

GROUP PERSONAL ACCIDENT INSURANCE POLICY

SECTION 1 – SCHEDULE

- Policy Number:** 2999203108213600000
- 1. Name & Address of the Policyholder** **Sethu Institute of Technology**
Puloor, Kariapatti Taluk,
Virudhanagar District-626115, Tamil Nadu.
- GSTIN State** NA
- State Code** NA
- GSTIN** NA
- 2. Agent / Broker Name:** HE Direct Hdfc Bank Ltd Branch Banking Branches Madurai
- 3. Policy Period** From 00:01 hours: **04/11/2019**
To (Midnight) : **03/11/2020**
- 4. a. Maximum Any One Life Limit:** Rs. 100,000.00
b. Maximum Accumulation Limit: Rs. 15,000,000.00
c. Total Accidental Death Sum Insured: Rs. 993,500,000.00
- 5. Operative Time:** 24 Hours
- 6. Territory of Insurance:** Worldwide
- Basis of Sum Insured:** Fixed Basis
- Description of the Insured:** Only students, one earning parent and staff of the institute are covered.
- 7. Details of the Insured Persons:**

Category of Insured Person	No.	Nature of Duties
Students	4,600	Full time students of the Institute
Sponsor	4,600	Sponsor / Earning parents
Teaching Staff	360	Teaching Staff
Non Teaching Staff	375	Non Teaching Staff
TOTAL	9,935	

8. Premium Details:		Annual
Net Premium	Rs.	200,000.00
Add: GST @ 18%: CGST @ 9% (Rs. 18,000.00) + SGST @ 9% (Rs. 18,000.00)	Rs.	36,000.00
Total Premium	Rs.	236,000.00

Invoice Number: 203108213600000

SAC Code: 9971

Note: "Goods and Services Tax for this invoice is not payable under reverse charge basis"

9. Benefits Covered per person:*

Benefits	Category of Insured Person	Total Sum Insured (Rs)
Accidental Death	Student	Rs. 100,000.00
	Sponsor	Rs. 100,000.00
	Teaching Staff	Rs. 100,000.00
	Non Teaching Staff	Rs. 100,000.00
Permanent Disablement – Table D	Student	Rs. 100,000.00
	Sponsor	Rs. 100,000.00
	Teaching Staff	Rs. 100,000.00
	Non Teaching Staff	Rs. 100,000.00
In-Hospital Medical Expenses – Accident Only Subject to Special Condition Item 10c as mentioned below	Student	Rs. 25,000.00
	Teaching Staff	Rs. 25,000.00
	Non Teaching Staff	Rs. 25,000.00
Temporary Total Disablement – Accident Only Amount Payable per Week Maximum Number of Weeks: 104 Weeks	Teaching Staff	Rs. 1,000.00
	Non Teaching Staff	Rs. 1,000.00
Last Rites Costs – Accident Only	Student	Rs. 2,000.00
	Teaching Staff	Rs. 2,000.00
	Non Teaching Staff	Rs. 2,000.00
Ambulance Costs	Student	Rs. 2,000.00

10. Special Conditions:

- The Sum Insured for Accidental Death and Permanent Disablement Section shall not exceed 5 times the Gross Annual Salary of the Employee.
- The Weekly Compensation under the Temporary Total Disablement Section shall not exceed the Gross Weekly Salary of the Employee.
- In-Hospital Medical Expenses – Accident Only shall be subject to the following condition:
The Insured person would get the least of the following under In-Hospital Medical Expenses – Accident Only Section:
 - Actual Expenses
 - Amount indicated in the table above
- The policy is subject to the following condition:
 - ☐ Number of Students per Course / Year as on the date of proposal
 - ☐ Declaration that a proper attendance register giving the names of all the students is maintained throughout, which may be available for inspection, if necessary by the Insurance Authorities.
- Additional inclusions of students in the policy mid-term would be allowed subject to additional premium on proportional basis.
- It is hereby agreed and declared that the exclusion under Section 5 (21) as mentioned below is deleted:
 - for Bodily Injury sustained as the result of Terrorism.
- It is hereby agreed and declared that the exclusion under Section 5 (8) as mentioned below is deleted:
 - for Bodily Injury sustained whilst or as the result of riding or driving a motorcycle or motor scooter over one hundred and fifty (150) cc.
- The following risk / perils have been explicitly excluded under the policy:
 - ☐ Injury caused by surgery
 - ☐ Nuclear energy risk
 - ☐ Professional activities of military personnel
 - ☐ Offshore activities

- i. The following documents shall be mandatory in the event of a claim:
- ☐ Appointment letter from the employer
 - ☐ Salary slips of the employee
 - ☐ Proof of leave application
 - ☐ Letter from Head -Human resource for not present in the office
 - ☐ ID - Proof - Election Card / Pan Card / Driving License / Passport copy
- j. **The policy has been issued on an Unnamed basis.**
- ☐ Onus of proof lies with insured for enrollment and coverage under the policy for the person on the behalf of whom the claim is made.
 - ☐ At any point of time the total number of students and staff on rolls should not exceed the total number of persons declared under the policy.
 - ☐ To furnish the total number of students and staff on rolls at the time of accident.
 - ☐ Violation in number of persons covered will prejudice claim under the policy.
 - ☐ At any given time the attendance sheet / roll should be available for inspection.
 - ☐ **If number of students and staff do not match on the date of loss, claim would not be payable.**
 - ☐ On monthly basis declaration of the students is required from the Insured
- k. The Persons engaged in or as Military Servicemen, Professional Sportsmen, Mine Worker, Fire-Fighters, Water Vessel or Airlines Crew, Oil Field & Oil Rig Workers, Structural Steel Workers, Laborers in Civil Works, Window Cleaners, Junk/Salvage Workers, Saw-Mill Workers and similar hazardous occupations are specifically excluded under the plan. Subject to otherwise the terms, conditions and exclusion of the Policy.
- l. It is hereby agreed between the Proposer and the Company that any addition / deletion to the list of insured members shall be communicated to the Insurer in writing within a reasonable time but not later than 30 days from the date of the employee joining or being relieved from the organization.
- m. Additions deletions of employee will be done on prorata basis from day 1 for additions subject to sufficient CD balance being maintained.
- n. The **Named Insured / Policyholder** shall immediately notify the **Company** of any and all changes during the **Policy Period** to the **Insured's** professional activity or occupation as stated in the policy schedule.
- o. All supporting documents relating to the claim must be submitted to the company within sixty (60) days from the date of loss & the claim intimation should be within Thirty (30) days from the date of Loss.