SAPTHAGIRI COLLEGE OF ENGINEERING

Affiliated to VTU, Belagavi, and Recognized by AICTE, New Delhi
(Accredited by NAAC with "A" Grade) (ISO 9001-2015 and 14001-2015 certified Institute)
14/5, Chikkasandra, Hesaraghatta, Main Road, Bengaluru-560057
Phone: 080-28372800/1/2 www.sapthagiri.edu.in Fax: 080-28372797

GROUP INSURANCE

Principal
Sapthagiri College of Engineering
14/5, Chikkasandra, Hesaraghatta Main Road
Bengaluru - 560 057

RELIANCE GENERAL INSURANCE Like Smart

reliancegeneral.co.in
022 4890 3009
74004 22200

GROUP PERSONAL ACCIDENT SCHEDULE

Corporate Office/Policy Issuing Office:	Policy Servicing Branch:
Reliance General Insurance Co. Ltd. Reliance Centre, 4th Floor, South Wing, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055, India	Mysore Trade Centre, L 36/D, Opp. KSRTC Bus Stand, Bangalore – Nilgiri Road KARNATAKA
Policy Branch Office Code: 1403	Agent/Broker Code:16A31894
Policy No: 140332129140000004	
Date of proposal:05/08/2021 ProposalNo:140308013487	Details of previous policy (in case of renewal) Previous policy No:140332029140000001 Date of expiry: 23/01/2021
TaxInvoice No & Date :140308013487 & 8/5/2021 4:50:00 PM	
INSURED NAME : M/S SAPTHAGIRI COLLEGE OF ENGINEERING	
GSTIN /UN of the insured	
Policy Holder ADDRESS / Place Of Supply: NO 14/5, CHIKKASANDRA HESARGHATTA MAIN RD, BENGALURU, KARNATAKA BANGALORE KARNATAKA BANGALORE 560057	
Period of Insurance: From 04/08/2021 to mid night on 03/08/2022	

Total No of Lives Covered	2805
Type of Policy	UnNamed
Total Sum Insured(Rs)	280500000.00
Description of Group	INSTITUTE
Nature of Business	

Coverage details as per schedule attached.

Premium (Rs)	53766.10
CGST (@9.00%)	4838.95
SGST (@9.00 %)	4838.95
TOTAL PREMIUM PAYABLE(Rs)	**63444.00**

Branch GSTIN :29AABCR6747B1ZC,HSN Code :997133,Description Of Services :Accident and Health Insurance Service;

Consolidated Stamp duty Paid vide Receipt No. CSD/318/2021/1294 dated 01 April 2021 (Not applicable for the state of Jammu and Kashmir).

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RELIANCE GENERAL INSURANCE

Branch office Address:

Reliance General Insurance Co. Ltd,

Mysore Trade Centre, L 3611, Opp. KSRTC Bus Stand, Bangalore – Nilgiri Road Pin:570001, KARNATAKA (29)

Receipt No: 140309013407/01
Date: Aug 4 2021 4:30PM
Branch Name: Mysore
Branch GSTIN: 29AABCR0747B1Z0

Proposal No: 140309013407
Transaction ID: 080421-103013
Proposer Name: M/S SAPTHAGIRI COLLEGE OF ENGINEERING
State: KARNATAKA (29)
GSTIN:
Product Name: Personal Accident - Group-2014
Proposal Amt: 63444.00

Payment Mode	Instrument No/Transfer Code*	Instrument Date	Instrument Amount	Bank Name	Cheque/Cash Amt
Fund Transfer	PFT080421100536	04/02/2021	63444.00	Hdfc Bank Ltd	INR 63444.00
				Amount before Taxes	INR 53760.10
				SGST (@0.00 %)	INR 4836.05
				CGST (@0.00 %)	INR 4836.05
				Total(Inclusive of Taxes)	INR 63444.00

For Reliance General Insurance Company Limited

Authorised Signatory

SAC Code: 997133

Description Of Service: Accident and health insurance services

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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 05/08/2021

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 3000 or may write an email at rgicl.services@reliancecada.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@reliancecada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, Insured may email to Head Grievance Officer at rgicl.headgrievances@reliancecada.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,Jeevan Soudha Building,PID No. 57-27-N-19, Ground Floor,19/19,24th Main Road, JP Nagar(1st Phase, Bangalore – 560 078. Tel : 080-26652048 / 26652049, Email : bimalokpal.bengaluru@gbic.co.in

For and on behalf of

Reliance General Insurance Company Limited.

Authorised Signatory

User ID: 70209007 Policy Generation Date :05/08/2021

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Schedule attached to and forming part of Policy No 140332129140000094			
Cover Name	**Sum Insured**	**Co pay**	**Special Conditions**
Table C - Death +Permanent Total Disability +Permanent Partial Disability			Students - 2532 - Table C covers, Death +Permanent Total Disablement +Permanent Partial Disablement due to external accidental means
Table D Death +Permanent Total Disability +Permanent Partial Disability + Temporary Total Disablement			Staff- 273 - Table D covers, Death +Permanent Total Disablement +Permanent Partial Disablement +Temporary Total Disablement due to accidental external means
Medical expenses			For staff and Students Medical Expenses 10% of the Sum Insured or Actual Expenses or 40% of admissible amount or actual whichever is less , only if the claim is admissible under Table C

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SCHEDULE ATTACHED TO AND FORMING PART OF POLICY NO :140332120140000004'

MEDICAL EXPENSES EXTENSION (Group Insurance)

Endorsement extending Insurance under Policy No '140332120140000004' in the name of 'M/B SAPTHAGIRI COLLEGE OF ENGINEERING ' In consideration of the payment of an additional premium paid under the policy it is hereby agreed and declared that notwithstanding anything in the within written policy contained to the contrary, this insurance is extended to cover the medical expenses necessarily incurred and expended in connection with any accident as specified in the Policy, for which a claim is made by the Insured and admitted by the Company. The Company shall reimburse to the insured person an amount up to but not exceeding ___% of the Admissible Claim or ___% of claim amount or actual whichever is less, Further, it is a condition precedent to the payment of such medical expenses that the medical attendant's detailed account shall, if the Company so requires be submitted to and is approved by the Company.

PROVIDED ALWAYS THAT:

1. The insurance shall not apply, in so far as it applies to a female to expenses incurred in respect of any condition arising from the traceable to any disease of the organs of generation, malignant diseases of mammary glands, pregnancy, childbirth, abortion or miscarriage or any complications and or sequels arising from the foregoing, unless otherwise provided hereafter.
2. The Company shall not be liable to may any payment under this Policy in respect of :-
i. Disease, Injury, Death or Disablement directly or indirectly due to war, Invasion, Act of Foreign Enemy Hostilities or Warlike Operations (whether war be declared or not) or Civil War or Rebellion, Revolution, Insurrection Mutiny, Military, Naval or Air Service or Breach of Law of Hunting Steeple chasing or engaging in aviation or Ballooning other than as a passenger (fare paying or otherwise) in any licensed Standard Type of Aircraft.
ii. Circumcision or Strictures of Vaccination or Inoculation or change of life or beauty treatment of any description of dental or eye treatment other than treatment for the diseases etc. or Intentional self injury or Insanity or dissipation or Nervous Breakdown (which expression shall cover also general debility "run down" conditions and General "overhaul") or Venereal Disease or intemperance or the use of intoxicating drugs or liquors or any diseases, injury, death or disablement directly or indirectly due to any one or more of them.

Subject otherwise to the terms, exceptions, conditions and limitations of the Policy.

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e) Winter Sports, Skiing or Ice Hockey	☐ Yes	☑ No
f) Ballooning or Polo or sports of similar nature	☐ Yes	☑ No
g) Any other activity coming under risk category Group III as per prospects	☐ Yes	☑ No

Proposer's Bank Details

12. Name of the Bank Account Holder ☐ Mr. ☐ Mrs ☐ Ms. ____ 14. Account: ☐ Saving ☐ Current
13. Bank Account No : ____
15. Name of the Bank ____
16. Branch ____
17. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) ____
18. IFSC Code (11 character code appearing on your cheque leaf) ____

☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

Previous Insurance Details

19. The terms agreed are same as per your existing policy? ☐ Yes ☐ No
If yes please provide expiring policy copy along with this proposal form and provide policy no ____
If no, please list out the additional coverages : ____

20. Details of previous / expiring insurance policy for last 3 years?

	1st Year	2nd Year	3rd Year
No of lives covered at inception			
No. of lives at expiry			
Incurred Claims Paid + O/s (Count & Amount)			
Premium before service tax			
Name of the insurance company			

21. Has any Company

a. Declined to issue a policy to you ?	☐ Yes	☐ No
b. Declined to continue your insurance?	☐ Yes	☐ No
c. Not invited renewal of your policy?	☐ Yes	☐ No
d. Imposed any restriction or special conditions?	☐ Yes	☐ No

If so, give names and address of each company in respect of a), b), c) and d) above ____

Payment Details

☐ Cheque ☐ DD Online

Cheque or DD Amount 63444 /- Amount in words (Sixty thousand four hundred sixty four

Bank Name ____ Cheque/DD Date ____

Cheque/DD No. ____

PAN No. ____

Declaration and undertaking by the Proposer

i. We have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
ii. We understand that the information provided by us will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
iii. We further declare that we will notify in writing any change occurring in the occupation or general health of the life to be insured / proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.
iv. We declare and consent to the Company seeking medical information from any Doctor or from a hospital who at anytime has attended on the life to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured / proposer and seeking information from any insurance company to which an application for insurance on the life to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
v. We authorize the company to share information pertaining to our proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and / or Regulatory Authority.
vi. Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. We hereby agree that the insurance coverage shall commence only on realisation of full premium and on receipt of complete medical reports (wherever applicable) and subject to underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.
vii. We understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by us or anyone acting on our behalf.
viii. We hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company or undergo diagnostic or other medical tests as suggested by the Company for its underwriting.
ix. We consent to provide a valid age proof and identity proof of insured or insured person/beneficiary covered under the policy at the time of claims or any other time when required by the Company.
x. We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
xi. We further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions of Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.
xii. We hereby declare and warrant on our behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by us in this proposal form are true and complete in all respects to the best of my knowledge and that I/We am are authorised to propose on behalf of these other persons.
xiii. We hereby state that the above mentioned address shall be taken as address on record for the purpose of GST.
xiv. We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

Place: [illegible]

Date: 10-08-2021

Signature of Proposer

S.C.E. SAPTHAGIRI COLLEGE OF ENGINEERING BANGALORE

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