

## Group Personal Accident And Business Travel Accident Policy

### Schedule of Insurance

Agent/Broker Name - AXIS BANK LTD

Agent/Broker License Code - CA0069

Agent/Broker Contact No -1800 209 2001(mobile or landline)

**Policy Number:** 0238886303

**Renewal:** 01

**Endorsement:** 00

**Policyholder Name:** DADI INSTITUTE OF ENGINEERING AND TECHNOLOGY

**Address:** NATIONAL HIGHWAY 5 ANAKAPALLE  
VISAKHAPATNAM - 531002  
VISAKHAPATNAM  
ANDHRA PRADESH  
INDIA  
Place of supply -ANDHRA PRADESH  
State code -37

**Contact number :**

**Insurance Period :-** **Effective Date** 29/03/2022 **Expiry Date** 28/03/2023  
(Beginning at 12:01 AM and ending at Midnight of the expiry date)

**Business Description:** Educational Institutes

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

**Eligible Persons 4476 (Classification of Insured)**

**The following persons shall be eligible for Insurance hereunder :**

**Age group : From 3 To 65 Years ()**

**Hazards** : 24-Hour Protection


Sr No	Description of Insured Persons / Category / Designation	No. per category
1	Students	2120
2	Parents	2120
3	Teaching Staffs	236

POS PAN No:

POS Aadhar No:

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 Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, I  
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

<b>Total No. of Employees / Members Covered :- 4476</b>	
<b>Policy Comment:- Only Student, One Earning Parent of each Student (1st Parent as per School Register) &amp; Staff of the Education Institute are covered</b>	
<b>AGGREGATE LIMIT :- (PER ACCIDENT) Rs 1,460,800,000.00</b>	
<b>This Policy will only be in force if the schedule is signed by a person We have authorised</b>	
<b>Provisional Premium (Rs)*</b>	269,491.46
<b>UGST/SGST @9 % (₹)</b>	24,254.23
<b>CGST @9 % (₹)</b>	24,254.23
<b>Total Premium (Rs)</b>	318,000.00
<b>GSTIN : 37AABCT3518Q1ZV - ANDHRA PRADESH Service Accounting Code : 997133</b>	
* Subject to final reconciliation at the end of the policy period.	
The stamp duty Of Rs 40/-paid In cash Or demand draft Or by pay order,vide Receipt/ Challan no: LOA/CSD/266/2022/731dated the10/02/2022.	
<b>Producer Code</b>	0015455000
<b>Producer Name</b>	AXIS BANK LTD
<b>Producing Office</b>	MUMBAI
<b>Issued at</b>	VISHAKAPATNAM
<b>Issued Date</b>	31/03/2022
	For TATA-AIG General Insurance Company Limited
	
	Authorized Signatory

POS PAN No:

POS Aadhar No:

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IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

**Policy Number:** 0238886303 01 00

Schedule of Benefits & Principal Sum Insured per Person for all Classes:										
Sr No	Category/Designation	Name	No. of Persons	Avg / Fixed Sum Insured (₹) - Maximum Upto						
				AD Only	DM Only	PTD Only	PPD Only	Weekly	Acc.Hosp.Cash	Per Mille Rate *
1	Teaching Staffs	As Per Declaration	236	800,000.000	800,000.000	800,000.000	800,000.000	5,000.000	0.00	0.1844821
2	Students	As Per Declaration	2120	300,000.000	300,000.000	300,000.000	300,000.000	0.000	0.00	0.1844821
3	Parents	As Per Declaration	2120	300,000.000	300,000.000	300,000.000	300,000.000	0.000	0.00	0.1844821

AD - Accidental Death, DM - Dismemberment, PTD - Permanent Total Disability, PPD - Permanent Partial Disability, AME - Accident Medical Expenses

Weekly - No. of Weeks - NIL Hospital Cash - No. of days -

Category	No of weeks for TTD
Students	NIL
Teaching Staffs	104
Parents	NIL

Total Capital Sum Insured ₹ 1,460,800,000.00

- \* **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		
Medex Exception		- Accidental Medex – Fixed ₹ 10,000 or actual claims as In patient hospitalization( 24 hrs hospitalization required), and ₹ 10,000 as OPD or actual claim whichever is lower. (For staff & students)
S.N.	MedEx	Sum Insured
1	Fixed MedEx - OPD	Students INR 10000, Teaching Staffs INR 10000
2	Fixed MedEx - IPD	Students INR 10000, Teaching Staffs INR 10000
TTD exception comments		- 1% of SI or ₹ 5,000 or actual weekly salary whichever is less for 104 weeks (Only for staff)
Terrorism		- Covered
24-Hour Protection		- Covered

**Policy Number:** 0238886303 01 00

**Policy Type:** Unnamed Policy

**Other Exception:**

POS PAN No:

POS Aadhar No:

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## RECEIPT

Receipt No. : 106101029486772

Receipt Date : 31/03/2022

Policy No : 0238886303 01 00

Received with thanks from DADI INSTITUTE OF ENGINEERING AND TECHNOLOGY a sum of ₹ **3,18,000.00** ( Rupees Three Lakhs Eighteen Thousand And Paise Zero Only)

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0238886303 01 00	3,18,000.00	3,18,000.00	3,18,000.00

**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 void.
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 : 37AABCT3518Q1ZV - ANDHRA PRADESH Service Accounting Code : 997133**

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TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai-400 013.

IRDA Registration No.108, CIN No : U85110MH2000PLC128425, PAN : AABCT3518Q  
Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

POS PAN No:

POS Aadhar No:

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 Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, 1  
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

**Attached to and forming part of Policy No. 0238886303 01 00**

Part E. COVERAGE

Section: ACCIDENTAL DEATH

We will pay the Principal Sum shown in the Policy Schedule if Injury to You results in loss of life. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, the Principal Sum less any other amount paid or payable under: Accidental Dismemberment including Paralysis, Permanent Total Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

Exposure

For the purposes of the Accidental Death benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Disappearance

We will pay the benefit for Loss of Life under the circumstances described in a Hazard if Your body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
  - a. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
  - b. medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

POS PAN No:

POS Aadhar No:

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IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

**Attached to and forming part of Policy No. 0238886303 01 00**

It is hereby declared & agreed upon that the "Terrorism Exclusion" under SECTION III - GENERAL POLICY EXCLUSIONS (Nos. 8 & 9) have been deleted.

Act of Terrorism - means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts. Terrorism shall also include any act which is verified or recognized by the relevant Government as an act of terrorism

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**Attached to and forming part of Policy No. 0238886303 01 00**

Part E. COVERAGE

Section: ALTERNATE ACCIDENT MEDICAL EXPENSE

We will pay the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule for Covered Medical Expenses incurred by You in the Republic of India for medical services which are not due to a Pre-existing Condition up to but not exceeding 1) upto the percentage, as mentioned in the policy schedule, of the compensation paid by Us in settlement of a valid claim under the Policy or 2) upto the percentage, as mentioned in the policy schedule, of the Principal Sum or 3) Weekly benefit amount as applicable payable under the following benefits if available under the Policy :i.e. Accidental Death, or Accidental Dismemberment, or Permanent Total Disability, or Permanent Partial Disability, or Total Temporary Disability whichever payment by Us is least as to such Insured Person for the treatment of an Injury sustained by the Insured Person under the circumstances described in a Hazard while this Policy is in effect.

Definition:

Covered Medical Expenses - means expenses incurred by You for medical services and supplies which are recommended by the attending Physician. They include:

- (a) the services of a Physician;
- (b) Hospital confinement and use of operating room;
- (c) anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, and therapeutic services and supplies;
- (f) dental treatment resulting from Injury sustained to Sound Natural Teeth subject to the per tooth and per occurrence maximums shown in the Policy Schedule

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. Any treatment of any disease, sickness or illness; or
2. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
3. routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
4. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
5. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
6. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
7. the diagnosis and treatment of acne; or
8. deviated septum, including sub mucous resection and/or other surgical correction thereof; or
9. organ transplants that are considered experimental in nature; or
10. well child care including exams and immunizations; or
11. expenses which are not exclusively medical in nature; or
12. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing; or
13. treatment provided in a government Hospital or services for which no charge is normally made; or
14. mental, nervous, or emotional disorders or rest cures; or
15. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; or
16. medical expenses covered under any workers compensation or similar policy; or
17. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose; or
18. therapeutic services unless conclusive scientific evidence proves, that it improves health outcome.

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IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

**Attached to and forming part of Policy No. 0238886303 01 00**

Part E. COVERAGE

Section: TEMPORARY TOTAL DISABILITY - (Weekly Indemnity)

We shall pay a weekly benefit amount during a period of continuous Temporary Total Disability of an Insured Person resulting from Injury under the circumstances described in a Hazard after completion of the Elimination Period shown in the Policy Schedule, provided that:

1. such period of disability commences within 30 Days after the date of the Accident causing such Injury; and
2. such amount shall be payable as stated in the Policy Schedule, as applicable to such Insured Person; and
3. the maximum period for which such amount shall be payable for any one such period of disability shall not exceed the maximum number of weeks payable as stated in the Policy Schedule and in no event to exceed 52/104 weeks whichever is less.
4. We will not pay more than the Insured Persons Gross Weekly Wage for the Temporary Total Disability benefit.

Any payment made under this benefit shall be deducted from any Accidental Death, or Accidental Dismemberment, or Permanent Total Disability, or Permanent Partial Disability, or Permanent Total Loss of Use benefits, if available under this Policy, which ultimately become payable under this Policy as a result of the same Accident.

Definitions:

Gross Weekly Wage - means the Insured Persons base weekly earnings in his or her occupation at the time of the Accident causing the Injury for which benefits are claimed under this coverage, but not including, overtime, bonuses, tips, commissions, and special compensation.

Elimination Period - means the number of consecutive days of Temporary Total Disability that must elapse before weekly benefit amounts become payable. The Elimination Period is shown in the Policy Schedule. Weekly benefit amounts are not payable, nor do they accrue, during the Elimination Period.

Temporary Total Disability - means disability which wholly and continuously prevents such Insured Person from performing each and every duty pertaining to his occupation.

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**Attached to and forming part of Policy No. 0238886303 01 00**

Part E. COVERAGE

Section : ACCIDENTAL DISMEMBERMENT  
(Including Loss of Sight and Hearing)

We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Table of Losses below. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Permanent Total Disability or Permanent Partial Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

If more than one loss results from any one Accident, only one amount, the largest, will be paid.

Table of Losses

Loss of: % of Principal Sum

Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot ...	100%
Either Hand or Foot and Sight of One Eye ...	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand ...	25%

"Loss" with regard to:

1. hand or foot means actual severance through or above the wrist or ankle joints respectively;
2. eye means entire and irrecoverable loss of sight;
3. thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
4. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears;

Limitation

With regard to the Accidental Death of a named Insured Person Age Seventeen (17) or below, the maximum Principal Sum payable is 10% of the principal sum insured .

Exposure:

For the purposes of the Accidental Dismemberment benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
  - (a) infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
  - (b) medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

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**Attached to and forming part of Policy No. 0238886303 01 00**

Part E. COVERAGE

Section: PERMANENT TOTAL DISABILITY

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Total Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Accidental Death, or Accidental Dismemberment, or Permanent Partial Disability, or Permanent Total Loss of Use sections of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Permanent Total Disability - means You are unable to engage in each and every occupation or employment for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life. If at the time of loss You are unemployed, Permanent Total Disability shall mean the total and Permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex.

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IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

Attached to and forming part of Policy No. 0238886303 01 00

**Section : PERMANENT PARTIAL DISABILITY**

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Partial Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is continuous and Permanent at the end of this period, a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Scale below less any other amount paid or payable under the Accidental Dismemberment, or Permanent Total Disability, or Permanent Total Loss of Use sections of this Policy as the result of the same Accident.

Scale: Sum	Percentage of Principal
1. Loss of toes - all	20%
Great toe	5%
Other than great toe , if more than one toe lost, each	1%
2. Loss of hearing - both ears	50%
3. Loss of hearing - one ear	25%
4. Loss of four fingers and thumb of one hand	40%
5. Loss of four fingers	25%
6. Loss of thumb	15%
7. Loss of index finger	10%
8. Loss of middle	6%
9. Loss of ring finger	5%
10. Loss of little finger	4%

"Loss" with regard to:

- (a) toe, finger, thumb means actual complete severance from the foot or hand;
- (b) hearing means entire and irrecoverable loss of hearing .

When more than one form of disability results from one Accident, We add the percentages from each together. However, We will not pay more than 100% of the Sum Insured shown in the Policy Schedule

If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made.

We will assess at our discretion any disability not specifically mentioned by considering the nature of the disability alongside the percentages given to the specific types of disability above. The Insured Person's occupation will not be a relevant factor.

If the Insured Person has an existing medical condition and they suffer Injury , We will assess:

- (a) whether the Insured Person's medical condition has contributed to their disability; and
- (b) whether the disability makes the Insured Person's medical condition worse.

In either case We will assess the difference between the Insured Person's medical condition before, and their disability after the Accident. Any payment We make will be based on the difference, expressed as a percentage, and applied to the appropriate benefit above or in the Scale.

**Definitions:**

**Permanent** - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

**Permanent Partial Disability** - means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis from a Physician.

**Exclusion:**

In addition to the General Exclusions listed in this Policy this coverage section shall not cover loss caused directly or indirectly, wholly or partly by:

- 1. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
- 2. medical or surgical treatment except as may be necessary solely as a result of Injury.

POS PAN No:

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IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

**Attached to and forming part of Policy No. 0238886303 01 00**

Part F. SCOPE OF COVERAGE:

Hazard H-1

24-HOUR PROTECTION

(Business and Pleasure)

The hazards described in this Hazard H-1 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-1 applies, shall apply only to Injury sustained by such Insured Person anywhere in the world.

Such insurance includes such Injury sustained while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian / scheduled aircrafts aircraft having a current and valid Airworthiness Certificate, (and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.) This Hazard H-1 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-1 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).

POS PAN No:

POS Aadhar No:

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## Group Personal Accident And Business Travel Accident Policy

### Schedule of Insurance

Agent/Broker Name - AXIS BANK LTD

Agent/Broker License Code - CA0069

Agent/Broker Contact No -1800 209 2001(mobile or landline)

**Policy Number:** 0238886303

**Renewal:** 00

**Endorsement:** 00

**Policyholder Name:** DADI INSTITUTE OF ENGINEERING AND TECHNOLOGY

**Address:** NATIONAL HIGHWAY 5 ANAKAPALLE  
VISAKHAPATNAM - 531002  
VISAKHAPATNAM  
ANDHRA PRADESH  
INDIA  
Place of supply -ANDHRA PRADESH  
State code -37

**Contact number :**

**Insurance Period :-** **Effective Date** 22/03/2021 **Expiry Date** 21/03/2022  
(Beginning at 12:01 AM and ending at Midnight of the expiry date)

**Business Description:** Educational Institutes

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


**Eligible Persons 4126 (Classification of Insured)**

**The following persons shall be eligible for Insurance hereunder :**

**Age group : From 3 To 65 Years ()**

**Hazards** : 24-Hour Protection

Sr No	Description of Insured Persons / Category / Designation	No. per category
1	Students	1950
2	Parents	1950
3	Teaching Staffs	226

<b>Total No. of Employees / Members Covered :-</b> 4126	
<b>Policy Comment:- Only the Staffs,Students &amp; One Earning Parents of the School are covered.</b>	
<b>AGGREGATE LIMIT :- (PER ACCIDENT) Rs 1,350,800,000.00</b>	
<b>This Policy will only be in force if the schedule is signed by a person We have authorised</b>	
<b>Provisional Premium (Rs)*</b>	248,172.90
<b>UGST/SGST @9 % (₹)</b>	22,335.56
<b>CGST @9 % (₹)</b>	22,335.56
<b>Total Premium (Rs)</b>	292,844.00
<b>GSTIN : 37AABCT3518Q1ZV - ANDHRA PRADESH Service Accounting Code : 99713333</b>	
* Subject to final reconciliation at the end of the policy period.	
The stamp duty of ₹ 40.00/- paid in cash or demand draft or by pay order,vide Receipt/Challan no: CSD/291/2021/1192 dated the 28/03/2021	
<b>Producer Code</b>	0015455000
<b>Producer Name</b>	AXIS BANK LTD
<b>Producing Office</b>	MUMBAI
<b>Issued at</b>	VISHAKAPATNAM
<b>Issued Date</b>	28/03/2021
	For TATA-AIG General Insurance Company Limited
	
	Authorized Signatory

POS PAN No:

POS Aadhar No:

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 Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park,Ganpatrao Kadam Marg, Off Senapati Bapat Marg, I  
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

**Policy Number:** 0238886303 00 00

Schedule of Benefits & Principal Sum Insured per Person for all Classes:										
Sr No	Category/Designation	Name	No. of Persons	Avg / Fixed Sum Insured (₹) - Maximum Upto						
				AD Only	DM Only	PTD Only	PPD Only	Weekly	Acc.Hosp.Cash	Per Mille Rate *
1	Teaching Staffs	As Per Declaration	226	800,000.000	800,000.000	800,000.000	800,000.000	5,000.000	0.00	0.1837229
2	Students	As Per Declaration	1950	300,000.000	300,000.000	300,000.000	300,000.000	0.000	0.00	0.1837229
3	Parents	As Per Declaration	1950	300,000.000	300,000.000	300,000.000	300,000.000	0.000	0.00	0.1837229

AD - Accidental Death, DM - Dismemberment, PTD - Permanent Total Disability, PPD - Permanent Partial Disability, AME - Accident Medical Expenses

Weekly - No. of Weeks - NIL Hospital Cash - No. of days -

Category	No of weeks for TTD
Students	NIL
Teaching Staffs	104
Parents	NIL

Total Capital Sum Insured ₹ 1,350,800,000.00

- \* **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

Medex Exception		- Fixed ₹ 10000 (IPD) or actual whichever is less. Rs 10000 (OPD) or actual whichever is less. (Only for staff & Students)
S.N.	MedEx	Sum Insured
1	Fixed MedEx - OPD	Students INR 10000, Teaching Staffs INR 10000
2	Fixed MedEx - IPD	Students INR 10000, Teaching Staffs INR 10000
TTD exception comments		- 1% of SI or Rs 5000 or actual whichever is less for 104 weeks ( Only for Staffs)

Terrorism	- Covered
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24-Hour Protection	- Covered
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**Policy Number:** 0238886303 00 00

**Policy Type:** Unnamed Policy

**Other Exception:**

POS PAN No:

POS Aadhar No:

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 Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

## RECEIPT

Receipt No. : 106101020021274

Receipt Date : 28/03/2021

Policy No : 0238886303 00 00

Received with thanks from DADI INSTITUTE OF ENGINEERING AND TECHNOLOGY a sum of ₹ **2,92,844.00** ( Rupees Two Lakhs Ninety Two Thousand Eight Hundred Forty Four And Paise 00 Only)

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0238886303 00 00	2,92,844.00	2,92,844.00	2,92,844.00

**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 void.
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 : 37AABCT3518Q1ZV - ANDHRA PRADESH Service Accounting Code : 99713333**

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 Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai-400 013.

IRDA Registration No.108, CIN No : U85110MH2000PLC128425, PAN : AABCT3518Q  
Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

POS PAN No:

POS Aadhar No:

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 Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, I  
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021



**Attached to and forming part of Policy No. 0238886303 00 00**

Part E. COVERAGE

Section: ACCIDENTAL DEATH

We will pay the Principal Sum shown in the Policy Schedule if Injury to You results in loss of life. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, the Principal Sum less any other amount paid or payable under: Accidental Dismemberment including Paralysis, Permanent Total Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

Exposure

For the purposes of the Accidental Death benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Disappearance

We will pay the benefit for Loss of Life under the circumstances described in a Hazard if Your body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
  - a. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
  - b. medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

POS PAN No:

POS Aadhar No:

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 Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, 1  
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

**Attached to and forming part of Policy No. 0238886303 00 00**

It is hereby declared & agreed upon that the "Terrorism Exclusion" under SECTION III - GENERAL POLICY EXCLUSIONS (Nos. 8 & 9) have been deleted.

Act of Terrorism - means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts. Terrorism shall also include any act which is verified or recognized by the relevant Government as an act of terrorism

POS PAN No:

POS Aadhar No:

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 Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, 1  
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

**Attached to and forming part of Policy No. 0238886303 00 00**

Part E. COVERAGE

Section: ALTERNATE ACCIDENT MEDICAL EXPENSE

We will pay the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule for Covered Medical Expenses incurred by You in the Republic of India for medical services which are not due to a Pre-existing Condition up to but not exceeding 1) upto the percentage, as mentioned in the policy schedule, of the compensation paid by Us in settlement of a valid claim under the Policy or 2) upto the percentage, as mentioned in the policy schedule, of the Principal Sum or 3) Weekly benefit amount as applicable payable under the following benefits if available under the Policy :i.e. Accidental Death, or Accidental Dismemberment, or Permanent Total Disability, or Permanent Partial Disability, or Total Temporary Disability whichever payment by Us is least as to such Insured Person for the treatment of an Injury sustained by the Insured Person under the circumstances described in a Hazard while this Policy is in effect.

Definition:

Covered Medical Expenses - means expenses incurred by You for medical services and supplies which are recommended by the attending Physician. They include:

- (a) the services of a Physician;
- (b) Hospital confinement and use of operating room;
- (c) anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, and therapeutic services and supplies;
- (f) dental treatment resulting from Injury sustained to Sound Natural Teeth subject to the per tooth and per occurrence maximums shown in the Policy Schedule

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. Any treatment of any disease, sickness or illness; or
2. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
3. routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
4. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
5. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
6. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
7. the diagnosis and treatment of acne; or
8. deviated septum, including sub mucous resection and/or other surgical correction thereof; or
9. organ transplants that are considered experimental in nature; or
10. well child care including exams and immunizations; or
11. expenses which are not exclusively medical in nature; or
12. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing; or
13. treatment provided in a government Hospital or services for which no charge is normally made; or
14. mental, nervous, or emotional disorders or rest cures; or
15. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; or
16. medical expenses covered under any workers compensation or similar policy; or
17. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose; or
18. therapeutic services unless conclusive scientific evidence proves, that it improves health outcome.

POS PAN No:

POS Aadhar No:

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 Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, I  
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

**Attached to and forming part of Policy No. 0238886303 00 00**

Part E. COVERAGE

Section: TEMPORARY TOTAL DISABILITY - (Weekly Indemnity)

We shall pay a weekly benefit amount during a period of continuous Temporary Total Disability of an Insured Person resulting from Injury under the circumstances described in a Hazard after completion of the Elimination Period shown in the Policy Schedule, provided that:

1. such period of disability commences within 30 Days after the date of the Accident causing such Injury; and
2. such amount shall be payable as stated in the Policy Schedule, as applicable to such Insured Person; and
3. the maximum period for which such amount shall be payable for any one such period of disability shall not exceed the maximum number of weeks payable as stated in the Policy Schedule and in no event to exceed 52/104 weeks whichever is less.
4. We will not pay more than the Insured Persons Gross Weekly Wage for the Temporary Total Disability benefit.

Any payment made under this benefit shall be deducted from any Accidental Death, or Accidental Dismemberment, or Permanent Total Disability, or Permanent Partial Disability, or Permanent Total Loss of Use benefits, if available under this Policy, which ultimately become payable under this Policy as a result of the same Accident.

Definitions:

Gross Weekly Wage - means the Insured Persons base weekly earnings in his or her occupation at the time of the Accident causing the Injury for which benefits are claimed under this coverage, but not including, overtime, bonuses, tips, commissions, and special compensation.

Elimination Period - means the number of consecutive days of Temporary Total Disability that must elapse before weekly benefit amounts become payable. The Elimination Period is shown in the Policy Schedule. Weekly benefit amounts are not payable, nor do they accrue, during the Elimination Period.

Temporary Total Disability - means disability which wholly and continuously prevents such Insured Person from performing each and every duty pertaining to his occupation.

POS PAN No:

POS Aadhar No:

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TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, 1  
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

**Attached to and forming part of Policy No. 0238886303 00 00**

Part E. COVERAGE

Section : ACCIDENTAL DISMEMBERMENT  
(Including Loss of Sight and Hearing)

We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Table of Losses below. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Permanent Total Disability or Permanent Partial Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

If more than one loss results from any one Accident, only one amount, the largest, will be paid.

Table of Losses

Loss of: % of Principal Sum

Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot ...	100%
Either Hand or Foot and Sight of One Eye ...	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand ...	25%

"Loss" with regard to:

1. hand or foot means actual severance through or above the wrist or ankle joints respectively;
2. eye means entire and irrecoverable loss of sight;
3. thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
4. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears;

Limitation

With regard to the Accidental Death of a named Insured Person Age Seventeen (17) or below, the maximum Principal Sum payable is 10% of the principal sum insured .

Exposure:

For the purposes of the Accidental Dismemberment benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
  - (a) infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
  - (b) medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

POS PAN No:

POS Aadhar No:

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 Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, I  
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

**Attached to and forming part of Policy No. 0238886303 00 00**

Part E. COVERAGE

Section: PERMANENT TOTAL DISABILITY

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Total Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Accidental Death, or Accidental Dismemberment, or Permanent Partial Disability, or Permanent Total Loss of Use sections of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Permanent Total Disability - means You are unable to engage in each and every occupation or employment for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life. If at the time of loss You are unemployed, Permanent Total Disability shall mean the total and Permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex.

POS PAN No:

POS Aadhar No:

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TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, 1  
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

**Attached to and forming part of Policy No. 0238886303 00 00**

**Section : PERMANENT PARTIAL DISABILITY**

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Partial Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is continuous and Permanent at the end of this period, a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Scale below less any other amount paid or payable under the Accidental Dismemberment, or Permanent Total Disability, or Permanent Total Loss of Use sections of this Policy as the result of the same Accident.

Scale: Sum	Percentage of Principal
1. Loss of toes - all	20%
Great toe	5%
Other than great toe , if more than one toe lost, each	1%
2. Loss of hearing - both ears	50%
3. Loss of hearing - one ear	25%
4. Loss of four fingers and thumb of one hand	40%
5. Loss of four fingers	25%
6. Loss of thumb	15%
7. Loss of index finger	10%
8. Loss of middle	6%
9. Loss of ring finger	5%
10. Loss of little finger	4%

"Loss" with regard to:

- (a) toe, finger, thumb means actual complete severance from the foot or hand;
- (b) hearing means entire and irrecoverable loss of hearing .

When more than one form of disability results from one Accident, We add the percentages from each together. However, We will not pay more than 100% of the Sum Insured shown in the Policy Schedule

If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made.

We will assess at our discretion any disability not specifically mentioned by considering the nature of the disability alongside the percentages given to the specific types of disability above. The Insured Person's occupation will not be a relevant factor.

If the Insured Person has an existing medical condition and they suffer Injury , We will assess:

- (a) whether the Insured Person's medical condition has contributed to their disability; and
- (b) whether the disability makes the Insured Person's medical condition worse.

In either case We will assess the difference between the Insured Person's medical condition before, and their disability after the Accident. Any payment We make will be based on the difference, expressed as a percentage, and applied to the appropriate benefit above or in the Scale.

**Definitions:**

**Permanent** - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

**Permanent Partial Disability** - means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis from a Physician.

**Exclusion:**

In addition to the General Exclusions listed in this Policy this coverage section shall not cover loss caused directly or indirectly, wholly or partly by:

- 1. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
- 2. medical or surgical treatment except as may be necessary solely as a result of Injury.

POS PAN No:

POS Aadhar No:

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 Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, I  
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

**Attached to and forming part of Policy No. 0238886303 00 00**

Part F. SCOPE OF COVERAGE:

Hazard H-1

24-HOUR PROTECTION

(Business and Pleasure)

The hazards described in this Hazard H-1 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-1 applies, shall apply only to Injury sustained by such Insured Person anywhere in the world.

Such insurance includes such Injury sustained while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian / scheduled aircrafts aircraft having a current and valid Airworthiness Certificate, (and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.) This Hazard H-1 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-1 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).

POS PAN No:

POS Aadhar No:

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 Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, I  
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021



### Group Personal Accident

#### Schedule of Insurance

Agent/Broker Name - AXIS BANK LTD

Agent/Broker License Code - CA0069

Agent/Broker Contact No -1800 209 2001(mobile or landline)

**Policy Number:** 0237055269 00

**Policyholder Name:** DADI INSTITUTE OF ENGINEERING AND TECHNOLOGY

**Address:** NATIONAL HIGHWAY 5 ANAKAPALLE  
VISAKHAPATNAM - 531002  
VISAKHAPATNAM  
ANDHRA PRADESH  
INDIA

**Contact number :**

**Insurance Period :-**

**Effective Date** 27/12/2018      **Expiry Date** 26/12/2019  
(Beginning at 12:01 AM and ending at Midnight of the expiry date)

**Business Description:**

Educational Institutes

**Beneficiary :**

As designated by each insured person on file with the Company

**Eligible Persons** 4090 (Classification of Insured)

The following persons shall be eligible for Insurance hereunder :

**Age group : From 3 To 65 Years ( )**

**Hazards :** 24-Hour Protection



Sr No	Description of Insured Persons / Category / Designation	No. per category
1	Students	1935
2	Parents	1935
3	Staff	220

WITH YOU ALWAYS



WITH YOU ALWAYS

**Total No. of Employees / Members Covered :- 4090**

**Policy Comment:- Only Student, One Earning Parent of each Student(1st Parent as per School Register)& Staff of the Education Institute are covered**

**AGGREGATE LIMIT :- (PER ACCIDENT) Rs 50,000,000.00**

**This Policy will only be in force if the schedule is signed by a person We have authorised**

<b>Provisional Premium (Rs)*</b>	213,177.70
<b>UGST/SGST @9 % (₹)</b>	19,185.99
<b>CGST @9 % (₹)</b>	19,185.99
<b>Total Premium (Rs)</b>	251,550.00

**GSTIN : 37AABCT3518Q1ZV - ANDHRA PRADESH Service Accounting Code : 9971**

\* Subject to final reconciliation at the end of the policy period.

The stamp duty of ₹ 25.00/- paid in cash or demand draft or by pay order, vide Receipt/Challan no:

CSD/181/2018/4097/18 dated the 27/12/2018

Producer Code 0015455000

For TATA-AIG General Insurance Company Limited

Producer Name AXIS BANK LTD

Producing Office MUMBAI

Issued at VISHAKAPATNAM

Issued Date 31/12/2018



**Policy Number:** 0237055269 00

Schedule of Benefits & Principal Sum Insured per Person for all Classes:											
Sr No	Category/Designation	Name	No. of Persons	Avg / Fixed Sum Insured (₹) - Maximum Upto							
				AD Only	DM Only	PTD Only	PPD Only	Weekly	Fixed AME	Acc.Hosp.Cash	Per Mille Rate *
1	Students	As Per Annexure	1935	200,000.000	200,000.000	200,000.000	200,000.000	0.000	10,000.00	0.00	0.241151
2	Staff	As Per Annexure	220	500,000.000	500,000.000	500,000.000	500,000.000	5,000.000	10,000.00	0.00	0.241151
3	Parents	As Per Annexure	1935	200,000.000	200,000.000	200,000.000	200,000.000	0.000	0.00	0.00	0.241151

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 - 7

Total Capital Sum Insured ₹ 884,000,000.00

- \* **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

Medex Exception

-- Fixed- IPD & OPD ₹10000- or actual claims whichever is lower for staff & students

TTD exception comments

- 52 weeks : 1% of SI or ₹ 5000 Or actual weekly salary whichever is lower for staff

Terrorism

- Covered

24-Hour Protection

- Covered

**Policy Number:** 0237055269 00

**Policy Type:** Named Policy

**Other Exception:**

**Tata AIG General Insurance Company Ltd.**

**Group Personal Accident**

**Schedule of Insurance**

Agent/Broker Name - Axis Bank Ltd

Agent/Broker License Code - CA0069 : Agent/Broker:Contact No - 18001035577  
(mobile or landline)

Policy Number: GPA0011554 00

Policyholder: DADI INSTITUTE OF ENGINEERING AND TECHNOLOGY

Address: National Highway 5  
Anakapalle  
VISAKHAPATNAM, 531002  
ANDHRA PRADESH

Phone :

Insurance Period :- Effective Date 02/11/2017 Expiry Date 01/11/2018  
(Beginning at 12:01 AM and ending at Midnight of the expiry date)

Business Description: Educational Institute

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

*Eligible Persons 3066 (Classification of Insured)*

*The following persons shall be eligible for Insurance hereunder :*

Age group : From 3 To 65 Years ( )

Hazards : 24-Hour Protection(Business&Pleasure)

Sr. No	Description of Insured Persons / Category / Designation	No. per category
1	Employee	202
2	Parents	1432
3	Student	1432

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  
Number: 108 CIN: U85110MH2000PLC128425 PAN number: AABCT3518Q

**DADI RATNAKAR, MCA**  
Secretary & Correspondent

To  
The Manager  
Tata AIG General Insurance Company limited  
Vijayawada.

2nd November, 2017.

Dear Sir,

**Sub: Request for EGPA Policy – M/s Dadi Institute of Engineering & Technology Students & their parents – SI 2 Lakh (Both Students & one earning Parent) Accidental Medical Expenses (Rs. 5000 IPD & Rs 5000 OPD – Students & Staff)- reg.**


We request you to provide **EGPA policy to our M/s Dadi Institute Of Engineering & Technology for 1437 Students, 1437 earning parents & 194 Staff for the SI of two Lakhs.**

we herewith enclose a cheque for the sum of Rs 221558 /- (Two Lakhs Twenty one Thousand Five Hundred and Fifty Eight only) bearing 002852 drawn on HDFC Bank dated 2nd November, 2017 for the same .

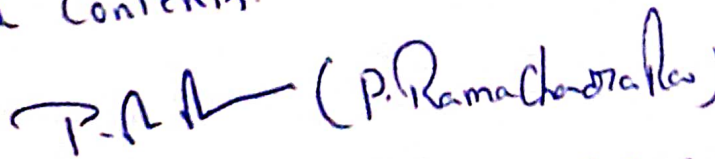
Kindly arrange the policy issuance for the same at the earliest .

Thanking you,

Yours Sincerely

  
(DADI RATNAKAR)

Received Contents.

  
(P. Ramachandrarao)

3953058 9502026565

2/11/2017.

**HDFC BANK**

OPP. SATYANARAYANA THEATRE,  
MAIN ROAD, VISAKHAPATNAM, ANAKAPALLI-531002, ANDHRA PRADESH  
RTGS / NEFT IFSC : HDFC0001032

*A. C. Patel* . *Imperia*  
Premium Banking

Weekly Holiday on SUNDAY

02 11 20 12  
D D M M Y Y Y Y  
Valid for 3 months only

Pay TATA-AIG General Insurance Company Ltd.

Or Bearer  
या धारक को

Rupees रुपये Two lakh twenty one thousand

five hundred fifty eight only

अदा करें

₹ 2,21,558/-

Ac. No. **10321450000023**

Brn: 1032 Pdt:145  
SB-INSTITUTION

Payable at par through clearing/transfer at all branches of HDFC BANK LTD

For DADI INSTITUTE OF ENGINEERING AND TECHNO

*A. Patel*  
Authorised Signatories

Please sign above / कृपया यहाँ हस्ताक्षर करें

⑈002852⑈ 530240102⑈ 003440⑈ 31



**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With  
EMPLOYEES' PROVIDENT FUND ORGANISATION**

TRRN 1241907010280

Establishment Code & Name GRVSP0045981000 DADI INSTITUTE OF ENGINEERING - TECHONOLY  
Address : NATIONAL HIGHWAY 5, ANAKAPALLI, VISAKHAPATNAM, VISAKHAPATNAM, ANDHRA PRADESH

Dues for the wage month of March 2019

Total Subscribers :	EPF 89	EPS 89	EDLI 89
Total Wages :	10,21,229	10,21,229	10,21,229

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Administration Charges	0	5,106	0	0	0	5,106
2	Employer's Share Of	37,460	0	85,089	5,106	0	127,655
3	Employee's Share Of	1,22,549	0	0	0	0	122,549
Grand Total : Two Lakh Fifty-Five Thousand Three Hundred Ten Rupees Only							2,55,310

**( Only for offline payment in case permitted by EPFO )**

**FOR BANKS USE ONLY**

Amount Received -----  
Date of presentation of -----  
Date of Realisation of -----  
SBI Branch Name -----  
SBI Branch Code -----

**FOR ESTABLISHMENT USE**

(To be manually filled by

Cheque/DD No. ----- Date: -----  
Cheque/DD drawn bank &  
Name of the Depositer-----  
Date of Deposit----- Mobile No. -----  
Signature of the

(This is a system generated challan on 19-JUL-2019 17:42, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPY and PMPRPY-

A) A/C no 1 (Employer share) ( Rs.) -	0
B) A/C no 10 (Pension fund) ( Rs.) -	0
C) Total (A + B) ( Rs.) -	0
D) Total remittance by Employer ( Rs.) -	2,55,310
E) Total amount of uploaded ECR (C + D) (	2,55,310



कर्मचारी भविष्य निधि संगठन  
Employees' Provident Fund Organization

भविष्य निधि भवन, १४, भीकाजी कामा प्लेस, नई दिल्ली - ११००६६  
Bhavishya Nidhi Bhawan, 14, Bhikaji Cama Place, New Delhi - 110066

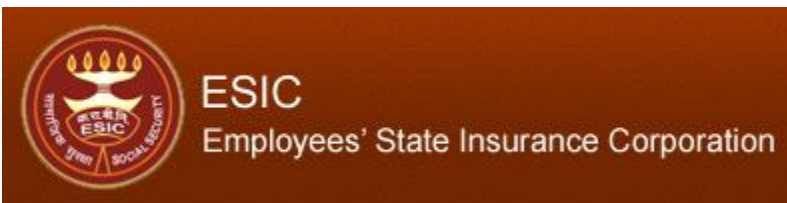
Generated On 13/11/2021 13:27:

**Payment Confirmation Receipt**

TRRN No :	1242104005598
Challan Status :	Payment Confirmed
Challan Generated On :	14-APR-2021 14:35:28
Establishment ID :	GRVSP0045981000
Establishment Name :	DADI INSTITUTE OF ENGINEERING - TECHONOLY
Challan Type :	Monthly Contribution Challan
Total Members :	78
Wage Month :	MAR-2021
Total Amount (Rs) :	2,02,364
Account-1 Amount (Rs) :	1,26,828
Account-2 Amount (Rs) :	4,047
Account-10 Amount (Rs) :	67,442
Account-21 Amount (Rs) :	4,047
Account-22 Amount (Rs) :	0
Payment Confirmation Bank :	HDFC Bank
CRN :	240261021002796
Payment Date :	26-OCT-2021
Payment Confirmation Date :	26-OCT-2021
Total PMRPY Benefit :	0







User Login: 70000347490001304

Tuesday, July 27, 2021 10:22:48 AM

[Monthly Contribution](#) > [Online Challan Status](#)

Transaction Details		* Required Fields
Transaction status:	Transaction Completed Successfully	
Employer's Code No:	70000347490001304	
Employer's Name:	DADI INSTITUTE OF ENGINEERING & TECHNOLOGY	
Challan Period:	Mar-2021	
Challan Number :	07021113177981	
Challan Created Date	14-04-2021 10:59:14	
Challan Submitted Date	14-04-2021 10:59:44	
Amount Paid:	13696.00	
Transaction Number:	104149948197	