



GROUP PERSONAL ACCIDENT TAILOR MADE POLICY SCHEDULE

Policy No.:	1719004217P109247413	Prev. Pol. No.:	1719004216P10059652
Name of Customer /ID	SRI L SARASWATHI THIYAGARAJA COLLEGE/1732693262		
Tel.(O):	Fax:	Tel.(R):	Mobile: 8842212345
Business/Occupation:	None	Email:	
Period of Insurance:	From 13:00 Hours of 26/09/2017 To MIDNIGHT of 25/09/2018		

Coinsurance : UIIC 171900 : 100%

Premium : One lakh eighty-three thousand six hundred eighty-two rupees only

INSURED DETAILS:

Risk Category	No. of Person/Category	Covers	Premium	Loading/Discount	Calculated Amount
RiskCategory 1	3050	Fatal Death	205,875.00		
		Other Extensions	41,175.00		
		Other Extensions	41,175.00		
		Emergency Hospitalization expenses	0.00		
		Medical Expenses	41,175.00		

Total No Of Person	3050	Total Sum Insured for the Group	₹457500000
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Special Conditions:-

1) STUDENT AND STAFF DEATH - RS.1.5 LAKHS EACH 2) PARENT DEATH (OTHER EXTENSIONS I) - RS. 1.5 LAKHS EACH 3) COLLEGE FEES (OTHER EXTENSIONS II) - RS. 1 LAKH EACH (COLLEGE FEES IS 1 LAKH OR LEFT OVER FEES WHICH EVER IS LOWER), 4) HOSPITALISATION OUT PATIENT CHARGES - RS. 10,000/- EACH 5) MEDICAL EXPENSES - RS. 50,000/- EACH 6) 2041 STUDENTS + 209 TEACHING & NON TEACHING STAFFS = 3050 (TOTAL).

Net Premium:	₹ 183,602.00
CGST (9%):	₹ 16,531.00
SGST (9%):	₹ 16,531.00
Stamp Duty:	₹ 8.00
Total:	₹ 216,744.00
Receipt Number:	10117190017109337083
Receipt Date:	28/09/2017
Agency/Broker Code:	AG10016194
Dev. Officer Code:	25024
Direct Business:	

Customer GST No.:		Office GST No.:	33AAACU5552C179
SAC Code:	9971	Invoice No. & Date:	42171109247413 B 28/09/2017
Amount Subject to Reverse Charges-NIL			

Anti Money Laundering Clause- In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

Date of Proposal and Declaration: 26/09/2017
IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO SOLLACHI 171900 on this 28th day of September 2017.

For and On behalf of
United India Insurance Co. Ltd.

Duly Constituted Attorney(s)
Underwritten By - V1522213 (DO UNDERWRITER)



Our Faculty members at IIM – Indore

