

Group Insurance (Students)

A. Prasad

PRINCIPAL
Vidya Jyothi Institute of Technology
Himayatnagar (Viii), C.B. Post.,
Hyderabad-75.



29221
Group Personal Accident And Business Travel Accident Policy

Schedule of Insurance

Agent/Broker Name - D2C INSURANCE BROKING PVT LTD

Agent/Broker License Code - 505

Agent/Broker Contact No -18004197852(mobile or landline)

Policy Number: 0238847650

Renewal: 00

Endorsement: 00

Policyholder Name: VIDYA JYOTHI INSTITUTE OF TECHNOLOGY

Address: AZIZNAGAR GATE CHILKUR BALAJI ROAD
HYDERABAD TELANGANA
HYDERABAD - 500075
HYDERABAD
TELANGANA
INDIA
Place of supply -TELANGANA
State code -36

Contact number :

Insurance Period :- **Effective Date** 15/02/2021 **Expiry Date** 14/02/2022
(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

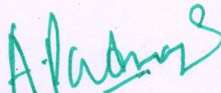
Eligible Persons 8826 (Classification of Insured)

The following persons shall be eligible for Insurance hereunder :

Age group : From 3 To 70 Years ()

Hazards : 24-Hour Protection

Sr No	Description of Insured Persons / Category / Designation	No. per category
1	Students	4413
2	Parents	4413


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Himayatnagar (Vill), C B. Post
Hyderabad-75.

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



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Total No. of Employees / Members Covered :- 8826

Policy Comment:- Only Student, One Earning Parent of each Student(1st Parent as per School Register) 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

Provisional Premium (Rs)*	359,214.00
UGST/SGST @9 % (₹)	32,329.26
CGST @9 % (₹)	32,329.26
Total Premium (Rs)	423,873.00

GSTIN : 36AABCT3518Q1ZX - TELANGANA Service Accounting Code : 997133

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

The stamp duty of ₹ 15.00/- paid in cash or demand draft or by pay order, vide Receipt/Challan no: CSD/245/2021/544 dated the 27/02/2021

Producer Code 0022634000
Producer Name D2C INSURANCE BROKING PVT LTD
Producing Office DELHI
Issued at HYDERABAD
Issued Date 27/02/2021

For TATA-AIG General Insurance Company Limited

Authorized Signatory

PRINCIPAL

Vidya Jyothi Institute of Technology
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29221/2 of 11

Policy Number: 0238847650 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	Students	As Per Declaration	4413	300,000.000	300,000.000	300,000.000	300,000.000	0.000	0.00	0.13566508
2	Parents	As Per Declaration	4413	300,000.000	300,000.000	300,000.000	300,000.000	0.000	0.00	0.13566508

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
Parents	NIL

Total Capital Sum Insured ₹ 2,647,800,000.00

- * **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 ₹ 50000 or actual claims as In patient hospitalization(24 hrs hospitalization required) whichever is lower.
S.N.	MedEx	Sum Insured
1	Fixed MedEx - IPD	Parents INR 50000, Students INR 50000

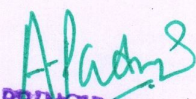
Terrorism	- covered
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24-Hour Protection	- covered
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Policy Number: 0238847650 00 00

Policy Type: Unnamed Policy

Other Exception:


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 Vidya Jyothi Institute of Technolog
 Himayatnagar (Vill), C B. Post
 Hyderabad-75

RECEIPT

Receipt No. : 106001019280643

Receipt Date : 27/02/2021

Policy No : 0238847650 00 00

Received with thanks from VIDYA JYOTHI INSTITUTE OF TECHNOLOGY a sum of ₹ **4,23,873.00** (Rupees Four Lakhs Twenty Three Thousand Eight Hundred Seventy Three And Paise 00 Only)

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0238847650 00 00	4,23,873.00	4,23,873.00	4,23,873.00

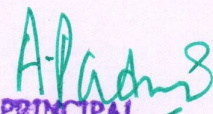
Note:

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 : 36AABCT3518Q1ZX - TELANGANA Service Accounting Code : 997133

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


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 Vidya Jyothi Institute of Technolog:
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Attached to and forming part of Policy No. 0238847650 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.

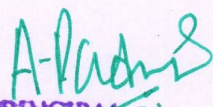
Disappearance

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.


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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

A. Padma
PRINCIPAL

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29221/6 of 11

Attached to and forming part of Policy No. 0238847650 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:

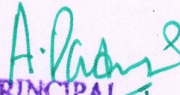
Covered Medical Expenses - means expenses incurred by You for medical services and supplies which are recommended by the attending Physician. They include:

- (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.


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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.

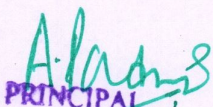
Exposure:

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

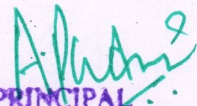
Section: PERMANENT TOTAL DISABILITY

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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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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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).

Alkhan
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