



UNITED INDIA INSURANCE COMPANY LIMITED

SUN RISE TOWER, SECOND FLOOR, NO 60 KAMARAJAR SALAI,

MADURAI - 625009 TAMIL NADU

PH: (0452) 2620236 FAX: EMAIL:

GROUP PERSONAL ACCIDENT POLICY

POLICY NO.: 0915014217P108225884

(DUPLICATE)

PERIOD OF INSURANCE
From 00:00 Hrs of 08/09/2017
To Midnight of 07/09/2018

Insured

MS SETHU INSTITUTE OF TECHNOLOGY

PULLOOR KARIAPATTI TALUK VIRUDHUNAGAR DISTRICT

626001

VIRUDUNAGAR

TAMIL NADU

Agent Name : RAVIN
Agent Code : AGI0065935
Mobile/Landline Number/Email : 9443026070
raviana55@yahoo.co.in

LET US JOIN THE FIGHT AGAINST CORRUPTION.
PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>

For any Information, Service Requests, Claim intimation and Grievances please write to 091501@uiic.co.in

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014

Website: <http://www.uiic.co.in>

Printed By : PRA45355 @ 01/12/2017 4:05:00 PM

<http://gcore.uiic.in/Configurator/HTMLReportSource/0qptupyx5dcep4ikyxtns3agGroup...> 01/12/2017



GROUP PERSONAL ACCIDENT POLICY
SCHEDULE

Policy No.:	0915014217P108225884	Prev.Pol.No.:	
Name of Customer/ID	MS SETHU INSTITUTE OF TECHNOLOGY /23038337386		
Tel.(O):		Fax:	
Business/Occupation :	None	Tel.(R):	
Period of Insurance:	From 00:00 Hours of 08/09/2017 To MIDNIGHT of 07/09/2018	Email:	
		Mobile:	

Coinsurance | UIIC 091501 : 100%

Premium : One lakh sixty-two thousand four hundred seven rupees only

INSURED DETAILS:

Risk Category	No. of Person/ Category	Covers	Premium	Loading/Discount	Calculated Amount
RiskCategory II	4860	Table II DEATH PTD	437,400.00		
		Medical Expenses	87,480.00		
RiskCategory I	4860	Table II DEATH PTD	315,900.00		
RiskCategory III	729	Table II DEATH PTD	94,770.00		
		Medical Expenses	18,954.00		

Total No Of Person	10449	Total Sum Insured for the Group	₹1044900000
--------------------	-------	---------------------------------	-------------

Group Id	Designation	Risk Category	No of Person	Monthly Income (₹)	SI per Person (₹)
0	Student	RiskCategory II	4860	0	100000
1	Others	RiskCategory I	4860	0	100000
2	Teachers	RiskCategory III	729	0	100000

Special Conditions	CONDITION OF POLICY COVERS THE FOLLOW :: 1. NO OF STUDENTS 4860 - ACCIDENTAL DEATH & PTD - SUM INSURED EACH RS.1 LAKH/- PLUS RS.20000/- FOR MEDICAL EXPENSES DUE TO ACCIDENT., 2. ONE OF THE EARNING MEMBER OF STUDENT'S PARENT (FATHER/MOTHER/OR LEGAL GUARDIANS) AS PER COLLEGE RECORD 4860 - SUM INSURED EACH RS.1LAKH/- FOR ACCIDENTAL DEATH + PTD, 3. TEACHING & NON TEACHING STAFF 729 - SUM INSURED EACH RS.1 LAKH/- FOR ACCIDENTAL DEATH + PTD + RS.25000/- FOR MEDICAL EXPENSES DUE TO ACCIDENT. TOTAL10449
--------------------	--

Net Premium:	162,407.00
CGST(9%):	14,617.00
SGST(9%):	14,617.00
Stamp Duty:	5.00
Total :	₹191,641.00
Receipt Number :	10109150117108287705
Receipt Date:	08/09/2017
Agency/Broker Code :	AGI0065935
Dev. Officer Code :	16852
Direct Business :	DEVELOPMENT OFFICER

Customer GST No.:		Office GST No.:	33AAACU5552C1ZQ
SAC Code:	9971	Invoice No. & Date:	4217I108225884 & 08/09/2017

<http://gccore.uiic.in/Configurator/HTMLReportSource/0qptupyx5dcep4ikyxtns3agGroup...> 01/12/2017

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

Date of Proposal and Declaration:08/09/2017

WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at BO 3 MADURAI on this 08 th day of September 2017

For United India Insurance Co. Ltd.

Affix Policy
Stamp here.

Authorized Signatory.

Underwritten By - PRA45355 (BO UW CUM CASHIER)

<http://gccore.uiic.in/Configurator/HTMLReportSource/0qptupyx5dcep4ikyxtns3agGroup...> 01/12/2017