

GROUP PERSONAL ACCIDENT SCHEDULE

Corporate Office/Policy Issuing Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063.		Policy Servicing Branch: 3rd Floor, Urumbil Signature Tower, Behind K R Bakery, Kanjikuzhy, KERALA	
Policy Branch Office Code: 2206		Agent/Broker Code: Direct	
Policy No: 220632329140000005			
Date of proposal: 13/06/2023 Proposal No: P060723101332		Details of previous policy (in case of renewal) Previous policy No: 220632229140000004 Date of expiry: 27/02/2023	
Tax Invoice No & Date : P060723101332 & 13/06/2023			
INSURED NAME : M/S NIRMALA COLLEGE OF PHARMACY			
GSTIN / UN of the insured			
Policy Holder Address / Place Of Supply : ADMINISTRATOR-NIRMALA COLLEGE OF PHARMACY MUVATTUPUZHA P.O ERNAKULAM KERALA ERNAKULAM 686661			
Period of Insurance: From 08/06/2023 to mid night on 07/06/2024			
Total No of Employees Covered		675	
Total No of Lives Covered		675	
Type of Policy		Named	
Total Sum Insured (Rs)		67500000.00	
Description of Group		INSTITUTE	
Nature of Business			
Coverage Details and List of members covered as per Schedule attached.			

Premium (Rs)	35002.54
CGST (@9.00%)	3150.23
SGST (@9.00 %)	3150.23
TOTAL PREMIUM PAYABLE(Rs)	41303.00

Branch GSTIN : 32AABCR6747B1ZP; HSN Code : 997133; Description Of Services : Accident and Health Insurance Service;

Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/662/2023/(Validity Period Dt.27/03/2023 to Dt.01/12/2023)/1156 DT.27 MAR2023" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.



Notice of communication to be given in respect of claim to :

Name:	
Address:	
City:	
Website Address:	
Customer care No	
Email id:	

In the event of dishonor of Cheque, this policy automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in

Policy wordings link : <https://www.reliancegeneral.co.in/Insurance/About-Us/Downloads.aspx>

In witness whereof this policy has been signed at Mumbai on 13/06/2023

In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located. Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.emakulam@gbic.co.in

For and on behalf of

Reliance General Insurance Company Limited.

Agent Code

Direct

Authorised Signatory

Agent Contact No

User ID: 50022894 Policy Generation Date :13/06/2023



Schedule attached to and forming part of Policy No.220632329140000005

Cover Name	Sum insured	Co-pay	Special Conditions
Table C-Death +Permanent Total Disability +Permanent Partial Disability			For Students (612) & For Staff (63)- Table C covers, Death+Permanent Total Disablement+Permanent Partial Disablement due to accidental external means



GROUP PERSONAL ACCIDENT SCHEDULE

Corporate Office/Policy Issuing Office: Reliance General Insurance Co. Ltd. Reliance Centre, 4th Floor, South Wing, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055, India		Policy Servicing Branch: 3rd Floor, Urumbil Signature Tower, Behind K R Bakery, Kanjikuzhy, KERALA	
Policy Branch Office Code: 2206		Agent/Broker Code: Direct	
Policy No: 220632229140000004			
Date of proposal:09/03/2022 ProposalNo:P022822100253		Details of previous policy (in case of renewal) Previous policy No: Date of expiry:	
TaxInvoice No & Date :P022822100253 & 09/03/2022			
INSURED NAME : M/S NIRMALA COLLEGE OF PHARMACY			
GSTIN /UN of the insured			
Policy Holder Address / Place Of Supply : ADMINISTRATOR-NIRMALA COLLEGE OF PHARMACY MUVATTUPUZHA P.O ERNAKULAM KERALA KERALA ERNAKULAM 686661			
Period of Insurance: From 28/02/2022 to mid night on 27/02/2023			
Total No of Employees Covered		638	
Total No of Lives Covered		638	
Type of Policy		Named	
Total Sum Insured(Rs)		63800000.00	
Description of Group		INSTITUTE	
Nature of Business			
Coverage Details and List of members covered as per Schedule attached.			

Premium (Rs)	33152.54
CGST (@9.00%)	2983.73
SGST (@9.00 %)	2983.73
TOTAL PREMIUM PAYABLE(Rs)	39120.00
Branch GSTIN :32AABCR6747B1ZP;HSN Code :997133;Description Of Services :Accident and Health Insurance Service;	
Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/254/2022/(Validity Period Dt.15/02/2022 to 30/07/2022)/426" date 25 Jan 2022 at General Stamp Office, Mumbai. (Not Applicable for the State of Jammu & Kashmir).	



In the event of dishonor of Cheque, this policy automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in

Policy wordings link :<https://www.reliancegeneral.co.in/Insurance/About-Us/Downloads.aspx>

In witness whereof this policy has been signed at Mumbai on 09/03/2022

In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located. Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in

For and on behalf of

Reliance General Insurance Company Limited.

Agent Code

Direct

Agent Contact No

User ID: 50015881 Policy Generation Date :09/03/2022

Authorised Signatory



Schedule attached to and forming part of Policy No.220632229140000004			
Cover Name	Sum insured	Co-pay	Special Conditions
Table C-Death +Permanent Total Disability +Permanent Partial Disability			For Students(575) and Staff(63)- Table C covers, Death+Permanent Total Disablement + Permanent Partial Disablement due to accidental external means.

General Conditions: A) For Students(575)-

- 1) Sum Insured : Rs.1 lac
- 2) Policy on named basis
- 3) Maximum any one life limit will be Rs.1 lac
- 4) Warranted that all the students of the institution are covered without any selection.
- 5) Additions will be done once in a month only.
- 6) No refund for deletions
- 7) Minimum age of beneficiary 15 yrs and maximum 35 yrs
- 8) Warranted that coverage will be effective till the student is under the regular educational course of the institute
- 9) Terrorism is covered, however terrorism activity arising out of Nuclear / biological and or chemical means is excluded from the scope of the policy.
- 10) Warranted that the Nursing college is not part of any Hospital Establishment.
- 11) Warranted that in case of a valid claim against students, compensation will be paid to his or her family member or nominee and not to the institute.
- 12) Warranted that the cover is not to be seen against loss of fee.
- 13) Warranted that at the time of claim, institute must produce policy copy, ID proof and Roll number register for student.

B) For Staff(63)-

- 1) Sum Insured : Rs.1 lac
- 2) Policy is on named basis
- 3) Warranted all permanent employees are to be covered without any selection
- 4) Total Sum insured should not exceed 100 times monthly salary of the Staff member. Insured to submit salary certificate of the month prior to the accident.
- 5) Midterm increase in sum insured is not permitted
- 6) Warranted that armed security guards & fire fighters are outside the scope of the policy
- 7) Warranted that all staff members pertain to Risk Group I category
- 8) AOA Limit: Rs 50 lacs
- 9) Special Conditions:
Below mentioned activity shall be outside the scope of the policy
Professional sports team in respect of specific benefit for inability to perform
Participation in any kind of motor speed contest
While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers)
Underground mining & contractor specializing in tunneling
Naval, military or air force personnel
Radioactivity, Nuclear risks, ionizing radiation
Drivers are excluded under policy
Animal bite / Snake Bite covered. Insect bite not covered
Perils of the sea are excluded from the scope of the policy.
Policy covers Risk group I & II only.
Contractual employee/labor are out of the scope of the policy.
Subject to condition that no employee is involved in any hazardous activity or manual labour

Exclusions:-

- Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
 Being under influence of drugs, alcohol, or other intoxication or hallucinogens
 Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor.
 Committing any breach of law of land with criminal intent.
 Death or disablement resulting from Pregnancy or childbirth
 Risk Category III people are out of the scope of the policy.
 Murder and breach of law cannot be covered.



**MANIPALCIGNA LIFESTYLE PROTECTION GROUP
 POLICY**

MASTER POLICY SCHEDULE

Policy Issuing Office : ManipalCigna Health Insurance Company Limited, 401/402, Raheja Titanium, Western Express Highway, Goregaon East, mumbai - 400063, India		Policy Servicing Office : ManipalCigna Health Insurance Company Limited, 7th Floor, Mathewsons Centre Point, Mamangalam, Above Kotak Mahendra Bank,Nr Mamangalam Church, Ernakulam, Cochin, Kerala - 682025	
Intermediary name : SREEJAMOL SURENDRAN		Code: IMD1656786-01	Contact numbers : 4872420020
Policy Name		Nirmala College Of Pharmacy	
Master Policy Number		208300000580/00/00	
Proposer Details :			
Name :		Nirmala College Of Pharmacy	
Address :		NIRMALA COLLEGE OF PHARMACY, MUVATTUPUZHA, ERNAKULAM, ERNAKULAM, KERALA - 686661	
Business Description :		Education	
Telephone number(s) :		9447292536, 0485-2836888	
Email Address :		nip_mvpa@yahoo.co.in	

Policy Details :		
Policy number :	208300000580/00/00	
Policy Period :	Inception Date From: 10/03/2020	Expiry date To: 09/03/2021
Policy Tenure :	1 Year	
Premium Payment Mode :	Single	
Total no. of Insured Persons :	As per enrollments	
Renewal Status :	New Policy	
Name of the TPA :	ManipalCigna Health Insurance Company Limited	
Member Details :	Refer Annexure I	
Cover Details :	Refer Annexure II	
Special Conditions :	Refer Annexure III	
Co-insurance/ Installment Premium Details :	Refer Annexure IV	

Premium Details:

Base Cover Premium (Rs.)	28368.79
Optional Covers Premium (Rs.)	
Loadings/Discounts (Rs.)	
Goods & Service Tax (Rs.)	5106.38
GST Cess (Rs.)	283.69
Total Premium(Rounded Off)	33759.00



PAN No:	AAECC7904J	GSTIN	27AAECC7904J1ZI	Category	General Insurance Business
Consolidated Stamp Duty of Rs.5.00 paid in cash or by demand draft or by payorder or by cheque					
Vide Receipt / Challan No. MH004705437201819M			Dated : 22/08/2018		

Note: Basic premium is inclusive of opted Add on's and after adjustment of premium discounts, wherever applicable.

In the event of dishonour of cheque, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

In the event of a claim:

Please contact Us through any of these modes	Address for Correspondence	ManipalCigna Health Insurance Company Limited 401/402, Raheja Titanium, Goregaon (East), Mumbai, Maharashtra - 400063
	Contact Number	022-61703689 18001024462
	Fax Number	022-61703689
	Email ID	servicesupport@manipalcigna.com

This Policy has been issued based on the information provided by you on the proposal form. Attached with this Policy Schedule are the Policy Terms & Conditions, and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please contact our Customer Service at the below mentioned details at the earliest. In case you find any discrepancy in the same, please contact us immediately.

For any grievance related to the policy you may write to The Grievance Officer at the policy issuing office address mentioned above or email at headcustomercare@manipalcigna.com.

You may also write to us at servicesupport@manipalcigna.com Or call us at toll free no. 1800-10-24462.

In witness, whereof this Policy has been signed at ManipalCigna Health Insurance on 22/03/2020

Warm Regards,

ManipalCigna Health Insurance Company Limited

"This is a System generated communication and does not require signature"



Annexure II: Cover Details

Plan Benefits (may be provided as an annexure to the Policy Schedule) Students		
Cover Limit Basis (Group Personal Accident – Basic Cover: Accidental Death, Permanent Total Disablement, Permanent Partial Disablement):		Sum Insured
Coverage Details	Name of the Benefit	Sum Insured
Group Personal Accident – Basic Cover	Accidental Death	100000
	Permanent Total Disablement	100000
	Permanent Partial Disablement	100000
Optional Covers under Group Personal Accident	Burns Benefit	10000
	Coma Benefit	10000
	Emergency Road Ambulance Benefit	2000
	In- Patient Medical Expenses	10000
	Adventure Sports Benefit	10000

