

# GROUP PERSONAL ACCIDENT

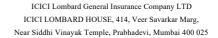
## KEY INFORMATION SHEET

**DISCLAIMER NOTE:** The information mentioned below is illustrative and not exhaustive. The information must be read in conjunction with the policy wordings. In case of any conflict between the Key Information Sheet and the policy wordings, the terms and conditions mentioned in the policy wordings shall prevail.

S. No	Title	Description	Refer to Policy Wordings
1	Product Name	Group Personal Accident	
be) for the occurre What is different Benefit(s) the Insured Person under the as specified under the policy? Schedule. The cove		The policy covers the Insured Person (or his Nominee/ legal heir, as the case may be) for the occurrence of any Insured Event, as specifically described, under different Benefit(s) (and Extensions - if any) arising due to an Injury sustained by the Insured Person during the Policy Period but not exceeding the Sum Insured as specified under the respective Benefits (and Extensions - if any) under Policy Schedule. The cover is for 24 hours or as mentioned in Part 1 of the policy and on a worldwide basis.	
		Benefits:	Part II of the policy
3	Coverage and Optional Add-ons	<ul> <li>Death</li> <li>Permanent Total Disablement</li> <li>Permanent Partial Disablement</li> <li>Temporary Total Disablement</li> </ul> Extensions: <ul> <li>Cover for Expenses related to Burns</li> <li>Modification of residential accommodation &amp; vehicle:</li> <li>Repatriation of Mortal Remains</li> <li>Ambulance Charges</li> <li>Transportation Allowance (Compassionate visit)</li> <li>Travel Expenses for Medical Treatment</li> <li>Catastrophe Evacuation:</li> <li>Cost of Clothing Damage</li> <li>Loss of Job Cover</li> <li>Improved Disability Benefit/ Dismemberment</li> <li>Daily Cash Allowance:</li> <li>Carriage of Dead Body</li> <li>On Duty Cover</li> <li>Children's Education Grant</li> <li>Accidental Hospitalization Expenses</li> <li>Mysterious disappearance</li> <li>Treatment outside India (along with travelling cost &amp; boarding &amp; lodging of the attendant):</li> <li>Medical Expenses</li> <li>Out Patient Department (OPD) expenses</li> <li>Loss/damage to School Bag/Books</li> <li>Widowhood Cover</li> <li>Purchase of Blood</li> <li>Prosthesis &amp; Artificial Limbs</li> <li>Broken Bones</li> <li>Legal Expenses</li> </ul>	Clause No. 2 (Benefits) and Clause No. 3 (Extensions)
		<ul> <li>Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.</li> <li>Being under influence of drugs, alcohol, or other intoxication or hallucinogens</li> <li>Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor</li> <li>Committing any breach of law of land with criminal intent.</li> </ul>	Part I and Part II (Clause 4) of the policy Indicative list of Exclusions



4	What are the major Exclusions in the Policy		
5	Payout Basis	Reimbursement claims of covered benefits upto specified sum insured as per the scope of cover	Part II of the policy clause 4 (i, ii, iii and iv)- Claim Administration
6 Terms of Renewal		<ul> <li>(i) The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Personal Accident Insurance product or its nearest substitute (in case the product ICICI Lombard Group Personal Accident Insurance is withdrawn by the Company) approved by IRDA.</li> <li>(ii) The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by the insured.</li> </ul>	Clause 10- Terms of renewal
7	Cancellation	<ul> <li>The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.</li> <li>Insured or the Company may cancel this Policy by giving the Company or the insured, as the case may be, 15 days written notice for the cancellation of the Policy, and then the Company shall refund premium on short term rates (if initiated by the insured) or pro rata rates (if initiated by the Company) for the unexpired Policy Period. The Company shall follow the short period scale unless otherwise mutually agreed.</li> </ul>	Part III of the policy Clause 9- Cancellation/ Termination





### **GROUP PERSONAL ACCIDENT**

UIN- ICIPAGP22077V062122 Misc 05

Part I of Policy: Policy Schedule

Policy No. 4005/328093332/00/000 (TRUE COPY) Issued at MUMBAI

1. Name of the Insured: DNYANDEEP COLLEGE OF ADMINSTRATION

2. Mailing Address of the Insured: Waddhamana, Amravati Road

.

Nagpur

Maharashtra Pin- 440023

3. Politically Exposed Person (PEP)/close relative of PEP: No

4. Intermediary Details: Agency Code1: DB78919

Agency Name: ELITEGENERAL INSURANCE

**BROKERS PVT LTD** 

**Agent's mobile no.:** 7769984888

Agent's E-mail ID: pradnya.sawale@eliteinsurance.in

From: 30/01/2024 Time: 00:00 Hours

To Midnight of 29/01/2025

6. Total number of persons to be insured: 56

7. Total Capital Sum Insured: 5,600,000.00

8. Details of Persons to be insured:

As per annexure attached

### Premium:

5. Period of Insurance:

Premium Break Up	(Rs.)	Premium (Rs.)
Stamp Duty	(Rs.)	05.00
*Total Premium	(Rs.)	3,461.22

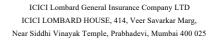
<sup>\*</sup>Premium value mentioned above is inclusive of taxes applicable

### 10. Conditions/Endorsements

- 1. The policy is issued on Named basis.
- 2.Risk Category: I & II.
- 3.Age Limit 2-25 Years.
- 4. Premium for Addition & deletion to be charged on Pro Rata .
- 5. The coverage is a worldwide cover.

6	03 - 30 years		
7	A = Accidental Death only ? 100%		
8	B = (A) + Loss of Two Limbs, Two eyes or one limb and one eye -100% Loss of One Limb or One Eye - 50% Permanent To Disablement (PTD) from injuries other than those named above -100%		
9	. $C = (A) + (B) + Permanent Partial Disablement (PPD)$		
1	Carriage of Dead Body 2% of SI subject to max to Rs 2,500/-		

- 11. GPA Coverage for Students of .
- 12. SI Basis Flat Rs 1 Lacs.
- 13. Total liability of Lombard in respect of each insured beneficiary (member) shall not exceed the amount attached to single UHID/Unique ID irrespective of number of UHIDs/Unique IDs he is covered under
- 14. Premium to be charged on pro rata scale for addition/ deletion endt





- 15. Terrorism is covered, however, terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from the scope of this policy
- 16. The claim should be intimated within the three months of the occurrence of the event, failing to which company shall not be liable to pay the claim
- 17. Premium shall not be refunded for deletion if any claim is paid during the policy
- 18. Any endorsements will be from the date of addition and not from the inception of the policy

## 11. Exclusions

- Suicide, attempt to Suicide or intentionally self inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
- 2. Being under influence of drugs, alcohol, or other intoxica on or hallucinogens.
- 3. Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor.
- 4. Committing any breach of law of land with criminal intent.
- 5.Death or disablement resul ng from Pregnancy or childbirth.
- 6.Perils of the sea are excluded from the scope of the policy.
- 7.Drivers are excluded from the policy.
- 8. Professional sports team in respect of specific benefit for inability to perform.
- 9. 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).
- 11.Underground mining & contractor specializing in tunneling.
- 12. Naval, military or air force personnel.
- 13. Radioactivity, Nuclear risks, ionizing radiation.
- 14. Risk Category III people are out of the scope of the policy.

Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus People, skiing, 15.mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey ,polo & such other

15.mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey ,polo & such other persons engaged in occupation of similar hazard.

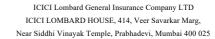
16. Animal bite/Snake Bite/Insect bite is not covered.

Subject otherwise to terms and conditions of Group Personal Accident Insurance Policy.

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at Mumbai on this date 02/02/2024.

Gaurav Arora

**Authorized Signatory**ICICI Lombard General
Insurance Company Ltd.





GSTIN Reg. No: 27AAACI7904G1ZN

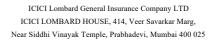
IL GIC GSTIN Address: 414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE,

PRABHADEVI, MUMBAI, 400025, MAHARASHTRA

HSN/SAC code: 997133 - GENERAL INSURANCE SERVICES

"The stamp duty of Rs. 5.0000 paid in cash or by demand draft or by pay order, vide Reciept/challan no. CSD1820234850 dated 30/11/2023 ."

Policy shall stand cancelled ab initio in the event of non realisation of the premium





Note:- The policy could be subject to certain changes in terms and conditions including change in premium rate" - this would be applicable to all group product

# **ICICI Lombard General Insurance Company Limited**

IRDA Reg. No. 115

Mailing Address: 401 & 402, 4th Floor, Interface 11, New Linking Road, Malad (West),

Mumbai - 400 064.

CIN: L67200MH2000PLC129408

Registered Office:

ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi,

Mumbai - 400 025.

**Toll free No.**: 1800 2666

Alternate No.: +9192236 22666 (chargeable)

Email: customersupport@icicilombard.com

Website : www.icicilombard.com



## TAX INVOICE

(ORIGINAL FOR RECIPIENT)

Name of the Customer: DNYANDEEP COLLEGE OF ADMINSTRATION

Address of the Customer: WADDHAMANA, AMRAVATI ROAD. INDIA MAHARASHTRA NAGPUR PIN -

440023

# GSTIN/ Unique Id of registered recipient:

Invoice Number	10022498975	ICICI LOMBARD GEN COMPANY LIMITED	IERAL INSURANCE
Policy Number	4005/328093332/00/000	Bill from Address (IL	5th, Floor, Landmark, Plot No 5 6, Wardha Road, Ramdas Peth, Nagpur- 440010., Maharashtra, 440010
Invoice Date	30/01/2024	GSTIN	27AAACI7904G1ZN

Sr. No	Particulars	PAN	SAC Code of service	Amount (?)
1	GENERAL INSURANCE SERVICES	AAACI7904G	997133	2929

Total value of services (Premium Value without Tax) (?)	2929	ĺ
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Sr No.	Applicable taxes	Rate of applicable taxes (%)	Tax Amount (?)
1	CGST	9	263.61
2	SGST	9	263.61
3	IGST	0	0
4	UTGST	0	0
	527.22		
	No		
	0		
	3456.22		

# Place of Supply:

#### MAHARASHTRA

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

IRDA Reg. No. 115

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