

## LIBERTY VIDEOCON GROUP PERSONAL ACCIDENT POLICY - POLICY SCHEDULE

**Policy Issuing Office:** 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400013. Phone: +91 22 67001313 Fax: + 91 22 67001606.

|   |                  |  |   |  |          |
|---|------------------|--|---|--|----------|
|  |                  | <b>Policy Number:</b> 4112-200101-17-7000412-00-000                                    |   | <b>Policy Servicing Office :</b> Front Block Of 2nd Floor, Alps Building, 56 Janpath, Central Delhi, Delhi - 110001. Phone: +91 11-65501313 Fax: +91 22 67001606 |          |
| <b>Insured Name:</b> M/S Birla Institute Of Technology & Science                  |                  | <b>Address:</b> PILANI CAMPUS, JHUNHJUNU, PILANI, BUHANA, JHUJHUNU, RAJASTHAN - 333031 |   |  |          |
| <b>Contact Number:</b>  |                  | <b>Client GSTIN</b>  |   |  |          |
| <b>Period of Insurance:</b>   | From             | 00:01 Hrs of 11/09/2017  | To Midnight                                   | 23:59 Hrs of 10/09/2018  |          |
| <b>Policy Type:</b>   | Individual       |  | <b>Policy Tenure:</b>                         | 1 Year(s)  |          |
| <b>Business Type:</b>   | Renewal Business |  | <b>Proposal:</b>                              | Individual   |          |
| <b>Industry:</b>  | NA               |  | <b>Insured / Insured Person Relationship:</b> | Employee-employer relationship   |          |
| <b>Geographical Scope:</b>  | Worldwide        | <b>Per Accident Limit:</b>   | NA  | <b>Description:</b>  | Employee |

### Co-Insurance Details

| Sr. No. | Insurer Name | Share | URC | Branch Address (leader) |
|---------|--------------|-------|-----|-------------------------|
| 1.      | NA           | NA    | NA  | NA                      |

  

| Intermediary Name                  | Intermediary Code | Intermediary Contact No |
|------------------------------------|-------------------|-------------------------|
| ADITYA BIRLA INSURANCE BROKERS LTD | IMD1033989        | 9820019699              |

### Coverage Details

| Sr. No.      | Accidental Benefits  | Capital Sum Insured per Insured Person |
|--------------|--|--|
| 1            | As per Annexure A (Coverage description forming part of policy schedule) | As per Annexure A                      |
| <b>Total</b> | <b>Total Sum Insured for Accidental Benefits</b>                         |  |
| Sr. No.      | Extensions   | Sum Insured per Insured Person         |
| 1            | As per Annexure A (Coverage description forming part of policy schedule) | As per Annexure A                      |

### Schedule of Premium

|                             |                     |
|-----------------------------|---------------------|
| Basic Premium               | Rs.638644.07        |
| Loading/Discounts (if any)  |                     |
| Net Premium (Taxable Value) | Rs.638644.07        |
| IGST 18.00 %                | Rs. 114955.93       |
| <b>Total Premium</b>        | <b>Rs.753600.00</b> |

### Special Conditions

1. Policy on unnamed basis
2. Proper/authentic attendance sheet to be maintained (Standard / Division Wise) At the time of claim, admission proof should be submitted If the total number of students do not match on the date of loss, the claim would not be payable On all or none basis.
3. Onus of proof lies with the insured for student & coverage under the policy for the person on behalf of whom the claim is made
4. At any point of time the total number of students should not exceed the total number of students declared under the policy
5. To furnish the total number of student on attendance sheet at the time of accident
6. Violation in number of student covered will prejudice claim under the policy
7. At any given time the attendance sheet / roll should be available for Inspection Rest all as per std GPA terms and coverage s
8. Accidental Death (AD) -Covers Death due to Accident
9. Permanent Total Disability (PTD)-Covers Permanent Total Disability due to Accident, which totally disables the Insured from attending to any occupation/job/business or normal duties for a continuous period of 12 months.
10. Permanent Partial Disability (PPD)-Covers Permanent Partial Disability of the Insured relating to any part of the limbs or organs of the body.
11. Cost of Transporting Mortal Remains -Reimbursement of expenses 1% of sum insured or Rs. 2500/- or actuals whichever is less incurred for transportation of mortal remains to the city of residence where the final funeral ceremony is to be performed.
12. Cost of Performance of Funeral Ceremony -Reimbursement of expenses 1% of sum insured or Rs. 5000/- or actuals whichever is less incurred for preparing the mortal remains for burial or cremation.
13. Child Education Support-Provides for payment towards dependent child/children s tuition fees in case of accidental death or Permanent Total Disability for Rs. 10,000/- per child for max of 2 dependent children.
14. Enhancement of SUM insured during policy period not allowed
15. Incase of death of Earning parent, additional amount toward balance academic fees for that year shall be maximum paid upto Rs 300,000/-.
16. Any form of Nuclear, Chemical and biological Terrorism is excluded.
- 17) Scope of Cover - 24 hrs, Worldwide. However, we shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America

### General Conditions

1. The Insured's authorized representative shall authenticate the updated final list of Insured Person/s at inception of Policy and all subsequent Additions & deletions during the Policy period should be duly intimated as per the periodicity agreed upon by the Company.
2. Adequate Cash Deposit (CD) Balance is required to be maintained at all times to ensure that adequate premium is available for inclusion of member/s as applicable.
3. Commencement Date of Cover It is hereby declared and agreed that the Insured Persons are covered under this Policy only till such time they are on rolls of the Insured (Policy Holder). It is further agreed that any addition/deletion of members shall be communicated to the Insurer in writing within a reasonable time from the date of joining/ leaving but not later than the last day of the succeeding month of joining / leaving the employment. br / The cover will commence from the joining date for such Insured Person/s ( as requested by the Insured and agreed to by the Insurance Company) subject to adequate premium balance maintained with the insurer for such additions. In case of inadequate premium balance with the Insurer on the day of inclusion of the additional members, the balance premium available as on that date would be reckoned for such members as per the serial number of the list received from the Insured. Where no such premium balance is maintained, the cover for such additions will commence from the date of receipt of premium by the Insurer. br/ Refund on deletion of members will be effected only for such members who have not preferred any claims under the Policy. Dependents of Primary members shall be declared at the inception of the Policy. Any mid-term inclusion of dependents will not be allowed except for spouse by marriage, child by birth and for employees joining the employment during the Policy Period. br/ In case of intimation received beyond the stipulated time period, the risk commencement date for additional members would be from the date of intimation to the Insurer or as otherwise specifically agreed to by the Insurer subject to adequate premium balance.
4. In case of premium payment by cheque, in the event of dishonor of cheque for any reason whatsoever cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not
5. 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
6. The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, Institution, Hospital, Company or Body Corporate without specific approval in writing by a duly authorised officer of the Company . However ,if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the Insured Person(s) may represent him in respect of a Claim under the Policy
7. The Insured's authorized representative shall authenticate the updated list of the Insured Person/s to be covered as at the inception of Policy. The risk start date for each of the Certificate of Insurance provided to Individual Insured Person would be from the date of receipt of premium at our end
8. All terms, conditions and exclusions as per standard Policy wordings.
9. Claim Procedure In case of death, written notice of the death must, unless reasonable cause is shown, be so given before internment / cremation. In the event of disability, written notice of disability must be given to the Company immediately on a likely demand or claim being made on the Company but not later than 15 days from the date of incident Settlement of Claim In the event of death of the Insured Person, any settlement of admissible claim will be made to nominee (family member of the Insured Person) appointed by the Insured Person.
10. For any further assistance please feel free to write to us on [care@libertyvideocon.com](mailto:care@libertyvideocon.com) or call us on our Toll Free number 1800 266 5844 (between 8 00am to 8 00pm, 7 days of the week) our representatives will be glad to help you.

**"Important Note:** Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material information and which has a bearing on the acceptance or rejection of the Proposal by the Insurer. In the event of any discrepancy, contact us immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

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

Place of supply : RAJASTHAN 08  
 Invoice No. : 6133700016500000  
 Receipt No : 1201770054568  
 Date of Issue : 

|   |   |   |   |   |   |   |   |
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|---|---|---|---|---|---|---|---|

  
 Place of Issue : DELHI 1  
 GST Identification Number : 07AABCL9950A1ZN  
 SAC Code : 997133 General Insurance Service  
 IRDA Registration Number: 150  
 CIN: U66000MH2010PLC209656  
 UIN: IRDA/NL-HLT/LVGI/P-PV.II/09/14-15

For and on behalf of Liberty Videocon General Insurance Company Limited



(Authorized Signatory)

Tax is not payable under reverse charge by the recipient.

"Stamp duty for the said policy is paid vide GRASS DEFACE no. 0004656521201617 dated 10/02/2017 as prescribed in Government Notification revenue & forest department no. Mudrank 2004/4125/CR/690/M-1, Dt 31/12/2004."

**Annexure A - forming part of policy No. 4112-200101-17-7000412-00-000**

| Group  | No of Insured persons | Accident Benefit Details           | Total Sum Insured(Rs)   | Extension Details                       | Sum Insured |
|--------|-----------------------|------------------------------------|-------------------------|---|-------------|
| Group1 | 4800                  | Accidental Death (AD)              | 960000000               | Cost of Transporting Mortal Remains     | 2500        |
|        |                       | Permanent Total Disability (PTD)   | 960000000               | Cost of Performance of Funeral Ceremony | 5000        |
|        |                       | Permanent Partial Disability (PPD) | 960000000               | Child Education Support                 | 20000       |
| Group2 | 4800                  | Accidental Death (AD)              | 1440000000              | Cost of Transporting Mortal Remains     | 2500        |
|        |                       | Permanent Total Disability (PTD)   | 1440000000              | Cost of Performance of Funeral Ceremony | 5000        |
|        |                       | Permanent Partial Disability (PPD) | 1440000000              | Child Education Support                 | 20000       |
|        | <b>Total 9600</b>     |                                    | <b>Total 2400000000</b> |   |             |

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