

2023-24.

**Group Accident Guard Policy
Group Policy Schedule**

Students Welfare

New Business--3664692

Policyholder Details

Policyholder name : G NARAYANAMMA INSTITUTE OF TECHNOLOGY AND SCIENCE
 Policyholder Address : SHAIKPET ROAD, AMBEDKAR NAGAR, SHAIKPET,
 HYDERABAD
 HYDERABAD-500104
 HYDERABAD
 TELANGANA
 India

Policyholder Contact No:
 Policyholder E-mail id:

Intermediary Code: 217
 Intermediary Contact No: 18002669693
 Intermediary Name: ALLIANCE INSURANCE BROKERS PVT. LTD.

| | |
|---|---|
| Policy Number: 0239760172 Renewal No: 00 Endorsement No: 00 Place of Supply: TELANGANA State code: 36 | Business Description: Educational Institute |
| Number of Lives Covered: 7168 | Territory Limit: Worldwide |
| Policy Type: Named | Operative Time: 24 Hrs |
| Relationship Type: Non Employer Employee | Sum Insured Basis: Graded |
| Sum Insured Type: Graded | Loan Type: |
| Maximum Sum Insured: INR 250,000 | Total Sum Insured: INR 1,612,800,000 |
| Age Group: 3 years to 65 years | Aggregate limit for any one accident: INR 50,000,000 Aggregate limit for any one year: INR 0 |
| Policy Period: From: 01/04/2023 00:01 Hrs To 31/03/2024 23:59 Hrs | Payment frequency: Annual |

Premium details

| | |
|-----------------------|------------|
| Net Premium (Rs): | 268,871.68 |
| UGST/SGST @9 % (Rs.): | 24,198.45 |
| CGST @9 % (Rs.): | 24,198.45 |
| Gross Premium (Rs) | 317,269.00 |

GSTIN: 36AABCT3518Q1ZX-TELANGANA, Service Accounting Code: 997133

Insured Description: Educational Institute

| Sr. No. | Category Description | No. of Insured | AD | DM | PTD | PPD | Fixed Medex OPD | Fixed Medex IPD | Fixed Medex OPD and IPD | Variable Medex | Remarks |
|---------|----------------------|----------------|---------|---------|---------|---------|-----------------|-----------------|-------------------------|----------------|---------|
| 1 | Parent | 3584 | 250,000 | 250,000 | 250,000 | 250,000 | 0 | 0 | 0 | 0 | |
| 2 | Student | 3584 | 200,000 | 200,000 | 200,000 | 200,000 | 0 | 30,000 | 0 | 0 | |

Coverage Details:

| Sr No. | Coverages | Average SI Per Person | Deductible | Co pay(%) | Remarks |
|--------|--|-----------------------|------------|-----------|---------|
| 1 | Permanent Total Disability | 225000 | | | Covered |
| 2 | Accidental Dismemberment and Paralysis | 225000 | | | Covered |

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.

Tata AIG General Insurance Company Limited.

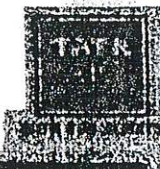
Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.
 Toll Free No. (24x7): 1800 266 7780 OR 1800 229966 (For Senior Citizens) | Email: customersupport@tataaig.com

IRDA of India Registration No: 108 | Website: www.tataaig.com | CIN: UB5110MH2000PLC128425 | PAN: AABCT3518Q | UIN: TATPAGP23093V032223
 Shaikpet, Hyderabad - 500 104.

PRINCIPAL

**G. Narayanamma Institute of
Technology & Science (for women)
(AUTONOMOUS)**

Hyderabad - 500 104



Date: 22/04/2023
Place: HYDERABAD

For Policy wordings, please scan the below QR code :



For TATA AIG General Insurance Company Limited

Authorised Signatory

Policy Servicing Address

Peninsula Business Park, Tower A, 15th Floor, Ganpatrao Kadam Marg, Lower Parel, MUMBAI, MAHARASHTRA-400013

[Handwritten Signature]
PRINCIPAL
 G. Narayanamma Institute of
 Technology & Science (For Women)
 (AUTONOMOUS)
 Shaikpet, Hyderabad - 500 104.

[Handwritten Signature]
PRINCIPAL
 G. Narayanamma Institute of
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 (AUTONOMOUS)
 Shaikpet, Hyderabad - 500 104.

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IRDA of India Registration No: 108 | Website: www.tataaig.com | CIN: UR5110MH2000PLC128425 | PAN: AABCT3518Q | UIN: TATPAIG230037032223

[Handwritten Signature]
PRINCIPAL
 G. Narayanamma Institute of
 Technology & Science (for women)
 (AUTONOMOUS)



RECEIPT

Receipt No : 106001046943614

Receipt Date : 22/04/2023

Policy No : 0239760172

Received with thanks from G PULLA REDDY CHARITIES TRUST a sum of Rs. 317269(Rupees Three Lakhs Seventeen Thousand Two Hundred Sixty-Nine And Paise Zero Only)

| Sr.No. | Policy Number | Total Premium | Utilized from the receipt for policy | Balance |
|--------|---------------|---------------|--------------------------------------|---------|
| 1 | 0239760172 | 317,269.00 | 317,269.00 | 0.00 |

Note:

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and avoid.
3. Amounts received by cheque shall be subject to realisation.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

GSTIN: 36AABCT3518Q1ZX-TELANGANA, Service Accounting Code: 997133

Revenue (consolidated) Stamp Duty duly paid vide challan No. date for applicable cases

[Handwritten Signature]
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 (AUTONOMOUS) Shaikpet, Hyderabad-500 104. TG

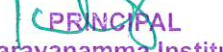
[Handwritten Signature]
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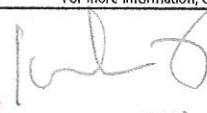
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PRINCIPAL
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 (AUTONOMOUS)

| Tata AIG General Insurance Company Limited | |
|--|--|
| SME - Fire & Engg. | |
| Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai, Maharashtra 400013 | |
| Risk Held Cover | |
| | Date: 13-04-2023 Ref. No. Pavan Kumar_102 |
| To, | M/S. G. NARAYANAMMA INSTITUTE OF TECHNOLOGY & SCIENCE (FOR WOMEN) (AUTONOMOUS) |
| | Shaikpet Road, Ambedkar Nagar, Shaikpet, Hyderabad - 500104 |
| Re : | <u>Risk Held Cover</u> |
| We thank you for expressing your confidence in TATA AIG General Insurance Company Ltd. by placing your business with us. We are glad to confirm acceptance of the risk in respect of the captioned insurance, subject to the terms, conditions and exclusions of the expiring policy / terms quoted by us. | |
| We hereby acknowledge the receipt of premium as mentioned below. The Insurance cover is subject to receipt of full premium in advance. | |
| The details of the cover are as below : | |
| Product | Business Guard - Bharat Laghu Udyam Suraksha |
| Business of Insured/Industry | Contractor |
| Coverage | As per Laghu Policy Wording |
| Risk Location | Shaikpet Road, Ambedkar Nagar, Shaikpet, Hyderabad - 500104 |
| Policy Period | 01 April 2023 to 31 March 2024 |
| Sum Insured (In INR) / Limit of Liability | INR 20,46,60,222 |
| Premium Paid vide | |
| Cheque No. | 435847, Dated 10-03-2023 Drawn on 10-03-2023 |
| Premium with GST (In INR) | 1,19,489 |
| Financial Interest | |
| Other Details, if any | |
| New Business | |
| CIN | U85110MH2000PLC 128425 |
| UIN | IRDAN108CP0001V02202122 |
| IRDA Registration No. | 108 |
| <u>This cover is subject to realization of Premium.</u> | |
| Cover is subject to no material alteration to the proposed interests and no loss occurrences/ deterioration in the Loss Record as originally advised and noted by us, prior to attachment of Cover. | |
| Coverage shall be as per Tata AIG policy terms. | |
| This risk held cover letter is valid only for 30 days from the date of issuance or until issuance of the policy which ever is earlier. | |
| Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai- 400013 For more information, call the Tata-AIG Helpline at 1-800-119966 | |


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| | |
|---|---|
| Tata AIG General Insurance Company Limited | |
| SME - Fire & Engg. | |
| Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai, Maharashtra 400013 | |
|  <small>WITH YOU ALWAYS</small> | |
| Risk Held Cover | |
| Date: 13-04-2023 Ref. No. Pavan Kumar_102 | |
| To, M/S. G. NARAYANAMMA INSTITUTE OF TECHNOLOGY & SCIENCE (FOR WOMEN) (AUTONOMOUS) Shaikpet Road, Ambedkar Nagar, Shaikpet, Hyderabad - 500104 | |
| Re: <u>Risk Held Cover</u> | |
| <p>We thank you for expressing your confidence in TATA AIG General Insurance Company Ltd. by placing your business with us. We are glad to confirm acceptance of the risk in respect of the captioned insurance, subject to the terms, conditions and exclusions of the expiring policy / terms quoted by us.</p> <p style="text-align: center;"><i>Pavan Kumar</i></p> <p>We hereby acknowledge the receipt of premium as mentioned below. The insurance cover is subject to receipt of full premium in advance.</p> | |
| The details of the cover are as below : | |
| Product | Business Guard - Bharat Laghu Udyam Suraksha |
| Business of Insured/Industry | Contractor |
| Coverage | As per Laghu Policy Wordings |
| Risk Location | Shaikpet Road, Ambedkar Nagar, Shaikpet, Hyderabad - 500104 |
| Policy Period | 01 April 2023 to 31 March 2024 |
| Sum Insured (In INR) / Limit of Liability | INR 20,66,66,222 |
| Premium paid vide: | |
| Cheque No. | 435847, Dated 30-03-2023 Drawn on 30-03-2023 |
| Premium with GST (In INR) | 1,13,489 |
| Financial Interest | |
| Other Details, if any | |
| New Business | |
| CIN | U85110MH2000PLC 128425 |
| UIN | IRDAN108CP0001V02202122 |
| IRDA Registration No. | 108 |
| <u>This cover is subject to realization of Premium.</u> | |
| Cover is subject to no material alteration to the proposed interests and no loss occurrences/ deterioration in the loss record as originally advised and noted by us, prior to attachment of cover. | |
| Coverage shall be as per Tata AIG policy terms. | |
| This risk held cover letter is valid only for 30 days from the date of issuance or until issuance of the policy which ever is earlier. | |
| Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai- 400013 For more information, call the Tata-AIG Helpline at 1-800-119966 | |

Pavan Kumar
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Shaikpet, Hyderabad-500 104. TG

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Group Accident Suraksha

*Students Group Accident Policy
15.4.2024 to 14.04.2025*

Preamble

The insurance cover provided under this Policy shall be subject to (a) the terms and conditions of this Policy, (b) the receipt of premium, and (c) Disclosure to information norm (including information and statements which the Policyholder/ Insured person has provided in the proposal form for all persons to be insured. Please inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting any Insured Person.

If any claim arising as a result of an Injury that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with the terms, conditions and exclusions of the Policy subject to availability of Sum Insured.

Part I: Policy Schedule/ Tax Invoice

Policy Details

| | |
|-------------------------|--|
| Policy Issuing Office | G-2, GROUND FLOOR, MANDHANA TOWERS, 7-1-59/2 & 59/6, ,AMEERPET, , HYDERABAD -500016 ,TELANGANA , PH: (1800) 2663202 |
| Policy Number | P0025100001/9999/100006 |
| Name of Proposer | G.NARAYANAMMA INSTITUTE OF TECHNOLOGY & SCIENCE, FOR WOMEN |
| Address of the Proposer | SHAIKPET, HYDERABAD - 500 008, HYDERABAD, HYDERABAD, Telangana, 500008 |
| GST Number | - |
| Industry Type | School /College Students |
| Policy Period | Annual Period |
| Start Date & time | From 00:01hrs : 15/04/2024 |
| End Date & time | midnight of : 14/04/2025 |
| Territory of Insurance | Worldwide |

Intermediary Details

| Intermediary Name | Intermediary Code | Contact Number | Mail ID |
|--|-------------------|----------------|-------------------------|
| SHIELD INSURANCE BROKING SOLUTIONS PVT LTD | BRC0000206 | 9885510841 | info@shieldsolutions.in |

Other Basic Details

| | |
|----------------------------|---------------------|
| Insured Description | Employee |
| No. of lives to be insured | 7758 |
| Type of Policy | Named |
| Details of Persons | As per Annexure |
| Total Sum Insured | Rs. 1,939,500,000/- |
| Maximum Sum Insured | Rs. 250,000/- |
| Aggregate Limit | Rs. 50,000,000/- |
| Sum Insured Basis | Flat Basis |

[Signature]
PRINCIPAL
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(AUTONOMOUS)
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UIN: MAGPAGP19026V011819

Group Accident Suraksha

POLICY NO. P0025100001/9999/100006

Premium

| | |
|----------------------------|------------------|
| Net Premium (Rs.) | 308,422/- |
| CGST @ 9% (Rs.) | 27758/- |
| SGST @ 9% (Rs.) | 27758/- |
| Total Premium (Rs.) | 363,938/- |

Details of Coverage and Sum Insured

| Cover | Coverage Details | |
|--|--|---|
| A. Basic Covers | | |
| | Coverage for the Students | Coverage for the Single Earning Parents |
| Table of Benefit* | C | C |
| Accidental Death | Cover | Cover |
| Permanent Total Disability | Cover | Cover |
| Permanent Partial Disability | Cover | Cover |
| Temporary Total Disability | Not covered | Not covered |
| TD benefit at the rate per week | Not covered | |
| B. Extension Covers | | |
| Accidental Medical Expenses (Accidental Hospitalization) | Medical Expenses (Accidental Hospitalization) covered upto Rs. 50,000/- or actuals whichever is lower (Coverage for the Students Only) | |
| Age Band | 15 - 65 Years | |


*Table of Benefit:

Table A: Accidental Death Only

Table B: Death + Permanent Total Disability

Table C: Accidental Death+ Permanent Total Disability+ Permanent Partial Disability

Table D: Accidental Death+ Permanent Total Disability+ Permanent Partial Disability+ Temporary Total Disability


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Special Conditions:

1. Terrorism is covered in the policy except for that arising out of Nuclear, Radio-active, Biological, Biochemical and/or Chemical means which is outside the scope of policy

2. The Insured shall give immediate notice to the Insurer of any changes in business or in occupation of any of the Insured Person

3. Limit of liability for Any one Accident &/or event limit is INR 50,000,000/-.

4. For Students:

1. Attendance register should be maintained in University for all class & section separately (covered under this policy) and need to be submitted as & when required by insurer; Such register must be submitted from the date of inception up to date of incident for all class & section separately in the event of claim.

2. On a particular day, all the students attend in the University should be declared and covered under the policy without any selection.

For Teaching and Non Teaching Staff :

1. All employees engaged in a University should be taken without any selection and the same to be verified in the event of loss.

2. "Complete list of Staff/Teachers with names, designation and nominee details should be systematically available in a roster attendance and should be produced to insurance company as and when required.

and should be produced to insurance company as and when required."

3. On a particular day, all the engaged Staff/Teachers by the University should be declared and covered under the policy without any selection.

Underinsurance :

At any given point of time actual no. of lives should not be less than what is declared in the policy. At the time of claims, insured to give confirmation on the same. In case actual number of lives is found to be more than what is declared on the policy, it will be a case of underinsurance and no claims will be payable.


Exclusions:

1. Compensation in respect of death, injury or disablement of Insured Person from participation in skydiving, para gliding, hang gliding, bungee jumping, mountaineering, driving in races or rallies using a motorized vehicle, skiing, hunting or equestrian activities, scuba diving, skin diving or any other underwater sport/activity, rafting, boating outside coastal waters (2 miles) or any potentially dangerous sports for which the Insured is untrained, unless specifically covered under the policy.

2. Any Pre-existing Condition or any complication arising therefrom

3. Any psychiatric or mental disorders

4. Congenital internal or external diseases, defects or anomalies or in consequences thereof


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UIN: MAGPAGP19026V011819

Group Accident Suraksha

POLICY NO. P0025100001/9999/100006

5. Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other disease (except disablement arising from an accident)
6. Medical or surgical treatment except as may be necessary solely as a result of Injury
7. Perils of the sea are excluded from the scope of policy
8. Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor
9. Professional sports team in respect of specific benefit for inability to perform
10. Any injury or any disease directly or indirectly caused by or arising from ionizing radiation or contamination by radioactivity from the combustion of nuclear fuel
11. Automatic passenger covers (Airlines)
12. GAS policies for crews of Aircraft and Ships
13. Air travel except as a fare paying passenger on a recognized airline operating on regular scheduled air routes or air travel by any charter aircraft duly licensed as a reconized air carrier and flown by professional crews between properly established and maintained airports/routes
14. Participation in any kind of motor speed contest (incl Trial, training and qualifying heats)
15. Group Insurances in respect of underground mining and for contractors specializing in tunnelling
16. Group insurance for naval, military or air force personnel
17. Employers liability, occupational disease
18. Any form of reimbursement of liability settlements
19. Death other than accidental death
20. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement
21. Any other payment after a claim under one of the benefits 1,2, 3 and 4 in Table of benefits has been admitted and becomes payable
22. Any payment in case of more than one claim under this policy during any one period of Insurance by which our liability in that period would exceed CSI
23. Payment of compensation in respect of injury as a consequence of/resulting from
 - a. Committing or attempting suicide, intentional self-injury
 - b. Whilst under influence of intoxicating liquor or drugs
 - c. Drug addiction or alcoholism
 - d. Whilst engaged in any adventurous sports
 - e. Committing any breach of law with criminal intent
 - f. War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority
24. Consequential loss of any kind and/or any legal liability
25. Pregnancy including child birth, miscarriage, abortion or complication arising there from
26. Participation in any naval, military or air force operations
27. Curative treatments or interventions

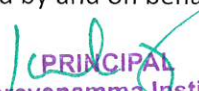
IN WITNESS WHEREOF the undersigned being duly authorized by and on behalf of the Company has/have here onto set his/their hands

Collection No C00007764

UIN: MAGPAGP19026V011819

Group Accident Suraksha

POLICY NO. P0025100001/9999/100006


PRINCIPAL
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(AUTONOMOUS)
Shaikpet, Hyderabad-500 104, TG

Dated-03/05/2024

Disclaimer:

- This Policy shall be null and voidable initio if the Premium cheque / the valid negotiable instrument as received by this company bearing the Collection No is dishonored by the bank.
- Issuance of the Premium receipt is not a proof of risk acceptance.

For and On Behalf of
For Magma HDI General Insurance Co. Ltd.

Mayank Tandon

DULY CONSTITUTED ATTORNEY (S)

TAX INVOICE

ST Servicing Office Code: 300005

GST Number of MHDI - 36AAGCM1685C1ZK

GST Invoice Number - POL3605250000286

Code for Service Accounting – 997133, Accident and health insurance services.

Place of Supply: TELANGANA (36)

This is a valid Tax invoice in terms of Sub-rule 2 of Rule 54 of CGST Rule 2017. Further, being an Insurance Company, issuing of e-invoice and QR Code are not applicable on us in terms of Notification No 13 and 14 of 2020 dated 21st March 2020 issued from Central Board of Indirect Taxes and Customs. I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Whether Tax is payable on Reverse Charge - No

Principal
PRINCIPAL
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