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(2008) 04 NCDRC CK 0063

In the National Consumer Disputes Redressal Commission

NEW INDIA INSURANCE CO LTD — APPELLANT

Vs

State of Haryana — RESPONDENT

Date of Decision : 02-04-2008

Acts Referred:

Citation : 2008 2 CPJ 371

Hon'ble Judges : Rajyalakshmi Rao , P.D.Shenoy J.

Final Decision : Revision Petition dismissed

Judgement

1. HEARD the learned Counsel for the petitioner. Both the Fora below have come to the conclusion that insured deceased died as a result of his head being struck against the motor and as a result he suffered injuries. He was taken to Chadda Hospital at Yamuna Nagar for treatment and thereafter he was shifted to GMCH, Chandigarh. He was discharged from the said hospital and was taken to Tilak Raj Chhabra Memorial Hospital at Jagadhri where he died on 17. 6. 2005. Widow of the insured, the complainant, approached the petitioners to pay Rs. one lakh under the scheme of ''devi Rakshak Bima Yojna'', after completing the formalities. Petitioner/opposite party repudiated the claim on the ground that no post-mortem report was conducted on the body of the deceased; that no report was lodged with the police about this incident and that in terms of the scheme, the complainants were not entitled to get the claim amount. Learned Counsel for the petitioner also conceded that she is now arguing the case only on the issue that no post-mortem report was submitted to them and not on the issue of non-production of FIR.

2. WE have perused the orders of the State Commission and the District Forum and also the record placed before us. The deceased was treated in the Government Medical College and Hospital. It is noted in their document regarding the diagnosis being ''head injury'' and further details of treatment that has been given in the hospital for the same, death certificate, copy of ration card, certificate issued by Panchayat, Rapat No. in the police station, discharge and follow-up card issued by Government Medical College and Hospital and

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certificate issued by Tilak Raj Chadda Hospital are on record. The respondent in their complaint itself stated that they did not deem it necessary to conduct the post-mortem as after the accident, while being on treatment, the insured died in the presence of all the family members and hence there is no post-mortem report.

The insured''s family consists of three children and wife who are his dependents. This is a group insurance policy taken by the Government of Haryana. The petitioner cannot discount and reject the reports and statements made by the Government Hospital authorities and also the Gram Panchayat and other Government authorities without any evidence to the contrary. Further, to cast doubt regarding the death of the insured that there is a fraud or misrepresentation of material facts without evidence brought by them to that effect and still coming for revision before us and continuously drag the poor members of the deceased into repeated litigation is unjustified.

3. IF the petitioner Insurance Company feels that the Government authorities are not following correct rules while giving documents pertaining to death as given in this case, then they should deal with the Government authorities directly and rectify the same instead of harassing the family members of the deceased. Feasibility and viability of offering such Group Insurance policies should be gone into before offering the same to the consumers and not after collecting the premium and concluding the contract by giving the policy. Continuous litigation tactics adopted by the petitioner on flimsy grounds should be discouraged. In the present case, there is no evidence to show that there is fraud and misrepresentation of material facts regarding death of the insured and unjustified repudiation of the claim is clearly deficiency in service. Hence, we do not see any reason to interfere with the well-reasoned order of the State Commission. Revision petition is dismissed. R. P. dismissed.

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