

To,  
THE PRINCIPAL DON BOSCO INSTITUTE OF TECHNOLOGY  
MYSORE ROAD, KUMBALGODU,  
BENGALURU  
Bangalore, KARNATAKA - INDIA  
PIN -560074

Date: 30/03/2021

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Group Personal Accident Insurance Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy:

- Policy Schedule
- Policy Clauses & Wordings
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

**Your Customer ID : C08562**

**Your Policy Number : 4102210300004836-00**

The Postal Address of your SBI General Branch that will service you in future is:

SBI General Insurance Company Limited(branch address)

In case of any queries or suggestions, please do not hesitate to get in touch with us.

You can contact us at

[customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in) or call our Customer Care Number **1800-102-1111 / 1800-22-1111**

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

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**SBI General Insurance Company Ltd., Registered Office: & Corporate Office:** SBI General Insurance Company Ltd. 301, Natraj, Junction of Western Express Highway & Andheri Kurla Road, Andheri (East), Mumbai - 400069.

<b>Policy No :</b> 4102210300004836-00	<b>Servicing Branch Office :</b> BANGALORE SBI General Insurance Co LTD, Rukmini Towers, # 3/1, Platform Road, Sheshadripuram, Bangalore - 560 020, Karnataka-0,	<b>Issue Date :</b> 30/03/2021
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**Intermediary Details:**

<b>Intermediary Name</b>	SHIVARAJ K	
<b>Intermediary Code</b>	146767	
<b>Intermediary Contact Details</b>	Mobile No.	Landline No. 9999999999

**Insured Details:**

<b>Name of the Insured/Proposer</b>	THE PRINCIPAL DON BOSCO INSTITUTE OF TECHNOLOGY
<b>Address</b>	MYSORE ROAD, KUMBALGODU, BENGALURU Bangalore, KARNATAKA - 560074, INDIA
<b>Period of Insurance</b>	19/02/2021 (00:00:00 Hrs) to 18/02/2022 (23:59:59 Hrs)
<b>Previous policy no, if any</b>	-
<b>No of Insured Persons Covered</b>	5150 [Commencement of Policy]
<b>Total Sum Insured</b>	Rs.515000000.00/-
<b>Details of Insured Persons</b>	Only permanent employees of the organization are covered.
<b>Coverage Details</b>	Permanent Total Disability, Accidental Death, Permanent Partial Disability
<b>Add ON'S or Riders Opted</b>	As per Annexure "A"
<b>Deductible</b>	As per annexure attached
<b>Other Policies Details</b>	NA
<b>GST No</b>	
<b>Coinsurance Details</b>	100%

GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE

UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14

Attached to and forming part of Group Personal Accident Insurance Policy No 4102210300004836-00

**Additional Conditions :**

Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties :

**Clause -**

\*The Policyholder shall immediately notify the Company of any and all changes during the Policy Period to the Insured person's professional activity or occupation as stated in the policy schedule.

\*Students proposed for coverage shall be for the following courses: BE-CSE, BE-ISE, BE\_ECE, BE\_EEE, BE\_ME, BE\_Civil, BE\_TCE, M.Tech-CSE, M.Tech-CNE, M.Tech, DEC, M.Tech-VLSI, M.Tech-MD, M.Tech-PSE, MBA, MCA, with 6 months duration for every semester.

\*Mid term increase in SI is not allowed.

\*Maximum any one life limit shall not exceed Rs 1,00,000.

\* Maximum any one accident limit shall not exceed Rs. 8.96 Crs

\*Minimum and maximum age at entry for Students is restricted to 18 years and 25 Years and for parents 18 years to 65 years respectively.

\* The quote has been issued on an Unnamed basis, as per annexure enclosed below: Onus of proof lies with insured for employment/enrollment and coverage under the policy for the person on the behalf of whom the claim is made. At the time of claim, the name of the insured should appear on the muster/ Roll. At any point of time the total number of employees/lives on rolls should not exceed the total number of persons declared under the policy. To furnish the total number of employees/lives on rolls at the time of accident. Discrepancy in number of persons covered will prejudice claim under the policy. At any given time the muster / roll/ record of the actual number of employees with designation should be available for inspection. If number of employees/lives do not match on the date of loss, claim would not be payable. On monthly basis declaration of the employees/lives is required from the employer/Insured...

**Special Condition -**

\*Insured Details - Only students, one earning parent are covered.

\*Policy Basis - Un-named Basis

\*Terrorism - covered for all

\*Accidental Death - Covered for All

\*Permanent Total Disablement - Covered for All

\*Permanent Partial Disablement -Covered for All

\*Accident Medical Extension (Inpatient) - Covered only for Student- Covered upto 10% of Accidental death benefit SI or 40% of admissible disability claim or actual, whichever is lesser. Deductible of Rs 500 applicable for each claim.

GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE  
UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14

Attached to and forming part of Group Personal Accident Insurance Policy No 4102210300004836-00  
Premium Computation


Particulars	Amount ( INR )
Gross Premium	121025.20
IGST :18%	0.00
CGST :9%	10892.27
SGST :9%	10892.27
Final Premium	142809.74

Collection Details :

Receipt No. 4399202100054726, Receipt Date : 30/03/2021

Consolidated Stamp Duty paid Rs. 5.00/- towards Insurance Policy Stamps vide Order No. CSD/360/2019/917/19 Dated 13-03-2019 of General Stamps Office Mumbai.

P.S. If premium paid through cheque, the policy is void abinitio in case of dishonour of cheque.

Signed at : Mumbai HO	:	For SBI General Insurance Company Limited
Date : 30/03/2021	:	Signatory : 

**GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE**

**UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14**

**Attached to and forming part of Group Personal Accident Insurance Policy No 4102210300004836-00**

Important Note:

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all information related to his health and which has a bearing on the acceptance or rejection of the Proposal by the Insurer and also not to suppress any factual information in response to the questions in the proposal form. Please examine this Policy including its attached Schedules/ Annexure if any.

In the event of any discrepancy, contact the office of the Insurer immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled irrespective of whether a separate communication is sent or not.

Any claim arising or related to consequences of the Pre-existing diseases as defined under the Policy is excluded from the scope of Policy cover unless the insurer specifically accepts the pre-existing disease declared with or without additional premium and coverage terms specifically mentioned in the schedule.

The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particulars declared by the Proposer in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.

The Policy is not transferable/assignable to any third parties by the Insured. However, if the Insured is permanently incapacitated or deceased, the nominee/legal heirs of the Insured may represent him/her in respect of claim under the Policy.

All terms, conditions and exclusions as per standard Policy wordings attached with this schedule.

**GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE**  
**UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14**

Attached to and forming part of Group Personal Accident Insurance Policy No 4102210300004836-00  
**Annexure "A"**

Category : 4CA101-2-100000.00-5150.0-0.00	
Group Name	THE PRINCIPAL DON BOSCO INSTITUTE OF TECHNOLOGY
Covers	Limits
Insured Details	Only permanent employees of the organization are covered.
Policy Basis	UNNAME BASED
Territory Restriction	No Territory Restriction
Permanent Total Disability	Rs.100000/-
Accidental Death	Rs.100000/-
Permanent Partial Disability	Rs.100000/-

**GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE**  
**UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14**

Attached to and forming part of Group Personal Accident Insurance Policy No 4102210300004836-00

**INTIMATING A CLAIM**

For Intimating a Claim with us please contact us through the following channels:

Phone: 1800-102-1111/1800-22-1111(Toll Free 8:00 am to 8:00 pm from Monday to Saturday)

E mail - [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in)

Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

**CLAIM SETTLEMENT**

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the Survey Report or the additional Survey Report, as the case may be, in accordance with the provisions of Protection of Policyholders' Interest Regulations 2017.

To,  
THE PRINCIPAL DON BOSCO INSTITUTE OF TECHNOLOGY  
MYSORE ROAD, KUMBALGODU,  
BENGALURU  
Bangalore, KARNATAKA - INDIA  
PIN -560074

Date: 30/03/2021

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We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

**Your Customer ID : C08562**

**Your Policy Number : 4102210300004807-00**

The Postal Address of your SBI General Branch that will service you in future is:

SBI General Insurance Company Limited(branch address)

In case of any queries or suggestions, please do not hesitate to get in touch with us.

You can contact us at

[customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in) or call our Customer Care Number **1800-102-1111 / 1800-22-1111**

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

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**SBI General Insurance Company Ltd., Registered Office: & Corporate Office:** SBI General Insurance Company Ltd. 301, Natraj, Junction of Western Express Highway & Andheri Kurla Road, Andheri (East), Mumbai - 400069.



<b>Policy No :</b> 4102210300004807-00	<b>Servicing Branch Office :</b> BANGALORE SBI General Insurance Co LTD, Rukmini Towers, # 3/1, Platform Road, Sheshadripuram, Bangalore - 560 020, Karnataka-0,	<b>Issue Date :</b> 30/03/2021
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**Intermediary Details:**

<b>Intermediary Name</b>	SHIVARAJ K	
<b>Intermediary Code</b>	146767	
<b>Intermediary Contact Details</b>	Mobile No.	Landline No. 9999999999

**Insured Details:**

<b>Name of the Insured/Proposer</b>	THE PRINCIPAL DON BOSCO INSTITUTE OF TECHNOLOGY
<b>Address</b>	MYSORE ROAD, KUMBALGODU, BENGALURU Bangalore, KARNATAKA - 560074, INDIA
<b>Period of Insurance</b>	19/02/2021 (00:00:00 Hrs) to 18/02/2022 (23:59:59 Hrs)
<b>Previous policy no, if any</b>	-
<b>No of Insured Persons Covered</b>	303 [Commencement of Policy]
<b>Total Sum Insured</b>	Rs.90900000.00/-
<b>Details of Insured Persons</b>	Only permanent employees of the organization are covered.
<b>Coverage Details</b>	Permanent Total Disability, Accidental Death, Permanent Partial Disability, Temporary Total Disability
<b>Add ON'S or Riders Opted</b>	As per Annexure "A"
<b>Deductible</b>	As per annexure attached
<b>Other Policies Details</b>	NA
<b>GST No</b>	
<b>Coinsurance Details</b>	100%

**GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE**

**UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14**

Attached to and forming part of Group Personal Accident Insurance Policy No 4102210300004807-00

**Additional Conditions :**

Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties :

**Clause -**

\*The Policyholder shall immediately notify the Company of any and all changes during the Policy Period to the Insured person's professional activity or occupation as stated in the policy schedule.

\*Mid term increase in SI is not allowed.

\*Maximum any one life limit shall not exceed Rs 3,00,000.

\* Maximum any one accident limit shall not exceed Rs. 8.96 Crs

\*Minimum and maximum age at entry for Students is restricted to 18 years and 25 Years and for parents 18 years to 65 years respectively

\*For detailed coverage and exclusions, please refer policy wordings and add on wordings.

\* The quote has been issued on an Unnamed basis, as per annexure enclosed below: Onus of proof lies with insured for employment/enrollment and coverage under the policy for the person on the behalf of whom the claim is made. At the time of claim, the name of the insured should appear on the muster/ Roll. At any point of time the total number of employees/lives on rolls should not exceed the total number of persons declared under the policy. To furnish the total number of employees/lives on rolls at the time of accident. Discrepancy in number of persons covered will prejudice claim under the policy. At any given time the muster / roll/ record of the actual number of employees with designation should be available for inspection. If number of employees/lives do not match on the date of loss, claim would not be payable. On monthly basis declaration of the employees/lives is required from the employer/Insured...

**Special Condition -**

\*Insured Details - Only permanent employees of the organization are covered.

\*Policy Basis -Un-named Basis

\*Terrorism - Covered for All

\*Accidental Death - Covered for All

\*Permanent Total Disablement - Covered for All

\*Permanent Partial Disablement - Covered for All

\*Temporary Total Disablement -Actual weekly salary or 1% of Accidental death benefit SI, whichever is lesser subject to a maximum upto Rs. 5000/- per week and upto maximum for 104 weeks. Deductible- 1 week for each claim.

\*Accident Medical Extension (Inpatient) - Covered upto 10% of Accidental death benefit SI or 40% of admissible disability claim or actual, whichever is lesser. Deductible of Rs 500 applicable for each claim.

GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE  
UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14

Attached to and forming part of Group Personal Accident Insurance Policy No 4102210300004807-00  
Premium Computation


Particulars	Amount ( INR )
Gross Premium	35450.02
IGST :18%	0.00
CGST :9%	3190.50
SGST :9%	3190.50
Final Premium	41831.03

Collection Details :

Receipt No. 4399202100054694, Receipt Date : 30/03/2021

Consolidated Stamp Duty paid Rs. 30.00/- towards Insurance Policy Stamps vide Order No. CSD/360/2019/917/19 Dated 13-03-2019 of General Stamps Office Mumbai.

P.S. If premium paid through cheque, the policy is void abinitio in case of dishonour of cheque.

Signed at : Mumbai HO	:	For SBI General Insurance Company Limited
Date : 30/03/2021	:	Signatory : 

**GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE**

**UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14**

**Attached to and forming part of Group Personal Accident Insurance Policy No 4102210300004807-00**

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**GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE**  
**UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14**

Attached to and forming part of Group Personal Accident Insurance Policy No 4102210300004807-00  
**Annexure "A"**

Category : 4CA101-2-300000.00-303.0-0.00	
Group Name	THE PRINCIPAL DON BOSCO INSTITUTE OF TECHNOLOGY
Covers	Limits
Insured Details	Only permanent employees of the organization are covered.
Policy Basis	UNNAME BASED
Territory Restriction	No Territory Restriction
Permanent Total Disability	Rs.300000/-
Accidental Death	Rs.300000/-
Permanent Partial Disability	Rs.300000/-
Temporary Total Disability	Rs.3000/-

**GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE**  
**UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14**

Attached to and forming part of Group Personal Accident Insurance Policy No 4102210300004807-00

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