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Irdai allows OTP for opening online insurance account

Regulator Irdai has permitted usage of OTP or one time password for opening e-insurance account (eIA) as an alternative to electronic signature. As part of its ongoing effort to improve insurance penetration, the Insurance Regulatory and Development Authority of India (Irdai) has also permitted e-KYC facility offered by UIDAI which provides the unique Aadhaar numbers. Irdai said as part of its developmental mandate and to reach out to the policyholders in a cost efficient manner it has taken number of steps, including insurance e-commerce, issuance of electronic insurance policies, and maintenance of electronic records.

Insurers and other stakeholders had approached the regulator seeking clarity on some of the issues related to guidelines. In order to facilitate opening of e-insurance account through online/electronic means, the authority permits validation by One Time Password for eIA opening as an alternative to e-signature. As per current practise, an e-signature of the e- insurance account (eIA) holder on the application form for opening the account is considered as a valid authentication. It further said that insurers can perform the verification of the client through e-KYC authentication facility provided by UIDAI. UIDAI provides biometric authentication of a person based on Aadhaar. The insurance regulator further said that e-PAN facility offered by NSDL for compliance to the Know Your Customer (KYC) / Anti-Money Laundering (AML) has been done away with. One time password (OTP) is generated by computer and sent on mobile phone/e-mail to authenticate a transaction.

AADHAAR SUFFICIENT FOR INSURANCE KYC

The Insurance Regulatory and Development Authority of India (Irdai) has said that Aadhaar-based electronic-know your customer (e-KYC) process would be sufficient for the purpose of customer verification. This has come as a part of clarification issued by the insurance regulator on Aadhaar-based e-KYC for insurance companies. It also stated that Aadhaar-based e-KYC can be conducted only with the consent of the customer.

If you plan to use Aadhaar-based e-KYC when buying insurance, here are some details that you should keep in mind. For life insurance products, regulatory guidelines mandate that insurers conduct KYC before the sale of the policy in case of direct sales. If the sale is through other channels, such as online, KYC is to be completed within 15 days of the sale of the policy. These practices put the onus on the insurance companies to ensure that these products are not used for money laundering. For non-life insurance products like motor and health covers, the anti-money laundering guidelines of the insurance regulator mandate insurers to do the KYC at the time of claims. Apart from this, KYC will apply only when the claim settlement is over Rs 1 lakh.

The Unique Identification Authority of India (UIDAI) has specific regulations called Aadhaar (Authentication) Regulations, 2016, which explain the ways in which an individual's details can be verified from the Aadhaar database. One such method is verification through a one-time password, which is sent to the individual's registered mobile number. The entity requesting the authentication needs to get the OTP from the consumer and enter in the system to take the process forward. This means the authentication will not take place if the consumer does not share her OTP. This restricts unauthorised access to your demographic information. Another method is through biometric authentication. In this the consumer has to provide biometric 'proof', say, finger print, at the respective device. The Aadhaar database gives access to the requesting entity only if the biometric matches the information available against the particular Aadhaar number in the database. This too helps prevent unauthorised access to information.

The insurance regulator has also stated that Aadhaar e-KYC can only be conducted with the consumer's permission. While Aadhaar-based KYC authentication was allowed, the insurance regulator has now said that this alone will be sufficient to complete the process. This means that you do not need additional documents as proof for details such as identity, date of birth or address, if you provide Aadhaar. However, if the photograph in your Aadhaar is not clear, or there is a mismatch (for example, in photo, or name), the insurer can ask for additional documents. So, if you plan to use the e-KYC Aadhaar method, ensure that the details in your Aadhaar database are correct and updated, and that the photograph is clear.

AADHAAR SUFFICIENT FOR INSURANCE KYC

As per the new guidelines which may come into effect from November this year, any automobile dealer can become a distributor for motor insurance as long as it is sponsored by an insurer or a licenced insurance intermediary like a broker or a corporate agent. These motor insurance service providers (MISPs) can work with one or more insurers, but if they are being sponsored by an intermediary, then they can only sell policies of insurers with whom the intermediary has a tie-up. All employees of MISP-selling insurance should have passed at least Class 12 and need to undergo training and examination of a point of sales person (PoSP). The guidelines also specify that MISP will not solicit motor insurance business from people who didn't buy automobile from the MISP. In terms of remuneration, a MISP can be offered incentives from the insurer or the intermediary it has tie-ups with. But the maximum allowed is 19.5% of the own-damage portion of the car insurance premium. The overall cap of 19.5% includes commission of 15% and a reward of 30% of the commissions. For intermediaries, rewards are linked to customer service standards, but for motor dealers, the guidelines don't have the same requirements. This creates an anomaly.

The guidelines further specify that MISPs will not be allowed anything over and above the incentives, whether it comes in the form of fees, charges, infrastructure expenses, advertising expenses, documentation charges, legal fees, advisory fees, or any other payment. Earlier, the regulations had not specified the guiding principles for auto dealers, but now even the payment structure is clearly spelt out and penalty on violation will be stringent. So far, dealers have been deprived of regulatory status. The price of motor insurance was fixed to a large extent in the auto dealer space and the dealers had to sell the policy of select panel insurers. Now, given that dealers or intermediaries can have multiple tie-ups, insurers will be encouraged to do risk-based pricing that is more customer-centric. This is a step in the right direction and now anyone selling motor vehicle insurance, including auto dealers, will need to be licensed and remunerated as per directions. This will lead to more transparency in product and pricing, and add choice for consumers.

What will this mean for customers?

The fact that the commissions are capped definitely means better pricing for customers. However, motor dealers can still go with a single insurer tie-up; so it's always a good idea to compare premiums and then buy a policy. You can go online, look up rates and buy motor insurance yourself by giving your details and those of the car (such as chassis number and engine number, which are available in the purchase invoice). The policy will be emailed to you, and you need to send a copy to the car dealer, who will then get the car registered.

IS ONE LICENCE FOR INSURANCE INTERMEDIARIES AROUND THE CORNER?

A single licence window for insurance intermediaries may soon be on the anvil. Sources said that the regulator is likely to bring out regulations for facilitating a system wherein there will one licence issued to intermediaries who are involved in selling/distributing insurance products. Currently, there are multiple licences for categories including web aggregators, insurance brokers, and corporate agents among others. The idea is to make the process simpler and making the regis tration process easier. It is anticipated that the online web aggregator space will be addressed first and norms related to it could be brought out in the next 2-3 months. The validity of the licences would also be brought on a uniform footing.

At present, while there are several hundred companies registered across distribution channels. However, not only is the application process varied for the categories, the capital requirements are also varied. Even if a business is doing similar activity in the insurance space, the process of getting registered is very different. A level-playing field for all is being considered. For instance, to be licensed as a corporate agent for bancassurance, the particular bank is first required to take permission from the Reserve Bank of India (RBI) to sell insurance. Later, they have to apply for a corporate agency licence with the Insurance Regulatory and Development Authority of India (IRDAI)

Similarly, there are online aggregators that offer insurance products on comparison for customers to purchase. At the same time, there are brokers online who also offer products for sale. However, not only do they have different application guidelines, there are also restricted in terms of the products sold and other allied activities depending on the type of licence. Going forward, when there will be one licensing system, there will be one window for application and clearing of the licences. Only when the final licences are issued will an applicant know their area of operations and the products/categories of services that can be provided by them. The time taken for clearing the licences is also likely to be quickened once the new system comes into place.

UBER ROLLS OUT FREE INSURANCE FOR ITS 450,000 INDIA DRIVERS AGAINST ACCIDENTS

Uber rolls out free insurance for over 450,000 drivers registered on its ride-hailing app in India. The policy includes accidental death, disablement, hospitalization, medical treatment

Uber Technologies Inc. rolled out a free insurance program for more than 450,000 drivers registered on its ride-hailing app in India, seeking to attract more drivers.

The San Francisco-based company, which this week chose a new chief executive officer, said on Tuesdaythat it's teaming up with ICICI Lombard General Insurance Co., the South Asian country's largest private non-life insurer, to cover drivers in case of an accident while using the Uber app, en route or on an Uber trip. The policy includes accidental death and disablement, hospitalization and medical treatment.

Uber has been racing local rival Ola to sign up drivers. Incentives have fallen and commission rates have risen, causing drivers for both companies to take their cabs off the roads in New Delhi, Bangalore and other cities. They are demanding accident insurance, better incentives and reasonable work hours. Ola, which has pledged to add 5 million drivers to its platform by 2022, rolled out a medical benefits program for 500,000 registered drivers, including those for street cabs and three-wheeler autorickshaws, giving them to free health checks and accident insurance at discounted rates.

Uber's free new program includes death insurance of Rs500,000 ($7,800), as much as Rs500,000 for permanent disability, and as much as Rs200,000 for hospitalization coverage or a Rs50,000 limit for outpatient treatments.

5 FACTORS TO CONSIDER WHILE BUYING TERM INSURANCE

A term plan protects the policyholder's family in the event of an unfortunate incident leading to death.

If you have dependents, you must have term insurance in your financial portfolio. Terms plans are not restricted to people who are in their early 20s or 30s but cater to the protection needs of all. Term plan provides benefits the individual's family only on the death of the policyholder. This means that these plans are pure insurance product. However, there are some plans which provide return of premium but that should not be considered as an investment because you are not earning any return from it. Therefore, if you are buying a term plan it simply means that you are protecting your family from the occurrence of any uncertain future events.

There are a plethora of term insurance plans in the current financial marketplace. One need to choose the best plan for themselves to provide their family overall protection as per one's need. However, these pure term insurance are often featured with so many other advantages that it becomes difficult for the consumer to decide the product that is best suited.

Let's take a look at some key points to consider before purchasing a term plan.

Need: You should calculate your insurance needs by looking at your overall liabilities like long-term needs such as paying off a home loan or child's education and child's wedding costs including your household expenses.

Coverage: You can easily get a cover of 10-20 times then your current annual income. However, you should buy a cover according to your requirement and not go for an unusually high cover as it will only add to your premium outgo.

Premium: Premiums should be commensurate with the sum assured you opted. Thus, it may not be advisable to go with the lowest premium option. Rather, you should go according to your needs and wants.

Tenure: You always need a life cover if you have dependents. A term plan can be bought till retirement or when one's financial liabilities towards dependents end.

Returns: You mostly don't get any maturity benefit. However, there are plans which can give you return of premium option once your policy term gets over. While opting such plans make sure you know that your premium price may rise up to double or more of what you were paying without availing the option of return of premium for the same sum assured.

BOTH TO BLAME COLLISION CLAUSE

Both to Blame Collision Clause is appearing in the Clause 3 of Institute Cargo Clauses which provides that " This insurance indemnifies the Assured, in respect of any risk insured herein, against liability incurred under any Both to Blame Collision Clause in the contract of carriage. In the event of any claim by carriers under the said clause, the Assured agree to notify the Insurers who shall have the right, at their own cost and expense, to defend the Assured against such claim"

The Both to Blame collision clause was first known as "**Toluma**" clause because it was introduced following a case in 1935 involving a vessel called "**Toluma**". This insurance is extended to indemnify the assured against such proportion of liability under the contract of affreightment "Both to Blame collision" Clause as in respect of a loss recoverable hereunder.

Under this clause, the assured agrees to notify the underwriters who shall have the right at their cost and expenses to defend the assured against such claims to pay contribution demanded by ship-owners in the event of a claim.

Example

Where two vessels collide with each other, the maritime Law of various countries provides that liability for damages to each other shall be fixed according to the degree of negligence say 60: 40. Since the conditions of Bills of Lading excuse the ship-owners from the consequences of the negligence of his servants, cargo owners of the carrying vessel are not entitled to recover their compensation from the carrying vessel in the event of a collision with the non carrying vessel according to the one of the conditions of bills of lading. In this situation, they have to approach non carrying vessel to recover only a portion of their loss corresponding to the degree of blame attaching to the non carrying vessel.

According to United States law, (and this law would be applied to ships of any nationality if the action were in the USA), the position is not the same. Liability of the non- carrying vessel is not limited corresponding to the degree of blame attaching to the non-carrying vessel.

Irrespective of the degree of blame, which may be differing degrees, the measure of liability is determined as if both vessels were equally to blame and the cargo of each carrying vessel can recover its full damages from the other vessel despite the fact that the non-carrying vessel was only partly to blame for the collision giving rise to the damage.

The non-carrying vessel which pays the cargo damages in full may recover one half (50%) from the carrying vessel, in the settlement between ship and ship. It will, therefore, be seen that the carrying vessel is debited with 50% of its own cargo damage although the conditions of the B/L will prevent the cargo interest to recover the amount of loss direct from the carrying vessel.

The Hull insurers of the carrying vessel are not liable for this amount as a collision liability and this amount is not recoverable from the P& I club also in which the vessel is entered.

As such, the shipowners of the carrying vessel claim an indemnity from the cargo owner who has recovered his damage in full from the non-carrying vessel, which in turn recovers 50% from the carrying ship.

Considering the law of the United States one could, therefore, appreciate the significance of the Both to Blame Collision Clause.

GLOBAL:GIC RE LEADS GROWTH AMONG ASIAN REINSURERS

Among Asian reinsurers in the list of Top 50 world's largest reinsurance groups, growth was primarily driven by General Insurance Corporation of India (GIC Re) in 2016, says the international rating agency, A.M. Best, in its global reinsurance review.

"Among the Asian companies on the list, GIC Re of India grew very strongly, owing to the country's government-sponsored crop insurance programme coupled with relatively weak solvency capital as its cedents," the report said.

State-owned GIC Re posted an 87% growth in its gross premium to US$5.2 billion in FY17 compared to FY16, on the back of a big jump in the government-backed crop insurance scheme Pradhan Mantri Fasal Bima Yojana. Net profit jumped by 10% rise for the financial year ended 31 March 2017. The reinsurer posted after-tax profit of INR31.27 billion in FY17 as compared to INR28.48 billion posted in FY16.

However, the report also says that GIC Re is likely to grow at a slower pace over the short term. It says that growth in the company's top-line may face strong hurdles, given that more foreign reinsurers have opened branches in India recently.

SWISS RE OVERTAKES MUNICH RE

Another highlight of the report is that Swiss Re took over as the world's biggest reinsurer with gross premiums of $35.6 billion, compared to Munich Re's $33.1 billion.

The change in the No 1 position was the first for any of the top three spots since 2010, with Hannover Re continuing to rank No 3. Falling out of the top 10 was PartnerRe and Everest Re. Joining the top 10 were Korean Re and Great West Lifeco.

"Ultimately, the takeaway should be that Swiss Re and Munich Re are the reinsurance market's undisputed largest and most influential players. Both have roughly double the premium volume of their closest competitors, offer similar capacity across nearly all reinsurance products and geographies and have been the market leaders for well over a decade," said A.M. Best Senior Director Robert DeRose.

The 2017 ranking is based on reinsurance gross premiums written in the previous year, with the top 10 comprising approximately 70% of the top 50 total.

The rankings and gross reinsurance premiums of Asian reinsurers are:

Ranking in 2017	Ranking in 2016	Company	Gross Premiums 2016 US$ million	Gross Premiums 2015 US$ million
8	8	China Re	7,857	8,283
10	11	Korean Re	5,554	5,443
12	14	GIC Re	5,210	2,786
20	18	Toa Re	2,251	2,087
24	24	QBE	1,698	1,624
27	25	Tokio Marine	1,553	1,546
36	37	Taiping Re	1,183	1,033
43	50	Peak Re	698	532
46	48	Sompo Japan Nipponkoa	631	638
48	43	ACR Capital	591	739

CONTRACTOR'S PLANT & MACHINERY (CPM)

Whilst it is possible to have the Contractor's plant and machinery covered under an EAR or CAR policy at specific project sites, CPM policy has been designed to provide a cover on an annual basis to a contractor who may be using his plant and machinery at different projects during the course of the year. The cover under a CPM policy is not limited to a specific project site and is operative at all sites wherever the plant and machinery is in use and even while the same is lying at the contractor's own premises. We therefore have to ensure that all the sites where the insured items are being used are mentioned on the face of the policy.

CPM stands for contractors part and machinery . CPM insurance is an All Risk policy covering the plant and machinery of a contractor at specified work sites. The contractor's machinery is generally used under rough conditions and so is more vulnerable to damage. Breakdown of such machinery can jeopardize the completion of a project and put many other things at stake. The CPM Policy is designed for all such situations and will assist in protecting you against the sudden and unforeseen physical loss or damage to your plant and machinery. It covers all kinds of construction equipment like compressors, heavy duty cranes, boring machines, bulldozers, pipe jacking, and hauling equipment, excavators, loaders, road rollers etc

The sum insured should always be equal to the costs of replacement of the insured machinery by new machinery of the same kind at the same place (value of the new item plus customs duties plus transportation).

PERIOD OF COVER:

The cover attaches with the commencement of work or after the items entered in the schedule of the policy, whichever is earlier and shall expire on the date specified in the policy. However, company's liability expires for parts of the insured contract works taken over or put into service by the Principal prior to the expiry date specified in the policy, whichever shall be earlier.

SCOPE AVAILABLE UNDER CPM POLICY:

The Contractor's plant and machinery insurance comes under the policies available under the Project Insurance and like the EAR / CAR Policy offers a comprehensive cover as given below:

- Fire, lightning, external explosion, earthquake, flood, inundation, subsidence, landslide and rockslide.
- Storm, tempest, hurricane, typhoon and tornado.
  Burglary, theft, riot and strike and malicious damage.
- Accidental damage while at work due to faulty man - handling, dropping or falling, collapse, collision and impact.

ADDITIONAL COVERS:

- Clearance & removal of debris.
- Construction Plant & machinery
- Insured's own surrounding property
- Escalation
- Third Party Liability
- Express freight
- Airfreight
- Extended maintenance
- Additional custom duty
- Earthquake
- Terrorism Damage

EXCLUSIONS:

The insurer will not indemnify in respect of loss or damage given below:

- Excess as stated in the policy schedule, which has to be borne by the insured in any one occurrence. If more than one item is lost or damaged in one the occurrence insured has to bear the highest single excess applicable to such items.
- Loss or damage due to electrical or mechanical breakdown, failure breakage or derangement freezing of coolant or other fluid, defective lubrication or lack of oil or coolant, but if as a consequence of such breakdown or derangement an accident occurs causing external damage, such consequential damage will be indemnifiable.
- Loss of or damage to replaceable parts and attachments such as bits, drills, knives or other cutting edges, saw blades, dies, moulds, patterns, pulverizing and crushing surfaces, screens and sieves, ropes, belts, chains, elevator, and conveyor bands, batteries, tyres, connecting wires and cables, flexible pipes, joining and packing material.
- Loss or damage due to explosion of any boiler or pressure vessel subject to internal steam or fluid pressure or of any internal combustion engine.
- Loss of or damage to vehicles designed and licensed for general road use unless these vehicles are exclusively used on construction sites.
- Loss or damage to the hull and machinery of water borne vessels.
- Loss or damage while in transit from one location to another location.
- Loss or damage due to wear and tear corrosion, rust etc.
- Loss occurring while an insured item is undergoing any test.
- Loss to any plant or machinery working underground.
- Losses arising out of war and war like perils and due to nuclear radiation or radio active contamination.
- Damage due to faults or defects existing at the time of commencement of the policy with the knowledge of the insured.
- Any willful act or gross negligence of the insured resulting in a loss.
- Loss for which the supplier or the manufacturer is responsible.
- Loss discovered only at the time of taking the inventory or during routine servicing.
- Loss to plant and machinery mounted or operated on a floating vessel / barge.

CLAIM PROCEDURE:

Claims under this policy may arise due to many causes, e.g. fire, riot, flood, storm, earthquake, theft, accidental damage to contractor's plant and machinery. Proper claims forms should be used when processing the claims. The insurer is not liable for additional cost incurred for alteration or improvement carried out at the time of repairs.

Insurers generally insist upon immediate notification of any claim for this class of insurance in order that the cause and circumstances of the loss may be ascertained and repair / replacement costs checked.

All theft claims require careful investigation conjunction with the local police authority. Losses discovered only at the time of taking inventory are not covered under this policy. Salvage materials should be disposed off, preferably on 'as is where is' basis at best available prices and this will minimize the loss to a certain extent.

EVOLUTION OF CROP INSURANCE IN INDIA AND PMFBY

To provide financial support to the farmers in the event of failure of crops as a result of natural calamities, a Comprehensive Crop Insurance Scheme (CCIS) was introduced in the country with effect from Kharif, 1985. The participation in the scheme was voluntary and the States were free to opt for the scheme. To enlarge the coverage in terms of farmers (loanee and non-loanee both), more crops and more risks, 'National Agricultural Insurance Scheme (NAIS) – (Rashtriya Krishi Bima Yojana)' was introduced in Rabi 1999-2000 season in the country. Based on the recommendations of the Joint Group and views/comments of various stakeholders, Modified NAIS was approved for implementation on pilot basis in 50 districts during the remaining period of 11th Plan from Rabi 2010-11.With the objective to bring more farmers under the fold of Crop Insurance, a Pilot Weather Based Crop Insurance Scheme (WBCIS) was launched in 20 States since Kharif/Rabi 2007. WBCIS aims to provide insurance protection to the farmers against adverse weather incidence, such as deficit and excess rainfall, high or low temperature, humidity etc. which are deemed to impact adversely the crop production. It has the advantage to settle the claims within shortest possible time.

Based on the recommendations of evaluation study, experience of implementation and views of stakeholders, farming community, States etc., a restructured scheme in the name of "National Crop Insurance Programme (NCIP)" was formulated by merging the erstwhile pilot MNAIS, WBCIS & CPIS with some improvements and approved for its implementation with effect from Rabi 2013-14 season. Hence, all the three schemes that were being implemented on pilot basis till then were launched as a full-fledged component under the umbrella scheme -NCIP with some improvements.

Keeping in view the representations from States/UTs especially on account of increase in premium rates & farmers' share in premium, capping on premium rates and reduction in sum insured etc., NCIP/NAIS has recently been reviewed, and a new scheme namely, Pradhan Mantri Fasal Bima Yojana (PMFBY) has been approved in place of MNAIS/NAIS for implementation from Kharif 2016 season. Premium structure under Restructured WBCIS has also been rationalized and made at par with PMFBY.

PRADHAN MANTRI FASAL BIMA YOJANA (PMFBY):

- PMFBY will provide a comprehensive insurance cover against failure of the crop thus helping in stabilising the income of the farmers and encourage them for adoption of innovative practices.
- The Scheme covers all Food & Oilseeds crops and Annual Commercial/Horticultural Crops.
- The scheme is compulsory for loanee farmers obtaining Crop Loan /KCC account for notified crops. However, it is voluntary for Other/non loanee farmers who have insurable interest in the insured crop(s).
- The scheme provisions have been simplified for easy understanding and the Maximum Premium payable by the farmers will be 2% for all Kharif Food & Oilseeds crops, 1.5% for Rabi Food & Oilseeds crops and 5% for Annual Commercial/Horticultural Crops
- The difference between premium and the rate of Insurance charges payable by farmers shall be shared equally by the Centre and State.
- The scheme will be implemented by AIC and other empanelled private general insurance companies. Selection of Implementing Agency (IA) will be done by the concerned State Government through bidding on premium rates.
- Claims for wide spread calamities are being calculated on area approach. However losses due to localised perils (Hailstorm, landslide & inundation) and Post-Harvest losses due to specified perils, (Cyclone/Cyclonic rain & Unseasonal rains) shall be assessed at the affected insured field of the individual insured farmer.
- The Threshold Yield (TY) shall be the benchmark yield level at which Insurance protection shall be given to all the insured farmers in an Insurance Unit. Threshold Yield of the notified crop will be moving average of yield of last seven years excluding yield up-to two notified calamity years multiplied by Indemnity level.
- Crop Cutting Experiments (CCE) shall be undertaken per unit area /per crop, on a sliding scale, as prescribed under the scheme outline and operational guidelines. Improved Technology like Remote sensing. Drone etc will be utilised for estimation of yield losses.
- State governments should use Smart phone apps for video/image capturing CCEs process and transmission thereof with CCE data on a real time basis for timely, reliable and transparent estimation of yield data
- There will be a provision of on account claims in case of adverse seasonal conditions during crop season viz. floods, prolonged dry spells, severe drought, and unseasonal rains.
- The claim amount will be credited electronically to the Bank Account of individual Insured farmers.

Bhubaneswar Flyover Collapse: Engineer Arrested, Case Against 4 Others

A 39-year-old businessman was killed and 11 others were injured after a portion of the under-construction flyover caved in Bhubaneswar.

An engineer was arrested today in connection with the collapse of an under-construction flyover here that left a man dead and 11 others injured, the police said.

Police have also registered a case against four others. Deputy Executive Engineer in the Works Department of the state government, Bansidhar Praharaj, has been arrested in connection with the incident that took place near Bomikhal yesterday, Commissioner of Police Y B Khurania said.

A case has been registered against Praharaj, Assistant Engineer Kishore Rout and Directors of Panda Infra Project, which was executing the construction work of the bridge, Commissioner Khurania said.

Efforts are on to trace the four others against whom the case has been registered, and if necessary, police may issue a look-out notice, he said.

Those named in the case have been booked for culpable homicide not amounting to murder, at Laxmisagar police station, police said.

The police also booked them under causing hurt by act endangering life or personal safety of others, and causing grievous hurt, they said. While Prahjaraj and Rout were suspended soon after the mishap, Executive Engineer Dukhabandhu Behera was also placed under suspension later for prima facie lapses, a senior official said. A high-level probe has been launched into the incident by a committee comprising Chief Engineer (Designs) and Chief Engineer (Roads), Works Department Secretary N K Pradhan told reporters.

The committee has been asked to submit its report within a week, he said.

A 39-year-old businessman was killed and 11 others were injured after a portion of the under-construction flyover caved in.