



## POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

## UIN NUMBER - IRDAN190P0004201314

| Insured's Name   | :  | CONTA             | I POLYTECHNIC   |                                       |  |  |  |                                     |                                     |                    |  |
|--|--|-------------------|---|---------------------------------------|--|--|--|-------------------------------------|-------------------------------------|--------------------|--|
| Insured's Details  |  |                   |   |                                       | Issuing Office Details   |  |  |                                     |                                     |                    |  |
| Customer ID  | :  | PO8837            | 76511   | of supplied to the last               | Office Code  |  | :  | DIAMON                              | D HAI                               | RBOUR BR (512605)  |  |
| Address  | :  | P.S- CO<br>MEDINI | AGHURAMPUR, P.O<br>DNTAI, DIST-PURB,<br>PUR, PIN-721401 | ^                                     | Address  |  |  | DIAMON<br>.743331                   | OND HARBOUR                         |                    |  |
| Phone No   | 1  | XXXXX             |   | 721401                                | Phone No   |  | :  | 0317425                             | 5544                                |                    |  |
| E-mail/Fax   | †  | /                 |   |                                       | E-mail/Fax   |  |  | nia 512605@newindia co.in /         |                                     |                    |  |
| PAN No   | †  |                   |   | Jest 1753/4                           | S.Tax Regn. I  | No   |  | AAACN4165CST178                     |                                     |                    |  |
| GSTIN/UIN / 🦑  | 1  | NA / NA           | 1   | GSTIN                                 |  |  | 19AAACN4165C1ZO                                    |                                     |                                     |                    |  |
| 181  | į.   | 1.                |   | SAC                                   |  |  | 997139 (Other non-life insurance services excl RI) |                                     |                                     |                    |  |
| 1 Det 1  | 7 - 3<br>N.  | Wh.               |   | Policy                                | Details  |  |  |                                     | -                                   | 181                |  |
| Policy Number  | T:   | 512605            | 548222300000024   | 1_00                                  | Business Sou   | rce Code   |  |                                     |                                     | 1 1 1              |  |
| Period of Insurance  | :  |                   |   |                                       | Dev.Off.<br>level/Broker/Corp.<br>Agent/Web<br>Aggregator/CPSC User  |  |  | DIRECT 512605 BUSINESS (1D10775793) |                                     |                    |  |
| Date of Proposal   | 1  | 08-Apr            | -22   | Agent/Bancassurance/S pecified Person |  |  |  |                                     |                                     |                    |  |
| Prev. Policy no.   | 1:   |                   |   |                                       | Phone No   |  |  | · NA / NA                           |                                     |                    |  |
| Client Type  | :  | Non-Co            | orporate  |                                       | E-mail/Fax   |  |  | 11                                  |                                     |                    |  |
| 1 1 1  | 1019<br>1019   |                   | CCT/T)  | Tot                                   | :al (₹)  | Total (  | ₹i   | n words                             | 18                                  | Receipt No. & Date |  |
| Premium(₹)<br>10534  | The state of the s | 100 m             | GST(₹)<br>1896  | 12430                                 |  | RUPEES TWELV<br>THOUSAND FOU<br>HUNDRED THIRTY ( |  | 7                                   | 5126058122000000006<br>2 - 08/04/22 |                    |  |
| T W I Town   | 1  | H THE             |   |                                       |  |  |  |                                     | F                                   | I Brance I M       |  |
| No of Students   | The State of   | V.                | 916   |                                       | Medical Expenses per<br>(Inclusive of OPD)   |  |  | ıdent                               | 10000                               |                    |  |
| Limit per student  |  | 25000             |   | Special conditions                    |  |  | distant.   |                                     | ER STUDENT SAFETY<br>CY CLAUSES     |                    |  |
| Limit per accident   | N T  | A 1               | 500000  | · · · · · · · · · · · · · · · · · · · |  |  |  |                                     | i cha                               | Sand / M/          |  |
| No of parents  | 4  | 10 10             | 0   |                                       |  |  | J  | 15 15 N                             | A. A. C.                            | 3/8/               |  |
| Total SI of Parents or Guardian for payment of Tuition and Hostel fees |  |                   | 0   |                                       | Payment of tuition and hostel<br>fee for remaining semesters in<br>the students account with the<br>institute in case the<br>Parent/Guardian dies due to<br>accident |  |  |                                     | O F215                              |                    |  |

This policy shall be subject to STUDENTS SAFETY PACKAGE INSURANCE policy clauses attached herewith..

| Downton and CCT Dataile |             |               |  |  |  |  |  |
|-------------------------|-------------|---------------|--|--|--|--|--|
| Premium and GST Details | Rate of Tax | Amount in INR |  |  |  |  |  |
| Premium                 |             | ₹ 10534.00    |  |  |  |  |  |
| SGST                    | 9           | 948           |  |  |  |  |  |
| CGST                    | 9           | 948           |  |  |  |  |  |
|                         | 0           | 0             |  |  |  |  |  |
| IGST                    |             |               |  |  |  |  |  |

Signature Not Verified Digitally signed by SRINIVASAN VAIDESMARAN

Policy No.: 5126054822230000024 Document generated by 33400 at 09/04/2022 16 14 41 Hours

Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road. Fort. Mumbai - 400 001 TOLL FREE No. 1 800 209 1415

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VALUE SHARM Give your valuable feedback of files. It Policy issuing office 2. Regional office 3. Head office in case, you are not satisfied with our own Footnetic State of your grevance, if any, you may approach any one of the following offices. It Policy issuing office 2. Regional office 3. Head office in case, you are not satisfied with our own Footnetic State of your grevance, if any, you may also approach insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website on the property of the property

## THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 08th day of April,2022.

Date of Issue: 08/04/2022



Mudrank\_\_\_\_\_\_\_Dt.\_\_\_\_\_\_consolidated Stamp Fees Paid by Pay Order Number\_\_\_\_\_\_\_vide receipt number\_\_\_\_\_\_\_\_dt.\_\_\_\_\_.

Tax Invoice No: 51260522P0000117

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C