

## Public Liability Insurance Policy

---

**The Duke of Edinburgh's Award Foundation Bangladesh**



## Contents

---

1. Policy Administrator -----	3
2. Insured -----	3
3. Covering Period -----	3
4. Claim Period -----	3
5. Area of Coverage -----	3
6. Exceptions -----	4
7. Conditions -----	4
8. Sum Insured -----	5
9. Contact to Claim -----	5
10. Template of Insurance Claim Form -----	6

## **1. Policy Administrator**

---

The Duke of Edinburgh's Award Foundation Bangladesh (hereinafter referred as DEA Bangladesh) will maintain and cover the Public Liability Insurance Policy.

## **2. Insured**

---

This policy applies to all of the Award Participants/Award Leaders and Coordinators/Volunteers/ Instructors/Supervisors/Assessors and related victim even common people.

## **3. Covering Period**

---

The policy covers during active participation in the Award activity under proper supervision of Award Coordinator within 6/6/12/12/18 months from enrollment for Bronze/Silver/Gold/Direct Silver/Direct Gold level respectively.

## **4. Claim Period**

---

- Insurance Claim Form Submission: within fourteen days of accident taken place.
- Insured Amount Withdrawal: within three months after it has become due.

## **5. Area of Coverage**

---

This policy covers death, loss or permanent disablement takes place during Award activity.

In this policy

1. "BODILY INJURY" means bodily injury which
  - (a) is sustained by the Assured during the period of this policy,
  - (b) is caused by an accident and
  - (c) solely and independently of any other cause, except illness directly resulting from, or medical or surgical treatment.
2. "ACCIDENT" includes exposure resulting from a mishap to land vehicle or vessel in which Assured is travelling.
3. "TOTAL DISABLEMENT" means disablements which entirely prevents the Assured from attending to his business or occupation (of any and every kind) or if he has no business or occupation from attending to his usual duties.
4. "PARTIAL DISABLEMENT" means disablement which prevents the Assured from attending to a substantial part of his usual duties, business or occupation or if he has no business or occupation from attending to a substantial part of his usual duties
5. "PERMANENT" means the beyond hope of Improvement
6. "LOSS OF LIMB" means loss of physical separation of a hand at or above the wrist or of a foot at or above the ankle

## 6. Exceptions

---

The DEA Bangladesh shall not be liable under this Policy for death loss or disablement directly or indirectly caused by arising or resulting from or traceable to:

1. Travel by air [air lines will cover the insurance as per its own policy]
2. Resulting from suicide or attempted suicide or intentional self-injury or venereal disease, or from deliberate exposure to exceptional danger (except in an attempt to save human life), or from the assureds' own criminal act, or sustained whilst the Assured is in a state of insanity
3. Childbirth or pregnancy in the case of women
4. Risky games\* or other forms of hunting, motor cycling (whether as driver or passenger) mountaineering winter sports (on snow or ice) racing of any kind except athletics) or the use of a circular saw or wood working machinery
5. Consequent on invasion or terrorist attack

\*which may lead to or/and causes serious accident and even death

## 7. Conditions

---

1. In the event of any accident or disablement hereby insured against happening to an insured person notice thereof in writing through respective Award Coordinator shall be given to the DEA Bangladesh within fourteen days of the occurrence of the accident.
2. The insured or his legal personal representatives shall, at his or their own expense, forward to the DEA Bangladesh with a written report mentioned with nature and extent of the injuries received or of the accident, and generally all such information in support of the claim from a medical attendant, who shall be a duly qualified and registered medical practitioner, approved by Bangladesh Medical Association.
3. In the case of a claim for death or permanent disablement unless otherwise stated all sums payable hereunder shall be payable within one month after, such personal injury and the cause and result thereof shall have been proved to the satisfaction of the DEA Bangladesh and such information as is required by the conditions of this policy shall have been furnished, and in the case of claim for temporary disablement, only upon the termination of disablement. The DEA Bangladesh shall cease to be liable for any such sum unless claimed within three months after it has become due.
4. The DEA Bangladesh shall investigate the mishap against the claim of the insured to reasonably verify that and to ensure the scale of percentage to be given. If required by the DEA Bangladesh the insured or his legal personal representatives shall bound to submit all necessary documents/evidences to establish the claim. In case of death a post-mortem examination report of the body of the insured must be submitted with the written claim.
5. This policy and the insurance hereby made shall be subject to the several conditions, restrictions, stipulations and notices endorsed by the DEA Bangladesh; and the DEA Bangladesh reserves the right to amend, reform, change, add on and refinement the above terms and conditions any time.

## 8. Sum Insured

---

The DEA Bangladesh ensures a sum amount of BDT 1,000,000 (Ten Lac Taka Only) against its Public Liability Insurance. Under the policy, the insured can claim as following:

If such bodily injury as aforesaid shall be the sole and direct cause of:

A. Death

100% of the Capital Sum Insured: Tk 1,000,000

B. Permanent disablement

Sum in accordance with the following scale of percentages based on capital:

1. Permanent total loss of sight of any eye- 40%
2. Permanent total loss of sight of both eyes- 80%
3. Permanent or total deafness in any ear- 20%
4. Permanent or total deafness in both ears- 60%
5. Total loss or permanent total loss of use of any arm- 60%
6. Total loss or permanent loss of use of any forearm- 50%
7. Total loss or permanent total loss of use any hand- 40%
8. Total loss or permanent total loss of use of thumb/index finger on any hand- 20%
9. Total loss or permanent total loss of use of middle/ring/little finger on any hand- 15%
10. Total loss or permanent total loss of use of any thigh- 60%
11. Total loss or permanent total loss of any leg at or below the knee- 50%
12. Total loss or permanent total loss of use of any foot- 40%
13. Total loss or permanent total loss of use of any big toe- 20%
14. Total loss or permanent total loss of use of any toe (excluding big toe)- 15%
15. Total loss or permanent total loss of use of both of arms/forearms/hands/thighs/legs/feet/any two limbs- 100%

## 9. Contact to Claim

---

The insured or his legal personal representatives shall contact to the following address physically along with the duly filled-up Insurance Claim Form (enclosed next page) and other necessary documents/evidences:

The Duke of Edinburgh's Award Foundation Bangladesh  
Plot# 13 (4<sup>th</sup> Floor), Road# 1/A, Sector# 14  
Uttara Model Town, Dhaka-1230, Bangladesh

## 10. Template of Insurance Claim Form

The insured or his legal personal representatives shall fill-up and submit the Insurance Claim Form properly before filing the claim.

<b>Personal Information of the Insured</b>	
Name of Insured	
Date of Birth	
Name of Parent	
Contact Address	Contact Number(s)
	Email Id.
Name of Institution (Award Centre)	Award Level
Date of Enrollment	<input type="checkbox"/> Bronze
Date of Award Commencement	<input type="checkbox"/> Silver
	<input type="checkbox"/> Gold
	<input type="checkbox"/> Direct Silver
	<input type="checkbox"/> Direct Gold
<b>Insurance Claiming Information</b>	
Claim For	Date & Location of Accident
<input type="checkbox"/> Permanent Disablement <input type="checkbox"/> Death	
Nature/Extent of Disablement	Names & Contact Numbers of 2 Witnesses
	Witness ① _____ Contact Number: _____ Witness ② _____ Contact Number: _____
Name of On-spot Award Supervisor	
Authorization from On-spot Award Supervisor:	
	_____ Signature
<b>Authorization</b>	
I hereby confirm that the foregoing statements as well as attached documents are true, accurate and authentic. If any information is proved as wrong, I personally will be liable as undeserving to claim the insurance.	
Date: _____	_____ Signature
<b>Attachments</b>	
Please attach the following documents with this form: (a) Acknowledgement receipt for Enrollment, (b) Properly filled-up and timely signed Activity Organizer, (c) Filled-up Record Book, (d) Copy of Hospital Discharge Certificate with proper diagnosis and detail case summary, (e) Copy of registered doctor's prescription with proper diagnosis of accident, and (f) Copy of all diagnostic/investigation reports along with imaging reports (like- X-ray, MRI, CT Scan etc. where applicable) advised by the respective physician. The DEA Bangladesh may ask for additional information and documents, if deemed necessary.	