c) Gender d) Education e) Occupation f) Income (Monthly) g) Details of family dependent of the victim MLC No. h) Natures of injuries i) Name of the Hospital where the injured treated j) Whether victim refused medical treatment k) Period of hospitalization

3.	<p>l) Period of treatment</p> <p>m) Whether treatment continuing</p> <p>n) Name, address and contact number of the doctors who treated the injured.</p> <p>o) Whether the injured underwent any surgery? If yes, then give particulars.</p> <p>p) Whether suffered any permanent disability</p> <p>q) Expenditure incurred on treatment conveyance, special diet, attendant etc. Give details, if available</p> <p>r) Whether the injured got reimbursement of medical expenses from his employer or under a mediclaim policy. Give details, if available.</p> <p>s) Whether the injured was provided cashless treatment by the insurance.</p>
3.	Any other relevant information

PART-III RELEVANT DOCUMENTS TO BE ATTACHED	
1.	First Information Report.
2.	Photographs of the scene of the accident from all angles.
3.	Statement of the witnesses recorded by the Police.
4.	Scientific report, if the Victim was under the influence of any liquor/drugs.
5.	<p>In Case of Death</p> <p>a) Post Mortem Report</p> <p>b) Death Certificate</p> <p>c) Photograph and Proof of the identity of the Dead.</p> <p>d) Proof of legal representatives of the deceased.</p> <p>e) Photographs, specimen, signatures attested by the bank and identify proof of the legal representatives of the deceased.</p> <p>f) Treatment of the deceased with name and address of the Hospital.</p> <p>g) Bank account No. of the legal representatives of the deceased.</p>
6.	<p>In Case of Injury</p> <p>(a) M.L.C</p>

	b) Multi angled photographs of the injured. c) Photograph, specimen, signature attested by _____ the bank and identify Proof of the injured. d) Disability certificate.
7.	Any other relevant information

VERIFICATION:-

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

Station House Officer
(Name and Stamp)

Assistant Commissioner of Police
(Name and Stamp)