

Tata AIG General Insurance Company Ltd.

Group Personal Accident

Schedule of Insurance

Agent/Broker Name - Axis Bank Ltd

Agent/Broker License Code - 1891411 : Agent/Broker:Contact No - 18001035577
(mobile or landline)

Policy Number: GPA0006573 02

Policyholder: Vignan University

Address: Vadlamudi
Guntur District
TENALI, 522213
GUNTUR
ANDHRA PRADESH

Phone :

Insurance Period :- Effective Date 26/08/2015 Expiry Date 25/08/2016
(Beginning at 12:01 AM and ending at Midnight of the expiry date)

Business Description: Education

Beneficiary : As designated by each insured person on file with the Company

Eligible Persons 9318 (Classification of Insured)

The following persons shall be eligible for Insurance hereunder :

Age group : From 3 To 70 Years ()

Hazards : 24-Hour Protection(Business&Pleasure)

Sr. No	Description of Insured Persons / Category / Designation	No. per category
1	Parents	4399
2	Students	4399
3	Teaching & Non Teaching Staff	520

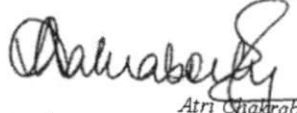
Insurance is the subject matter of the solicitation. For more details on risk factors , terms and conditions please read sales brochure carefully before concluding a sale.

Tata AIG General Insurance Company Limited

Registered Office : Peninsula Business Park, Tower A, 15th Floor, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013.
Toll Free No. 1800 266 7780, Fax: 022 6654 6464, Visit us at www.tataaiginsurance.in

IRDA Registration Number: 108 CIN: U85110MH2000PLC128425

Tata AIG General Insurance Company Ltd.

Total No. of Employees / Members Covered :-		9318
Policy Comment:- Only students, one earning parent of each student (1st parent as per school register) & permanent staff of the educational institution are covered		
AGGREGATE LIMIT :- (PER ACCIDENT) Rs.		
This Policy will only be in force if the schedule is signed by a person We have authorised		
Provisional Premium (Rs.) *		7,33,155.14
Service Tax of 14 % (Rs)		1,02,654.86
Total Premium (Rs)		8,35,810.00
Service Tax Registration No : AABCT3518QST004		
* Subject to final reconciliation at the end of the policy period.		
The stamp duty of Rs.15.00/- paid in cash or demand draft or by pay order, vide Receipt/Challan no: MH006252726201415E dated the 09/03/2015		
Producer Code	0015455000	<i>For TATA-AIG General Insurance Company Ltd.</i>
Producer Name		
Producing Office	Hyderabad	Atri Chakraborty
Issued at	Mumbai	National Head - Operations & Systems
Issued Date	30/08/2015	

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Schedule of Benefits & Principal Sum Insured per Person for all Classes:

Sl. No.	Category/Designation	Name	No. of Persons	Avg / Fixed Sum Insured (Rs.) - Maximum Upto								
				AD Only	DM Only	PTD Only	PPD Only	Weekly	Fixed AME	Acc. Hosp. Cash	Per Mille Rate *	
1	Students	As Per Declaration	4399	2,00,000	2,00,000	2,00,000						
2	Parents	As Per Declaration	4399	3,00,000	3,00,000				5,000			.43
3	Teaching & Non Teaching Staff	As Per Declaration	520	3,00,000	3,00,000	3,00,000			3,000	5,000		.26

AD - Accidental Death, DM - Dismemberment, PTD - Permanent Total Disability, PPD - Permanent Partial Disability, AME - Accident Medical Expenses
 Weekly - No. of Weeks - 52 Hospital Cash - No. of days - NIL
 Total Capital Sum Insured Rs. 2,35,55,00,000

- *Calculation for per Mille Rate (Post Tax) = Annual premium/ Sum Insured (employee) x 1000
- Calculation for Endorsement premium / person = per mille rate/1000 * Sum insured * ((Expiry date - Endorsement Effective Date) + 1),
- Please note that the endorsement is booked subject to availability of the buffer amount & the endorsement per person premium may vary due to capping on Weekly Indemnity or Accident Medical Expenses or Sum Insured

Applicable to all categories mentioned above

Add - Variable Medex

- Fixed up to Rs 5,000/- or actual claims whichever is lower (staff and students) Fixed - up to Rs 5,00

TTD Exception

- 1% of CSI or Rs 3,000/- or actual weekly salary whichever is lower. (for staff only)

Deductible

*

Accident Medical and Dental Medical Expenses

- 10.00%

Temporary Total Disability

- 7 Day/s

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 IRDA Registration Number: 108 CIN: U85110MH2000PLC128425

Policy Number: GPA000657

Exceptions

1. Riders not applicable to any of the above categories Fixed SI of 2 Lacs for Student & 3 Lacs each for Single Parent & Staff

Terrorism

- Covered

Policy Type: Normal Policy

UnNamed Policy

Tata AIG General Insurance Company Ltd.



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Insured Copy Page 2 of 2

DX71 Branch: 06

RECEIPT

Receipt No. 06-12-00022449

Receipt Date 22/08/2015

Received with thanks from M/s Vignan University

a sum of **Rs. 8,35,810.00** (Rupees Eight Lakhs Thirty Five Thousand Eight Hundred Ten and Paise 00 Only)

vide Cheque no. 679988 dated 22/08/2015 drawn on ,VADLAMUDI branch towards

Sr.No.	Policy No.	Total Premium (Rs.)	Utilised from Receipt (Rs)
1	06573	8,35,810.00	8,35,810.00

Note:

1. This is a computer generated receipt and does not require a signature.
2. This receipt is issued subject to realisation of the cheque.
3. Upon issuance of this receipt, all previously issued temporary receipts, if any, related to this policy, are considered null and void.
4. Any excess amount will be adjusted against subsequent policy applications, or will be refunded on demand.

Service Tax Registration No : AABCT3518QST004

Revenue (Consolidated) Stamp duty duly paid vide Challan No: MH006791712201415E date 30/03/2015 for applicable cases

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IRDA Registration Number: 108 CIN: U85110MH2000PLC128425



Kind Attn: The Registrar & Asst. Registrar

08 August 2016

PROPOSAL

GROUP PERSONAL ACCIDENT POLICY

NAME : M/s Vignan's Foundation for Science Technology & Research.
Location : Vadlamudi Guntur District, Tenali 522213. Andhra Pradesh
NUMBER OF LIVES COVERED : **5000 students, 5000 earning parents (1 Parent), 550 (Teaching staff & Non Teaching Staff)**
AGE BRACKET : Between 3 and 70 years.

BENEFITS OFFERED

Benefit 1:

Accidental Death - Earning Parent

Earning Parent Benefit: A unique benefit offered by us - A sum of **Rs.3,00,000/-** is given to the management of the institute to ensure that, the student continues to gain **quality education** from your Institution even, if his/her **income-earning parent** meets with an accident resulting in death. The amount includes the **fees, books, uniform expenses and any other expenses related to his education.**

Benefit 2:

Accidental Death & Weekly Benefit for Staff

In case staff meets with an accident resulting to his/her death, a sum of **Rs 3,00,000/-** is given to the staff's family.

Weekly compensation payable Rs.3000/- for Staff only or actual weekly salary whichever is lower for a period of 52 weeks.

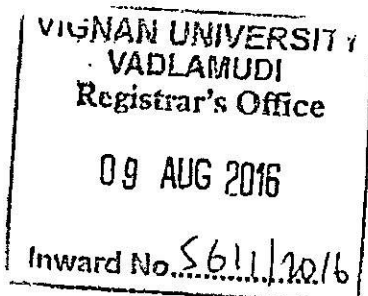
Example:

If a Teaching staff meets with an accident and if he/she is unable to attend his/her duties, say for 4 weeks, then the above said **Rs.3000/-** will be paid to the management / staff for 3 weeks amounting to **Rs.3000/-** or actual salary of the person whichever is less. 1 week elimination on weekly benefit applicable for each claim.

Benefit 3:

Accidental Medical Expenses

In case staff / Student meets with an accident resulting to his/her Hospitalization, a sum of **Rs 5000/-** or actual expenses whichever is lower will be given to insured.



9/8 DR(S) - PK prasad



Benefit 4:

Students Safety

Accidental Death & Dismemberment

In case a student meets with an accident resulting in his/her death, a sum of Rs 2,00,000/- is given to the parent/guardian

Total Capital Sum Insured

Accident Death: 266.5 Crore

Dismemberment: 266.5 Crore

Accidental Medical expenses: 2.77 Core

SUM INSURED PER PERSON:

AD: Accident Death

SR. NO	CATEGORY	No of Insured	SI PER PERSON
			AD
1.	Students	5000	Rs.200000
2.	Earning Parents	5000	Rs. 300000
3.	Teaching Staff & Non Teaching Staff	550	Rs. 300000

DM: Dismemberment

SR. NO	CATEGORY	No of Insured	SI PER PERSON
			DM
1.	Students	5000	Rs. 200000
2.	Earning Parents	5000	Rs. 300000
3.	Teaching Staff & Non Teaching Staff	550	Rs. 300000

AM: Accidental Medical expenses

SR. NO	CATEGORY	No of Insured	SI PER PERSON
			AM
1.	Students	5000	Rs. 5000
2.	Teaching Staff & Non Teaching Staff	550	Rs. 5000

Premium per student	:	Rs.215/- per student per year (Inclusive. of service tax)
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PRE TAX PREMIUM : INR 9, 34,782/-

POLICY PREMIUM AMOUNT : INR 10, 75,000/- (Inclusive 15% ST)

Elimination/excess/franchise : 1 week elimination on weekly benefit.

Type of Accidents students / staff are covered for:

- Accidents during institute hours
- Accidents while travel from house to institute
- Accidents during excursion trips, trekking camps
- Accidents during participating in sports, championships etc.
- Road traffic accidents
- Common Carrier like Train & bus
- Air traffic accidents
- Animal bite or stampede (Like dog bite, snake bite etc...)
- Accidents while climbing up or down on staircase

*mail this to
nn@itda.com*

To,
M/s Vignan Foundation of Sciences Technology & Research
Vadlamudi Guntur District
Tenali, 522213, Guntur

Date: 24-08-2017

Subject: Policy Number: 175239-0000-00

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Group Personal Accident Insurance Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy:

- Master Policy Schedule
- Memorandum of Understanding
- Policy Clauses & Wordings
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

Your Customer ID : 0000146411

Your Policy Number : 175239-0000-00

The Postal Address of your SBI General Branch that will service you in future is:

SBI General Insurance Company Limited
3rd Floor, Ozone Commercial Complex, 6-3-669/1,
Punjagutta Main Road, Hyderabad – 500082, Telangana

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number 1800-102-1111 / 1800-22-1111

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

SBI General Insurance Company Ltd., Registered Office & Corporate Office: SBI General Insurance Company Ltd. 101-201-301, Natraj, Junction of Western Express Highway & Andheri Kurla Road, Andheri (East), Mumbai – 400069. IRDA Registration No: 144

119.

GROUP PERSONAL ACCIDENT INSURANCE POLICY – POLICY SCHEDULE

SCHEDULE

Policy No: 175239-0000-00	Servicing Branch Office: SBI General Insurance Company Ltd. 3rd Floor, Ozone Commercial Complex, 6-3-669/1, Punjagutta Main Road, Hyderabad – 500082, Telangana.	Issue Date: 24-08-2017
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Intermediary Details :

Intermediary Name	Call Health Insurance Broking Service Pvt Ltd	
Intermediary Code	43273	
Intermediary Contact Details	Mobile No. - NA	Landline No. NA

Insured Details:

Name of the Insured/Proposer	M/s Vignan Foundation of Sciences Technology & Research.
Address	Vadlamudi Guntur District Tenali, 522213, Guntur
Period of Insurance	From: 26-08-2017 (00.00 Hrs) To: 25-08-2018 Midnight
Previous insurance policy no, if any	NA
Total No of Insured Persons Covered	11,550. Only students, one earning parent and staff of the institute are covered.
Total Sum Insured	3,465,000,000.00
Details of Insured Persons	Policy is on unnamed basis.
Coverage Details	Accidental Death, Permanent Total Disablement and Permanent Partial Disablement and Temporary Total Disablement benefits only
Add on's or Riders Opted	As per Annexure "A"
Deductible	As per Annexure "A"
Details of Other Policies Declared in The Proposal	NA

Additional Conditions: Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties:

1. Policy is on unnamed basis. Any increase in the headcounts should be intimated to us immediately. At the time of claim, the name of the insured should appear on the muster .In case of increase in headcounts without intimation & without additional premium being paid to us, the claim will not be honored.
2. Mid term increase in SI is not allowed.
3. Maximum any one life limit shall not exceed Rs. 3,00,000/-
4. Maximum any one accident limit shall not exceed Rs. 50 Crores.
5. Minimum and maximum age at entry is restricted to 18 years and 65 years respectively for Staff and earning parent and for student minimum entry age is 16 Years.
6. The quote has been issued on an Unnamed basis. • Onus of proof lies with insured for employment/enrollment and coverage under the policy for the person on the behalf of whom the claim is made. • At the time of claim, the name of the insured should appear on the muster/ Roll • At any point of time the total number of employees/lives on rolls should not exceed the total number of persons declared under the policy. • To furnish the total number of employees/lives on rolls at the time of accident. • Discrepancy in number of persons covered will prejudice claim under the policy. • At any given time the muster / roll/ record of the actual number of employees with designation should be available for inspection. • If number of employees/lives do not match on the date of loss, claim would not be payable. • On monthly basis declaration of the employees/lives is required from the employer/Insured.
7. Coverage applicable is as per the benefit chart, annexure 'A' attached along with.
8. All other Terms And Conditions As Per Group Personal Accident Insurance Policy Wordings As Attached.



GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of the Policy No. 175239-0000-00

Premium Computation

Particulars	Amount (Rs)
Gross Premium	Rs. 7,00,000.00
IGST:9%	Rs. 1,26,000.00
Final Premium	Rs. 8,26,000.00

Collection Details: Receipt No. 2017-00001947

Receipt Date: 22-08-2017

Consolidated Stamp Duty of Rs. 15.00 paid towards Insurance Policy Stamps vide Order No. MH000254050201617E defaced number 0000266109201617 Dated 2016-04-13 11:24:48.0 of General Stamp Office, Mumbai

P.S. If premium paid through cheque, the policy is void abinitio in case of dishonour of cheque.

Signed at : Mumbai HO	For SBI General Insurance Company Limited
Date : 24-08-2017	Signatory :

Service Tax Reg. No. AAMCS8857LSD004

Important Note:

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all information related to his health and which has a bearing on the acceptance or rejection of the Proposal by the Insurer and also not to suppress any factual information in response to the questions in the proposal form.

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Insurer immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled irrespective of whether a separate communication is sent or not.

Any claim arising or related to consequences of the Pre-existing diseases as defined under the Policy is excluded from the scope of Policy cover unless the insurer specifically accepts the pre-existing disease declared with or without additional premium and coverage terms specifically mentioned in the schedule.

The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particulars declared by the Proposer in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.

The Policy is not transferable/assignable to any third parties by the Insured. However, if the Insured is permanently incapacitated or deceased, the nominee/legal heirs of the Insured may represent him/her in respect of claim under the Policy.

All terms, conditions and exclusions as per standard Policy wordings attached with this schedule.

GROUP PERSONAL ACCIDENT INSURANCE POLICY – POLICY SCHEDULE

Attached to and forming part of the Policy No. 175239-0000-00

Annexure "A"

Group Name	M/s Vignan Foundation of Sciences Technology & Research.
Covers	Limits
Insured Details	Only students, one earning parent and staff of the institute are covered.
Policy Basis	Unnamed
Territory Restriction	Worldwide
Accidental Death	Covered for all
Permanent Total Disablement	Covered for all
Permanent Partial Disablement	Covered for all
Temporary Total Disablement	Covered only for Staff. Actual weekly salary or 1% of Accidental death benefit SI, whichever is lesser subject to a maximum upto Rs. 3,000/- per week and upto maximum for 52 weeks. Deductible- 1 week for each claim.
Accident Medical Extension (Inpatient)	Covered only for Students and Staff on Inpatient and Outpatient Basis. Covered upto Rs. 10,000/- or actuals whichever is less per member per policy period. Deductible- Rs. 500/- applicable for each claim
Terrorism	Covered for all



GROUP PERSONAL ACCIDENT INSURANCE POLICY – POLICY SCHEDULE

Attached to and forming part of the Policy No. 175239-0000-00

INTIMATING A CLAIM

For Intimating a Claim with us please contact us through the following channels:

Phone : 1800-102-1111/1800-22-1111(Toll Free 08:00 am to 08:00 pm on all Business Days)

E mail - customer.care@sbigeneral.in

Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

CLAIM SETTLEMENT

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the Survey Report or the additional Survey Report, as the case may be, in accordance with the provisions of Protection of Policyholders' Interest Regulations 2002.

GROUP PERSONAL ACCIDENT

PREAMBLE

ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Proposer named in the Schedule referred to hereinbelow, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit will be paid by the Company.

UIN- ICIPAGP03004V040203 Misc 05

Part I of Policy: Policy Schedule

Policy No 4005/154515877/00/000 (TRUE COPY)

1. Name of the Insured:

Issued at MUMBAI

VIGNANS FOUNDATION FOR SCIENCE TECHNOLOGY & RESEARCH

2. Mailing Address of the Insured:

Vadlamudi Tenali, Guntur District

Guntur

Andhra Pradesh Pin- 522213

3. Intermediary Details:

Agency Code1: DB66716

Agency Name: CALL HEALTH INSURANCE BROKING SERVICE PVT LTD

Agent's mobile no.: 9032390944

Agent's E-mail ID : suresh.nair@callhealth.com

4. Period of Insurance :

From: 26/08/2018 Time: 00:00 Hours

To Midnight of 25/08/2019

11548

3,464,400,000.00

As per annexure attached

5. Total number of persons to be insured:

6. Total Capital Sum Insured:

7. Details of persons to be insured:

8. Benefit Table:

A - Accidental Death only - 100%

B - Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement

C - Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement

D1 = (A) + (B) + (C) + Temporary Total Disablement (TTD) 1% of S.I. Or Rs. 5000/-per week or actual salary which ever is less

9. Premium

Premium Break Up	(Rs.)	Premium (Rs.)
Stamp Duty	(Rs.)	15.00
*Total Premium	(Rs.)	888,223.42

*Premium value mentioned above is inclusive of taxes applicable

10. Conditions/Endorsements

1. B- Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement

2. C - Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement

3. D1 = (A) + (B) + (C) + Temporary Total Disablement (TTD) 1% of S.I. Or Rs. 5000/-per week or actual salary which ever is less

4. Accidental hospitalization for staff and students covered upto Rs. 50,000/- or actual whichever is less (OPD expenses covered within limits of accidental hospitalization with deductible of Rs. 500/-)

5. Staff are covered under table "D"

6. Students and parents are covered under table "C"

7. Policy is issued on Unnamed basis, DOJ Confirmation and Photo ID Proof Required at the time of Claims.

8. At any Point of time, if number of lives is found to be more than 11548 , unless a premium bearing endt is passed, no claims will be payable.

9. Policy is issued on Unnamed basis & all claims admissible subject to DOJ of the employees will be on or post policy inception date
 10. Risk Category I & II are covered.
 11. Premium to be charged on prorata scale for addition/ deletion endorsement
 12. Any endorsements will be from the date of addition and not from the inception of the policy
 13. Premium shall not be refunded for deletion if any claim is paid during the policy.
 14. Age Limit : 18-65 years
 15. Terrorism is covered, however, terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from the scope of this policy
 16. A - Accidental Death only - 100%
 17. Children Education Welfare Fund for dependent children incase of Death of Employee- upto 10,000/- per child (Restricted to 2 children)
 18. Carriage of Dead Body 2% of SI subject to max to Rs 2500/-
 11. Special Conditions:
 1. Below mentioned activity shall be outside the scope of the policy :-
 - Professional sports team in respect of specific benefit for inability to perform
 - Participation in any kind of motor speed contest.
 - While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers)
 - Underground mining & contractor specializing in tunneling
 - Naval, military or air force personnel
 - Radioactivity, Nuclear risks, ionizing radiation
 - Drivers are excluded from the policy
 - Animal bite/Snake Bite/Insect bite is not covered.
 - Perils of the sea are excluded from the scope of the policy.
 - Exclusions :-
 - Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
 - Being under influence of drugs, alcohol, or other intoxication or hallucinogens
 - Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor
 - Committing any breach of law of land with criminal intent.
 - Death or disablement resulting from Pregnancy or childbirth
 - Risk Category III people are out of the scope of the policy :-
 - Persons working in mines,explosives,Electrical installations on high tension lines,Racing,Circus People,skiing,mountaineering,big game hunting,ballooning,hang gliding,river rafting,winter sports, skiing,ice hockey,polo&such other persons engaged in occupation of similar hazard are not covered under GPA
- For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free no.1800-2666 or may approach us at the sub section 'Grievance Redressal' on our website www.icicilombard.com (Customer Support section). However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and Development Authority (IRDA) through the Integrated Grievance Management Section (IGMS) or IRDA Grievance Call Centre(IGCC) at their toll free no.155255
12. **Clauses:**
 1. The Cover is subject to inclusion of loss/ damage/ liability due to terrorism activity
 13. **Warranties:**
 1. The claim should be intimated with in the three months of the occurrence of the event, failing to which company shall not be liable to pay the claim

Subject otherwise to terms and conditions of Group Personal Accident Insurance Policy.

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at Mumbai on this date 10/09/2018 .


Authorized Signatory

GSTIN Reg. No: 37AAACI7904G1ZM
IL GIC GSTIN Address : F6 Fourth The Landmark Sampath Vinayak Temple Road, Vishakaptnam Andhra Pradesh
530003

HSN/SAC code : 9971 - GENERAL INSURANCE SERVICES

Policy shall stand cancelled ab initio in the event of non realisation of the premium

**The stamp duty of Rs 15.0000 paid in cash or by demand draft or by payorder, vide Receipt/Challan
no. CSD1302018374518 dated 10/08/2018**

GROUP PERSONAL ACCIDENT

PREAMBLE

UIN- ICIPAGP03004V040203 Misc 05

ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Proposer named in the Schedule referred to hereinbelow, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit will be paid by the Company.

Part I of Policy: Policy Schedule

Policy No 4005/154515877/01/000 (TRUE COPY)

- | | |
|---|--|
| 1. Name of the Insured: | Issued at MUMBAI
VIGNANS FOUNDATION FOR SCIENCE TECHNOLOGY & RESEARCH |
| 2. Mailing Address of the Insured: | Vadlamudi Tenali, Guntur District
Guntur
Andhra Pradesh Pin- 522213 |
| 3. Intermediary Details: | Agency Code1: DB28004
Agency Name: VISISTA INSURANCE BROKING SERVICES PVT LTD
Agent's mobile no.: 9052996831
Agent's E-mail ID : kalyanavenkatesh.t@visistarisk.com |
| 4. Period of Insurance : | From: 26/08/2019 Time: 00:00 Hours
To Midnight of 25/08/2020 |
| 5. Total number of persons to be insured: | 12449 |
| 6. Total Capital Sum Insured: | 3,734,700,000.00 |
| 7. Details of persons to be insured: | As per annexure attached |

8. Benefit Table:

- A - Accidental Death only - 100%
B- Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement
C - Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement
D1=(A) + (B) + (C) + Temporary Total Disablement (TTD) 1% of S.I. Or Rs.5,000/=per week or actual salary which ever is less

9. Premium

Premium Break Up	(Rs.)	Premium (Rs.)
Stamp Duty	(Rs.)	15.00
*Total Premium	(Rs.)	920,399.66

*Premium value mentioned above is inclusive of taxes applicable

10. Conditions/Endorsements

- B- Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement
- C - Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement
- D1=(A) + (B) + (C) + Temporary Total Disablement (TTD) 1% of S.I. Or Rs.5,000/=per week or actual salary which ever is less
- Accidental Medical Hospitalisation Expenses are covered upto Rs 50,000/- or actual whichever is lower on IPD basis.
- OPD Medical Hospitalisation Expenses are covered upto Rs 5,000/- or actual whichever is lower subject to RS 500/- deductibles.
- C Coverage for Students and one Earning Parent
- D Coverage for Teaching and non-teaching Staff
- Accidental Medical Hospitalisation Expenses and OPD Cover are only for Students and Staff.
- Policy is issued on Unnamed basis, DOJ Confirmation and Photo ID Proof Required at the time of Claims.
- At any Point of time, if number of lives is found to be more than 12449, unless a premium bearing endt is passed, no claims will be payable.
- Policy is issued on Unnamed basis & all claims admissible subject to DOJ of the employees will be on or post policy inception date
- Children Education Welfare Fund for dependent children incase of Death of Employee- upto 10,000/- per child (Restricted to 2 children)
- Carriage of Dead Body 2% of SI subject to max to Rs 2500/-
- Age Limit For Students : 03-30 Years, For Staff & Parents: 18-65 Years
- Risk Category I & II are covered.
- Premium to be charged on prorata scale for addition/ deletion endorsement
- Any endorsements will be from the date of addition and not from the inception of the policy
- Premium shall not be refunded for deletion if any claim is paid during the policy.
- Terrorism is covered, however, terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from the scope of this policy
- A - Accidental Death only - 100%

11. Special Conditions:

- Below mentioned activity shall be outside the scope of the policy :-
Professional sports team in respect of specific benefit for inability to perform
Participation in any kind of motor speed contest.
While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers)
Underground mining & contractor specializing in tunneling
Naval, military or air force personnel
Radioactivity, Nuclear risks, ionizing radiation
Drivers are excluded from the policy
Animal bite/Snake Bite/Insect bite is not covered.
Perils of the sea are excluded from the scope of the policy.
Exclusions :-
Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
Being under influence of drugs, alcohol, or other intoxication or hallucinogens

Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor
Committing any breach of law of land with criminal intent.

Death or disablement resulting from Pregnancy or childbirth

Risk Category III people are out of the scope of the policy :-

Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus People, skiing, mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey, polo & such other persons engaged in occupation of similar hazard are not covered under GPA

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free no. 1800-2666 or may approach us at the sub section Grievance Redressal on our website www.icicilombard.com (Customer Support section). However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and Development Authority (IRDA) through the Integrated Grievance Management Section (IGMS) or IRDA Grievance Call Centre (IGCC) at their toll free no. 155255

12. Clauses:

1. The Cover is subject to inclusion of loss/ damage/ liability due to terrorism activity

13. Warranties:

1. The claim should be intimated with in the three months of the occurrence of the event, failing to which company shall not be liable to pay the claim

Subject otherwise to terms and conditions of Group Personal Accident Insurance Policy.

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at Mumbai on this date 27/08/2019 .



Authorized Signatory

GSTIN Reg. No: 37AAACI7904G1ZM

IL GIC GSTIN Address : F6 Fourth The Landmark Sampath Vinayak Temple Road, Vishakaptnam Andhra Pradesh 530003

HSN/SAC code : 9971 - GENERAL INSURANCE SERVICES

Policy shall stand cancelled ab initio in the event of non realisation of the premium

The stamp duty of Rs 15.0000 paid in cash or by demand draft or by payorder, vide Receipt/Challan no. CSD1052019379319 dated 05/08/2019

		<ul style="list-style-type: none"> • Broken Bones • Legal Expenses 	
4	What are the major Exclusions in the Policy	<ul style="list-style-type: none"> • Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression. • Being under influence of drugs, alcohol, or other intoxication or hallucinogens • Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor • Committing any breach of law of land with criminal intent. • Death or disablement resulting from Pregnancy or childbirth • Professional sports team in respect of specific benefit for inability to perform • Participation in any kind of motor speed contest • While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers) • Underground mining & contractor specializing in tunneling • Naval, military or air force personnel • Radioactivity, Nuclear risks, ionizing radiation 	<p>Part I and Part II (Clause 4) of the policy</p> <p>Indicative list of Exclusions</p>
5	Payout Basis	<ul style="list-style-type: none"> • Reimbursement claims of covered benefits upto specified sum insured as per the scope of cover 	<p>Part II of the policy clause 4 (i, ii, iii and iv)- Claim Administration</p>
6	Terms of Renewal	<p>(i) The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Personal Accident Insurance product or its nearest substitute (in case the product ICICI Lombard Group Personal Accident Insurance is withdrawn by the Company) approved by IRDA.</p> <p>(ii) The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by the insured.</p>	<p>Part II of the policy Clause 10- Terms of renewal</p>
7	Cancellation	<ul style="list-style-type: none"> • The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact. • Insured or the Company may cancel this Policy by giving the Company or the insured, as the case may be, 15 days written notice for the cancellation of the Policy, and then the Company shall refund premium on short term rates (if initiated by the insured) or pro rata rates (if initiated by the Company) for the unexpired Policy Period. The Company shall follow the short period scale unless otherwise mutually agreed. 	<p>Part III of the policy Clause 9- Cancellation/ Termination</p>

GROUP PERSONAL ACCIDENT

PREAMBLE

UIN- ICIPAGP03004V040203 Misc 05

ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Proposer named in the Schedule referred to hereinbelow, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit will be paid by the Company.

Part I of Policy: Policy Schedule

Policy No 4005/154515877/02/000

1. Name of the Insured:

Issued at MUMBAI

VIGNANS FOUNDATION FOR SCIENCE TECHNOLOGY & RESEARCH

2. Mailing Address of the Insured:

Vadlamudi Tenali, Guntur District

Guntur

Andhra Pradesh Pin- 522213

3. Intermediary Details:

Agency Code1: DB28004

Agency Name: VISISTA INSURANCE BROKING SERVICES PVT LTD

Agent's mobile no.: 9052996831

Agent's E-mail ID : kalyanavenkatesh.t@visistarisk.com

4. Period of Insurance :

From: 26/08/2020 Time: 00:00 Hours

To Midnight of 25/08/2021

5. Total number of persons to be insured:

10600

6. Total Capital Sum Insured:

3,180,000,000.00

7. Details of persons to be insured:

As per annexure attached

8. Benefit Table:

A - Accidental Death only - 100%

B- Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement

C - Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement

D1= (A) + (B) + (C) + Temporary Total Disablement (TTD) 1% of S.I. Or Rs.5,000/=per week or actual salary which ever is less

9. Premium

Premium Break Up	(Rs.)	Premium (Rs.)
Stamp Duty	(Rs.)	15.00
*Total Premium	(Rs.)	706,046.76

*Premium value mentioned above is inclusive of taxes applicable

10. Conditions/Endorsements

1. B- Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement

2. C - Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial

Disablement

3. D1= (A) + (B) + (C) + Temporary Total Disablement (TTD) 1% of S.I. Or Rs.5,000/=per week or actual salary which ever is less
 4. Accidental Medical Hospitalisation Expenses are covered upto Rs 50,000/- or actual whichever is lower on IPD basis.
 5. OPD Medical Hospitalisation Expenses are covered upto Rs 5,000/- or actual whichever is lower subject to RS 500/- deductibles.
 6. C Coverage for Students and one Earning Parent
 7. D Coverage for Teaching and non-teaching Staff
 8. Accidental Medical Hospitalisation Expenses and OPD Cover are only for Students and Staff.
 9. Policy is issued on Unnamed basis, DOJ Confirmation and Photo ID Proof Required at the time of Claims.
 10. At any Point of time, if number of lives is found to be more than 10600, unless a premium bearing endt is passed, no claims will be payable.
 11. Policy is issued on Unnamed basis & all claims admissible subject to DOJ of the employees will be on or post policy inception date
 12. Children Education Welfare Fund for dependent children incase of Death of Employee- upto 10,000/- per child (Restricted to 2 children)
 13. Carriage of Dead Body 2% of SI subject to max to Rs 2500/-
 14. Age Limit For Students : 03-30 Years, For Staff & Parents: 18-65 Years
 15. Risk Category I & II are covered.
 16. Premium to be charged on prorata scale for addition/ deletion endorsement
 17. Any endorsements will be from the date of addition and not from the inception of the policy
 18. Premium shall not be refunded for deletion if any claim is paid during the policy.
 19. Terrorism is covered, however, terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from the scope of this policy
 20. A - Accidental Death only - 100%
11. Special Conditions:
1. Below mentioned activity shall be outside the scope of the policy :-
 - Professional sports team in respect of specific benefit for inability to perform
 - Participation in any kind of motor speed contest.
 - While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers)
 - Underground mining & contractor specializing in tunneling
 - Naval, military or air force personnel
 - Radioactivity, Nuclear risks, ionizing radiation
 - Drivers are excluded from the policy
 - Animal bite/Snake Bite/Insect bite is not covered.
 - Perils of the sea are excluded from the scope of the policy.
 - Exclusions :-
 - Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
 - Being under influence of drugs, alcohol, or other intoxication or hallucinogens
 - Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor
 - Committing any breach of law of land with criminal intent.
 - Death or disablement resulting from Pregnancy or childbirth
 - Risk Category III people are out of the scope of the policy :-
 - Persons working in mines,explosives,Electrical installations on high tension lines,Racing,Circus
 - People,skiing,mountaineering,big game hunting,ballooning,hang gliding,river rafting,winter sports, skiing,ice hockey,polo&such other persons engaged in occupation of similar hazard are not covered under GPA
 - For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free no.1800-2666 or may approach us at the sub section 'Grievance Redressal' on our website www.icicilombard.com (Customer Support section). However, if the resolution provided by us is not satisfactory

you may approach Insurance Regulatory and Development Authority (IRDA) through the Integrated Grievance Management Section (IGMS) or IRDA Grievance Call Centre(IGCC) at their toll free no.155255

12. Clauses:

- 1. The Cover is subject to inclusion of loss/ damage/ liability due to terrorism activity

13. Warranties:

- 1. The claim should be intimated with in the three months of the occurrence of the event, failing to which company shall not be liable to pay the claim

Subject otherwise to terms and conditions of Group Personal Accident Insurance Policy.

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at Mumbai on this date 28/08/2020 .



Authorized Signatory
ICICI Lombard General Insurance Company Ltd.

GSTIN Reg. No: 37AAACI7904G1ZM
IL GIC GSTIN Address : F6 Fourth The Landmark Sampath Vinayak Temple Road,Vishakaptnam Andhra Pradesh 530003
HSN/SAC code : 9971 - GENERAL INSURANCE SERVICES

Policy shall stand cancelled ab initio in the event of non realisation of the premium

The stamp duty of Rs 15.0000 paid in cash or by demand d
no. CSD5120201648 dated 23/07/2020