

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

Total No. of Employees / Members Covered :- 4476	
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 1,460,800,000.00	
This Policy will only be in force if the schedule is signed by a person We have authorised	
Provisional Premium (Rs)*	269,491.46
UGST/SGST @9 % (₹)	24,254.23
CGST @9 % (₹)	24,254.23
Total Premium (Rs)	318,000.00
GSTIN : 37AABCT3518Q1ZV - ANDHRA PRADESH Service Accounting Code : 997133	
* 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.	
Producer Code	0015455000
Producer Name	AXIS BANK LTD
Producing Office	MUMBAI
Issued at	VISHAKAPATNAM
Issued Date	31/03/2022
	For TATA-AIG General Insurance Company Limited
	
	Authorized Signatory

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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
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24-Hour Protection	- Covered
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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:

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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: 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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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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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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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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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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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.

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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).

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

Visakhapatnam,
19th Dec, 2023.

To,
The Principal,
DIET,
Anakapalle.

Received on 21/12/22

Through proper channel.

Respected sir,

Sub: Request for long leave... req..

This is bring to your kind notice that myself P. Ansrutha working as Asst. Prof. in the department of ECE in our Institute from 4th June 2016 till date, I am pregnant and my due date is given on May 15th 2023, as i am undergoing health issue regarding the growth of baby in lower placenta, doctor advised me to avoid long journey, as i am coming from gopalpatnam regularly almost 2 hours journey to and fro daily. so, in this regard kindly permit me to avail long leave for a period of 8 months. In this regard, i would also assure you that i would complete all the academic works of the current academic year and then avail my leave. so, kindly do the needful.

Thanking you sir,

Yours faith fully,
Ansrutha.P

Kindly permit her to avail long leave as she is having issue in lower placenta for long leave after completion of assigned class work (II B.Tech ECE signals and systems for Both A & B).

P. Poornima
20/12/22
Head of the Department
Electronics & Communication Engg.
Dadi Institute of Engg. & Tech
Anakapalle - 531 002

M. Prasad
Principal
Dadi Institute of
Engineering & Technology
ANAKAPALLE - 531 002

Annapuruli,
Dt: 09-07-2022.

Counted
for a period of
two years
subject to review
M. Prasad
per institute
Study leave
9/7/22

Counted for
Study leave.

Sub: Requesting for Long/Study leave.

Dear Sir, I am Malla kishore kumar, working as an
assistant Professor would like to request for the
Long/Study leave to pursue the full time PhD in
IIT Kharagpur, since I need to submit the
Scanned Certificate by 15-07-2022 so please
sanctioned leave & salary not receiving certificate. on
15-07-2022. Study leave from 18-07-2022 to
2027 (i.e. up to completion of PhD in IIT KUP).
Thanking you,

Recommended
Study leave

Kindly consider his request
and forwarded to Principal Sir

P. Poornima Prigg
9/7/22
Head of the Dept
Electronics & Communication Engg
Oad Institute of Engg & Tech
Annapuruli 531 022

With regards,
Malla. kishore kumar,
Asst Prof
ECE - Department
Ph: 9494127096.

Note: Proof of Admission, ^{letter} Attached.

19th Dec - 2022,
Anatakapalli.

Received 22/12/22

To
The Principal,
Dadi Institute of Engg. & Technology,
Anatakapalli.

subject:- Applying for Maternity leave from 01/01/2023.

Respected sir,

I P. Lavanya, working as an Assistant Professor in the department of Civil Engineering since 25th September 2020. I am writing this letter to inform you about my pregnancy and I want to take the Maternity leave from 01/01/2023 to 23/03/2024. My pregnancy due date as per doctor's recent check up is 23/03/2024. Here I am attaching the obstetrics ultrasound report of my pregnancy. I request you to kindly approve and sanction the leave.

Considers her request As per college norms
forwarded to Principal Sir.

P. Punnam

19/12/2022

Principals
Dadi Institute of Engg. & Technology
Anatakapalli

19/12/2022

Thanking you sir,

Yours sincerely

P. Lavanya

(Mrs. Punnam Lavanya)
Asst. Professor,
Dept. of Civil Engg.,
DIET,
Anatakapalli.



Bajaj Allianz General Insurance Company Ltd.
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006
GROUP PERSONAL ACCIDENT POLICY SCHEDULE
UIN: IRDA/NL-HLT/BAGI/P-PV.I/151/13-14

DUPLICATE COPY

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc. :

D.No.10-1-49/9, 3rd Floor, , Peejay Plaza, , VIP Road.CBM Compound, , Siripuram, Visakhapatnam, VISAKHAPAT-NAM-530003 Phone No :0891-6663434/6663828

Policy No. OG-24-1804-9902-00000099
Product GROUP PERSONAL ACCIDENT
Period of Insurance From 12:45:41 16-NOV-23 To 15-NOV-24 Midnight **Policy Issued On** 17-NOV-23
Co-Insurance Details Own Share: 100%
LG Code K6481
Customer Id 182088721
Insured Name DADI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Insured Address REP BY-DADI RATNAKAR NH-16 ROAD GAVARAPALEM, , PO Area - ANAKAPALLI, , - 531002
Bank Details : No Details No Details
GSTIN / UIN NA **Place of Supply/State Code/Name** 37 - Andhra Pradesh
Company GST No : 37AABCB5730G1ZW **Invoice No :** 403185926/1
Company PAN : AABCB5730G
Bank Reference No. 378311045 **Scrutiny No** 378311045

Description	Sum Insured (Rs)
Total 5082 Member Covered	1,64,36,00,000.00

Highest Sum Insured 800000
Additional Loading @** 0 %
Additional Discount@ 0 %
Base Premium 4,81,299.00
Special Discount 0
Net Premium 4,81,299.00
Terrorism Surcharge** 0.0
Stamp Duty
State GST (9%) 43,317.00
Central GST (9%) 43,317.00
Final Premium 5,67,933.00

*** All Premium figures are in Rupee.

On specific request and subject to terms and conditions, record of information exchange will be made available.

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Scope of Cover As per the policy wording attached.
Risk Covered Unnamed Group Personal Accident Risk Class: I II Wider :Accidental Death + Permanent Total Disablement + Permanent Partial Disablement (Sum Insured maximum 60 times of monthly income or Rs. 8 Lacs whichever is less) for 238 staff members and 3 lakhs for 2422 Students and dependent one parent one parent only)Students # 2422 One parent :- 2422 Staff - 238 Comprehensive: Accidental Death + Permanent Total Disablement + Permanent Partial Disablement + Temporary Total Disablement. (Sum insured limited to 24 times of monthly salary or Rs. 5 Lacs whichever is less.) Temporary Total Disability -1% of the Comprehensive Sum Insured or Rs 5000 per week, whichever is less covered upto 100 week.) For 238 staff members only
Special Perils Accidental Hospitalization Accidental Hospitalisation: Sum Insured up to 10K for 2422 Students and 238 Staff members only. Accidental Hospitalization is an indemnity cover. Claims related to accidental hospitalization are considered though the claim is not payable under the GPA cover (i.e. not triggered in GPA) unlike medical extension cover.24 hrs hospitalization is warranted for these claims arising due to accident only.
Special Exclusions As per policy terms and conditions.
Subject to Clauses Additional Cover: OPD Cover up to Rs 10,000 for 2422 students and 238 staff members onlyFamily Transportation is covered up to 5000/-,Cremation Charges is covered up to 5000/-. Carriage of Dead body is covered up to 5000/-. Repatriation of Remains is covered up to 5000/- Childrens Education Bonus in case of Death or Permanent Total disability of Proposer-One Time Payment of Rs.5,000/- each towards the cost of education of up to 2 of your Dependent Children who were Under the age of 19 years on the date you met with Accidental Bodily Injury,Students will not be enrolled on selection basis Valid proof along with the unique registration number ofstudents shall be mandatorily submitted at that



time of claim. Bonafide certificate from Institute specifying the students name is mandatory at the time of claims. All the mandatory details like name, DOB, age, nominee details shall be required at that time of policy binding. Only Addition endorsement is allowed in Unnamed GPA. Deletion endorsement is not allowed

Warranties

Onus of proof lies with the insured for employment and coverage under the policy for the person on behalf of whom the claim is made. At any point of time the total number of employees on rolls should not exceed the total number of persons declared under the policy. To furnish the total number of employees on rolls at the time of accident. Violation in number of persons covered will prejudice claim under the policy. Employment proof and Salary Certificate should be submitted at the time of claim. Proper/authentic attendance sheet to be maintained -grade wise. Policy should be issued position wise and grade wise. Policy is on all or none basis. SI should commensurate with salary Only Addition endorsement is allowed in Unnamed GPA. Deletion Endorsement is not allowed. The Group Manager declares that they have non-tamperable registers or records or procedures to identify the member insured / covered. The registers, records or the procedures shall be subject to inspection at any time... onti.. The Group Manager shall declare the updated member count via official medium (eg. mail, letterhead, etc.) periodically. In case of increase in member count the insurer shall seek additional pro-rated premium from the Group Manager. Upon mutual agreement between the Insurer and the Group manager the claim settlement can be done by the Insurer either in favour of the Group Manager or the Insured Member / Nominee / Legal Heir. However, wherever it has been agreed to settle the claim in favour of the Group Manager, the Insurer must seek an undertaking from the Group Manager that confirms that the final claim settlement will be done to the Insured Member / Nominee / Legal Heir within 15 days of claim settlement to the Group Manager as per policy t&c. The employer may utilize the insurance amount as part of the overall service benefit and pass on the balance, if any to the Insured Member / Nominee / Legal Heir Age Restriction Upto 70 years

Special Conditions

Beneficiary will be Employee

Comments

As per policy terms and conditions.

Bank RM Employee Code : Y

Agency Code 10014704	Channel Name : BA
Agency Name : HDFC BANK	
Contact No : 02261606161/02261606161	
Email - support@hdfcbank.com	

Premium Collection Details [Receipt No/Collection No/Amount] 1804-00905605 / 378311045 / Rs. 5,67,932.00 ,

*** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

*** This policy is subject to the standard policy wordings, warranties and conditions applicable for this product in addition to any specific warranty or condition attached

For & On Behalf of Bajaj Allianz General Insurance Company Ltd.

Principal Location : D.No.40-1-10, Upsatirs of Kusalava Hyundai Showroom, 2nd Floor, MG Road, Labbipet, Vijayawada - 520010
PH:0866-6632031 | **Services Accounting Code :** 997133 - Accident and health insurance services. No reverse charge is payable on these services.

In case of any claim, please contact our 24 Hour Call centre at 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'Bagichelp@bajajallianz.co.in'.

378311045/-/10014704/10011032/-

Prefix your area code if you are calling from a Mobile Device.

A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.

Generated by nikita sable

Date: 31-OCT-2023

Quote Reference No : GHQ-1804-9902-2024-716619-1

Dadi Institute Of Engineering And Technology

Group Personal Accident

This Quote is valid for 15 days. Quote is subject to change with change in information

Policy details

Product:	9902-Group Personal Accident		
Location	Vizag	Beneficiary	EMPLOYEE
Policy Type:	Roll Over Business		
Previous Insurer's Name:			
Claims Paid and Outstanding:	1		
Analysis Date :	31-OCT-0023	Expiry Date:	31-OCT-23

Member Details

Member	Coverage	Count	Age Restriction
Employees	Yes	5082	Upto 70 years
	Total	5082	

Special Conditions

Wider	Accidental Death + Permanent Total Disablement + Permanent Partial Disablement (Sum Insured maximum 60 times of monthly income or Rs. 8 Lacs whichever is less) for 238 staff members and 3 lakhs for 2422 Students and dependent one parent only)Students # 2422 One parent :- 2422 Staff - 238
Comprehensive	Accidental Death + Permanent Total Disablement + Permanent Partial Disablement + Temporary Total Disablement. (Sum insured limited to 24 times of monthly salary or Rs. 5 Lacs whichever is less.) Temporary Total Disability -1% of the Comprehensive Sum Insured or Rs 5000 per week, whichever is less covered upto 100 week.) For 238 staff members only
Accidental Hospitalization	Accidental Hospitalisation: Sum Insured up to 10K for 2422 Students and 238 Staff members only. Accidental Hospitalization is an indemnity cover. Claims related to accidental hospitalization are considered though the claim is not payable under the GPA cover (i.e. not triggered in GPA) unlike medical extension cover.24 hrs hospitalization is warranted for these claims arising due to accident only.
Risk Class	1 and 2
Additional Cover	OPD Cover up to Rs 10,000 for 2422 students and 238 staff members onlyFamily Transportation is covered up to 5000/-,Cremation Charges is covered up to 5000/-. Carriage of Dead body is covered up to 5000/-. Repatriation of Remains is covered up to 5000/- Childrens Education Bonus in case of Death or Permanent Total disability of Proposer-One Time Payment of Rs.5,000/- each towards the cost of education of up to 2 of your Dependent Children who were Under the age of 19 years on the date you met with Accidental Bodily Injury,Students will not be enrolled on selection basis Valid proof along with the unique registration number of students shall be mandatorily submitted at that time of claim.Bonafide certificate from Institute specifying the students name is mandatory at the time of claims.All the mandatory details like name, DOB, age, nominee details shall be required at that time of policy binding,Only Addition endorsement is allowed in Unnamed GPA. Deletion endorsement is not allowed

Total Sum Insured	1643600000
Other Conditions 1	<p>Onus of proof lies with the insured for employment and coverage under the policy for the person on behalf of whom the claim is made. At any point of time the total number of employees on rolls should not exceed the total number of persons declared under the policy. To furnish the total number of employees on rolls at the time of accident. Violation in number of persons covered will prejudice claim under the policy. Employment proof and Salary Certificate should be submitted at the time of claim. Proper/authentic attendance sheet to be maintained -grade wise. Policy should be issued position wise and grade wise. Policy is on all or none basis.SI should commensurate with salary Only Addition endorsement is allowed in Unnamed GPA. Deletion Endorsement is not allowed. The Group Manager declares that they have non-tamperable registers or records or procedures to identify the member insured / covered. The registers, records or the procedures shall be subject to inspection at any time...</p>
Other Conditions 2	<p>...Conti.. The Group Manager shall declare the updated member count via official medium (eg. mail, letter-head, etc.) periodically. Incase of increase in member count the insurer shall seek additional pro-rated premium from the Group Manager. Upon mutual agreement between the Insurer and the Group manager the claim settlement can be done by the Insurer either in favour of the Group Manager or the Insured Member / Nominee / Legal Heir. However, wherever it has been agreed to settle the claim in favour of the Group Manager , the Insurer must seek an undertaking from the Group Manager that confirms that the final claim settlement will be done to the Insured Member / Nominee / Legal Heir within 15 days of claim settlement to the Group Manager as per policy t&c. The employer may utilize the insurance amount as part of the overall service benefit and pass on the balance , if any to the Insured Member / Nominee / Legal Heir</p>

Disclaimer

Claim Intimation and Submission of Documents	All reimbursement claims have to be intimated to Bajaj Allianz within 7 days of discharge and have to be submitted for reimbursement within 30 days of date of discharge of the patient.
Guideline for Addition Endorsements	Any additions for new employee would be allowed within 45 days from the date of addition and not from the inception of the policy.
Guideline for Deletion Endorsements	In case of refund endorsements on account of deletion, pro-rata refund should be done subject to nil claims. Deletion to be intimated immediately on finalization of last working day of employee. In case employee avails the claim after his LWD for which intimation is received after DOA, insurer would recover paid amount from available float balance. Pro-rata refund will be calculated as from DOL if intimation is within 7days else intimation date will be consider for calculation subject to nil claim.

Other Conditions

General Conditions:

- 1) Actual Monthly Income details to be provided at the time of policy issuance/Claim
- 2) Age of the employees to be provided at the time of policy issuance
- 3) Sum Insured for Comprehensive Cover is limited to 24 times of the monthly income or maximum Rs.10 Lakhs whichever is lesser. (Comprehensive cover cannot be offered to students)
- 4) Wider Sum Insured maximum 60 times of monthly income or Rs. 8 crore whichever is less.
- 5) Basic sum insured limited to 100 times of monthly salary or Rs. 25 lakhs whichever is less.
- 6) CSI should not exceed 120 times of gross monthly salary

Standard Claim documents required:

- Duly completed Personal Accident claim form signed by the Claimant
- Attested copy of Death Certificate
- Attested copy of Post Mortem Report
- Attested copy of Viscera /Chemical analysis Report (If Viscera is preserved)
- Diatoms report from forensic lab in case of death on account of drowning (if sample preserved)
- Attested copy of statement of witness (if any)
- Burial certificate (wherever applicable)
- Legal heir certificate containing affidavit and indemnity bond both duly signed by all legal heirs and notarized is mandatory to process the claim
- Photo-identity proof of the Insured/Claimant
- Address proof of the Insured/Claimant
- Copy of discharge summary towards hospitalization immediately after injury
- X-ray films /Investigation reports supporting the diagnosis
- Leave certificate from employer mentioning the exact leave period, duly signed and sealed by the employer
- Medical fitness certificate from treating doctor mentioning the type of disability and disability period
- Consultation papers and medical bills towards treatment take

Other Conditions 1

NA

Undertaking

This is to hereby declare that the particulars of the prospect/risk mentioned in this quotation are as provided to Bajaj Allianz General Insurance Company Limited (Insurer) for the purpose of the requested risk coverage. Bajaj Allianz General Ins co Ltd further confirms that the derivation of the premium in the Quotation is in accordance with the risk coverage required by the proposer/broker and as per information given in the attached quotation. In the event of any change in information pertaining to any aspect of the quotation at a later date, Bajaj Allianz General Ins co Ltd reserves the

right to revise the premium and recover the same from customer or invoke cancellation of the policy, as may be deemed fit, with short term premium recovered

Premium Details

Details	INR
Net Premium	481298
State GST	43317
Central GST	43317
Gross Premium	567932

Issuing Office Address

Bajaj Allianz General Insurance Company Ltd,D.No.10-1-49/9, 3rd Floor, ,Peejay Plaza, ,VIP Road,CBM Compound, ,Siripuram, Visakhapatnam,VISAKHAPATNAM,530003

Landline - 0891-6663434/6663828

Auth. Signatory

Reg. office Address

Bajaj Allianz General Insurance Company Ltd.GE Plaza, Airport Road, Yerawada,Pune 411 006.

HDFC BANK

18-14, OPP. SATYANARAYANA THEATRE,
MAIN ROAD, VISAKHAPATNAM, ANAKAPALLI 531002, ANDHRA PRADESH
RTGS / NEFT IFSC : HDFC0001032

AJC Patel
Imperia

Weekly Holiday on SUNDAY

16 11 2023
D D M M Y Y Y Y
Valid for 3 months only

Pay BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD

Or Bearer

या धारक को

Rupees रुपये FIVE LAKHS SIXTY SEVEN THOUSAND NINE

HUNDRED AND THIRTY-TWO ONLY

अदा करें

₹ 5,67,932/-

A/c. No.
चक्र नं.

10321450000023

Brn: 1032 Pdt: 145
SB-INSTITUTION

For DADI INSTITUTE OF ENGINEERING AND TECHNO

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

A. Patel

Authorised Signatories

Please sign above / इस पर हस्ताक्षर करें

⑈003222⑈ 530240102⑈ 003440⑈ 31

