

## SAPTHAGIRI COLLEGE OF ENGINEERING BENGALURU-560057

(Accredited by NAAC with "A" grade & NBA accredited) (An ISO 9001:2015 & ISO 14001:2015 Certified Institution) (Affiliated to VTU, Belagavi and approved by AICTE, New Delhi)

## **GROUP INSURANCE**

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Ranca D2
Principal

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



## 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 – Niligiri Road KARNATAKA		
Policy Branch Office Code: 1403	AgenVBroker Code:16A31894		
Policy No: 140332129140000004			
Date of proposal:05/08/2021	Details of previous policy (in case of renewal)		
ProposalNo:140308013487	Previous policy No:140332029140000001		
	Date of expiry: 23/01/2021		
Taxinvoice No & Date :140308013487 & 8/5/20	021 4:50:00 PM		
INSURED NAME: M/S SAPTHAGIRI COLLE	GE OF ENGINEERING		
GSTIN /UN of the insured			
Policy Holder ADDRESS / Place Of Supply:			
NO 14/5, CHIKKASANDRA HESARGHATTA M/	AIN RD, BENGALURU, KARNATAKA BANGALORE		
KARNATAKA			
BANGALORE			
560057			
Period of Insurance: From 04/08/2021 to mid n	ight 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.			

4838.95
4838.95
63444.00
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Reliance General Insurance Company Limited, IRDAI Registration No. 103

An ISO 9001:2015 Certified Company Registered Office & Corporate Office/Policy Issuing Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway. Santacruz (East), Mumbai -400 055.

Corporate Identity No: U66603MH2000PLC128300, PERSONAL ACCIDENT - GROUP, UIN: RELPAGR1001V010001

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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 Mumbal 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 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@rellanceada.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, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor,19/19,24th Maln Road,JP Nagar,Ist Phase, Bengaluru – 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: 70299607 Policy Generation Date :05/08/2021

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Schedule attached to and forming part of Policy No.140332129140000004				
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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General Conditions: 1) Staff:- TTD benefit will be 1% of the SI OR 24 times monthly gainful income of employee OR Rs: 5,000/- whichever is lower on weekly basis for maximum of 100 weeks

2) Policy will be on Unnamed basis

3) Maximum any one life limit will be Rs. 1 Lac for student, staff

4) Unnamed Warranties:(a)Warranted that the insured should maintain all the details /records of the employees, & students through attendance/ deployment registers, so that it can be ascertained that the employee working as permanent under pay roll

(b)Onus of proof lies with the Insured for employment & coverage under the policy for the person on behalf of whom the claim is made on all or none basis. At the time of claim, employment proof should be submitted.

(c)At any given time the attendance sheet / roll should be available for Inspection & total number of unnamed employees working for the insured should not be more than number specified in the policy schedule & subsequent endorsement in case of any additions.

(d) Total number of employees/ students covered under the policy should be matched in number at the time of accident. If the actual number of employees found exceed in number on the date of loss, the claim will not be payable. Violation in number of persons covered will prejudice claim under the policy.

(e)Warranted that at any point of time total number should not exceed (as specified).

5) Addition-deletion will be done on pro-rata premium basis for employees/Students s once in a month only, subject to all relevent details being forwarded to insurer before 7th day of succeeding month.

6) Students:- Minimum age of beneficiary 3 years and maximum 21 years

7) Staff - Minlmum age of beneficiary 18 years and maximum 70 years

8) Terrorism is covered, however, terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from the scope of this policy

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 and Offshore activities

Naval, military or air force personnel

Radioactivity, Nuclear risks, ionizing radiation

Animal bite/Insect bite is not covered.

Perils of the sea are excluded from the scope of the policy.

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.

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SCHEDULE ATTACHED TO AND FORMING PART OF POLICY NO.: 140332129140000004

MEDICAL EXPENSES EXTENSION (Group Insurance)

Endorsement extending Insurance under Policy No. '140332129140000004' in the name of 'M/S 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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