

**TAILOR MADE GROUP PERSONAL ACCIDENT INSURANCE POLICY SCHEDULE**

<b>Policy No.</b> : P/121514/02/2019/001489	<b>Previous Policy No.</b> : P/121514/02/2018/001322
Proposer's Code : 9867851	GSTIN : 33AAJCS4517L1Z5
Proposer's Name : M/S.TRINITY COLLEGE FOR WOMEN	SAC Code : 997133/Accident and Health Insurance Services
Address : (ARTS & SCIENCE) MOHANUR ROAD, SANYASIKARADU POST NAMAKKAL Namakkal (M), Namakkal, Tamil Nadu-637002	Issuing Office Code : 121514
	Issuing Office Name : Branch Office - Namakkal
	Address : Andhavar Plaza, No.609/B, II Floor, 609 / B, Salem Main Road, Namakkal 637001.
Phone No : NIL/9486761459/ E-mail Id : innitech2010@gmail.com	Phone No : 04286 - 277677 E-mail Id : namakkal@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Receipt No : 1181003715	Fulfiller Code : SH4658
Receipt Date. : 28/09/2018	<b>Intermediary Code : BA0000012915</b> <b>Name : LOGANAYAGI C</b> <b>Phone No : -/9842831109</b> <b>E-mail Id : sathyaloganayaghi@gmail.com</b>
Premium :Rs.93220 /- CGST @9% : 8,390/- SGST / UTGST @9% : 8,390/- Stamp Duty :Rs.1/- Total Premium :Rs.110000 /-	
<b>Total Premium In Words : Rupees One Lakh Ten Thousand Only</b>	
<b>PERIOD OF INSURANCE From : 30/09/2018 To : Midnight Of 29/09/2019</b>	

**RISK COVERAGE DETAILS**

No Of Persons Covered	1185
<b>Accident Care Group - Un Named</b>	
Total Sum Insured	:RS.118500000 /-
Total Sum Insured In Words : Rupees Eleven Crores Eighty-Five Lakhs Only	

This Insurance is subjected to exclusion of all pre-existing illness/disabilities as per the printed Policy conditions.

**SPECIAL EXCLUSION:** Any claims relating to nuclear , chemical and biological terrorism is excluded from the scope of the Policy.

**Condition Precedent :** In the event of any claim under the policy or intimation should be given to the company immediately, through toll free no: 1800 425 2255 / 1800 102 4477, 044 2826 3300 (chargeable), or email: support @ starhealth.in or fax - 1800 425 5522.

**Special Conditions:**

- Coverage not exceeding Rs.10,000/- per student / staff for Hospitalization Medical Expenses incurred as inpatient for grievous injuries arising out of accidents only.
- Unnamed Policy. Sum Insured per student / staff Rs. 1,00,000/- against the coverage of Accidental Death only,

Coverage for accidental death of an earning Parent for Rs.1,00,000/-.

- It is hereby warranted that

The College has covered all the students of the college with out any exception.

The college shall allow for Inspection of records by the insurer or their authorized representatives in the event of any claim.

The college undertakes the responsibilities to keep all the students informed about the coverage as well as the premium applicable per student as per the policy.

Entered by : SH6282  
Approved by : SH45165

Place : NAMAKKAL  
Receipt Date. : 23/09/2022

For Star Health and Allied Insurance Company Ltd.

**IRDAI Regn. No 129**  
**Corporate Identity Number U66010TN2005PLC056649**  
**Email ID : info@starhealth.in**



Authorised Signatory



Attached to and forming part of Policy No P/121514/02/2019/001489

In the event of a claim relating to the student , the claim amount will be payable to the Father or Mother of the student ( as the case may be ) as certified by the Head of the School / College based on the records of the Institution .

4 It is hereby warranted that

The College has covered all the staffs of the college with out any exception.

The college shall allow for Inspection of records by the insurer or their authorized representatives in the event of any claim.

The college undertakes the responsibilities to keep all the staffs informed about the coverage as well as the premium applicable per staff as per the policy.

It is hereby declared and agreed that in the event of any claim for the 'Death' of an employee covered under the policy, the benefits shall become payable to the employer i.e., the Insured against the discharge. Such payment will discharge the company (Insurer) from its obligation under the policy in respect of such claims.

5 Insured will be allowed a window period of 30 days from the policy Inception date to review the employee list covered under the policy. All Addition / deletion / Correction of the persons to be done subject to additional premium. If there is a change in the group size.

At the time of claim, Proof of income is mandatory for all employees.

All Other Terms & Conditions Subject to printed Policy (Accident care Insurance policy - Group) Clause attached.

Warranted that in case of dishonour of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per Printed Policy Clauses attached.

Sector Classification :

Table with 3 columns and 1 row, containing the word 'Urban' in the first column.

"CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.398 DATED.10th November 2021"

In witness whereof the undersigned being authorised by and on behalf of the company has / have herein to set his/ their hands at Branch Office - Namakkal on 28th Day of September 2018 .

Entered by : SH6282
Approved by : SH45165
Place : NAMAKKAL
Receipt Date: 23/09/2022

For Star Health and Allied Insurance Company Ltd.

Handwritten signature

Authorised Signatory



## Group Accident Insurance Policy

The Company by this Policy agrees, subject to the terms, conditions and exclusions as set out and the Schedule with all its Parts, that on proof to the satisfaction of the Company, of the compensation having become payable, as set out in the Schedule, upon the happening of an event, to pay the Sum Insured/ appropriate Benefit.

### 1. Definitions

In this Policy, the following words and expressions shall have the following meanings, as set forth, unless the context otherwise requires:

**Accident/Accidental** means a sudden, unforeseen and involuntary event caused by external visible and violent means.

**Age** means the age of the insured person on his/her completed years as recent birthday as per the English Calendar

**Clinic** means a medical establishment where patients are given medical treatment or advice

**Company** means Star Health and Allied Insurance Company Limited

**Condition Precedent** means the policy term or condition upon which the insurer's liability under the policy is conditional upon

**Day** means a period of 24 consecutive hours

**Dependent Child** means a child (natural or legally adopted), who is financially dependent on the insured person does not have his / her independent sources of income.

**Grievous Injury** means emasculation, permanent privation of the sight of either eye, permanent privation of hearing of either ear, privation of any member or joint, destruction or permanent impairing of the powers of any member or joint, permanent disfiguration of head or face, fracture or dislocation of a bone or tooth.

**Group Administrator** means the proposer / insured mentioned in the policy schedule

**Hazardous Sport / Hazardous Activities** means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.

**Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

**Insured Person:** means the name/s of persons shown in the schedule of the Policy.

**Necessary and Reasonable Medical Expenses** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved

**Notification of claims** the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

**Nuclear, chemical, biological terrorism** shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. "Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

**Hospital/Nursing Home** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- a. Has qualified nursing staff under its employment round the clock;
- b. Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;



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Phone : 044 – 26268800 Telefax : 044 – 26260062 Website : [www.starhealth.in](http://www.starhealth.in)  
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- c.Has qualified medical practitioner(s) in charge round the clock.
- d.Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- e.Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

**Out patient treatment** means the one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient

**Permanent Partial Disablement** means Medical Practitioner certified total loss or loss of use of specific body part as detailed under "Permanent Partial Disablement - Benefit 3 " following accidental injury to the insured person

**Permanent Total Disablement** means the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total Disablement shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication

**Policy** means the Policy Wordings, the Policy Schedule and any other endorsements if any. No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon

**Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

**Proposal Form / Declaration Form** means any initial or subsequent declaration made by Policy Holder / Insured

**Relative** means spouse, children, parents, siblings or in-laws

**Risk Group** : Risk Group I- Persons engaged primarily in administrative functions

Risk Group II - Persons engaged in manual work other than what is specifically provided for under Group III

Risk Group III - Persons working in explosives industry, mine and /or Magazine workers, high tension electric supply, horse racing including jockeys, athletes and occupations of similar hazard.

**Standard type aircraft/Sea Craft** means an aircraft/sea-craft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline.

**Sum insured** means the amount of insurance for which the premium is paid.

**Temporary Total Disablement** means the Insured Person is totally disabled from engaging in any occupation or business for a temporary period following a Grievous injury arising solely and directly from an accident

**Important** : It is mandatory that the insured should choose at-least one of the following benefits:-

1.Accidental Death - Benefit 1

2.Permanent Total Disablement - Benefit 2

### **SCOPE OF COVER**

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured person or his nominees or his legal heirs, a sum as compensation for any loss occurring during the Period of Insurance as described under different section hereunder, and as specified in the Schedule to the Policy.

Geographical Scope: The insurance cover applies Worldwide unless otherwise stated

#### **Accidental Death - Benefit 1**

The Company will pay as hereinafter mentioned:

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident, and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as provided in "Benefit 1" under "Schedule of Benefits"

#### **Permanent Total Disablement - Benefit 2**

If following an Accident which caused permanent total impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 2" under "Schedule of Benefits" depending upon the degree of disablement provided that:

- a)The disablement occurs within 12 Calendar months from the date of the Accident.



b)The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident.

**Permanent Partial Disablement - Benefit 3**

If following an Accident which caused permanent partial impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 3" under "Schedule of Benefits", depending upon the degree of disablement provided that:

a)The disablement occurs within 12 Calendar months from the date of the Accident.

b)The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident In case of multiple disability from the same accident, the policy will pay the highest of the compensation.

**Temporary Total Disablement (Weekly Compensation) - Benefit 4:** If at any time during the period of insurance the insured person/s shall sustain Grievous injury arising solely and directly from an accident and resulting in admission in a Hospital / Nursing Home as an in-patient, then the insured person will be paid a sum calculated at 1% of the sum insured under Benefit 4 per completed week but not exceeding the amount stated in the schedule per completed week, in all, under all Personal Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement.

This benefit is subject to a maximum period of 100 weeks or the number of weeks stated in the schedule whichever is less from the date of such Temporary Total Disablement

In no case shall the compensation exceed the sum insured for this benefit.

The payment shall be made only after the termination of such disablement.

All the benefit under this section is subject to exclusions, as mentioned in 'General Exclusions' of this Policy

**Special Conditions (applicable to Benefits)**

1.If the Accident affects any physical function, which was already impaired prior to the accident, a deduction as recommended by our panel Doctor will be made in respect of this prior disablement.

2.If the accident impairs a number of physical functions, the degree of disablement given in the Schedule of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured.

3.Where a claim for 100% of the Sum Insured is admitted / admissible the coverage under the policy ceases for such relevant person.

4.Where a claim for less than 100% of the Sum Insured is admitted / admissible, the coverage under the policy will continue until expiry for the balance sum insured and Company would exclude such disability on renewal in respect of such relevant person if the group policy is renewed

5.In the event of Permanent Disablement, the Insured Person will be under obligation:

a)To have himself/herself examined by doctors appointed by the Company/ and the Company will pay the costs involved thereof.

b)To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay. Provided however the insured shall be deemed to have discharged his duties/obligations if he authorizes / gives consent to the treating doctor/s or the experts who gave opinion. Any subsequent failure on the part of the treating doctor/experts who gave opinion / hospital will not be held up against the insured.

**Exclusions (applicable to all Benefits)**

(a)Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the Sum Insured.

(b)Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement.

(c)Any claim arising out of pregnancy or childbirth, infirmity, whether directly or indirectly

OPTIONAL COVERS (Available only if specifically opted and shown in the policy schedule)

**1.AMBULANCE CHARGES / TRANSPORTATION EXPENSES OF MORTAL REMAINS**



Following an admissible claim under the policy due to an Accident outside the place of the insured's residence, the Company shall pay up to limits mentioned in the schedule during the policy period  
Either

a) Towards ambulance charges for emergency treatment to go to the hospital in case of injury

Or

in case of Death

b) Towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured,

This lump sum amount is payable in addition to the sum insured

**2. TRAVEL EXPENSES FOR ONE RELATIVE:** Following an admissible claim under the policy towards Death of the Insured Person due to an Accident, outside the place of his/her residence, the Company will pay up to the limits mentioned in the schedule for the transport expenses to one relative of the Insured Person.

This amount is payable in addition to the sum insured

**3. PURCHASE OF BLOOD:** The Company will pay up to the limits mentioned in the schedule towards the expenses incurred in purchasing blood through a Hospital or Government approved blood bank for the purpose of the Insured Person's medical or surgical treatment provided there is an admissible claim under this policy.

This amount is payable in addition to the sum insured

**4. TRANSPORTATION OF IMPORTED MEDICINES:** The Company will pay up to the limits mentioned in the schedule towards the expenses incurred on freight charges for importing medicines to India, provided that:

a. There is an admissible claim under the policy.

b. The medicines, formulations or alternatives of the imported medicines are not available in India, and

c. The medicines are necessary for the medical/surgical treatment of the Insured person in a Hospital following the Accident.

d. The medicines which are imported should be permissible under Government Regulation

e. The medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

f. Prescription of the treating doctor with confirmation that the medicine is not available in India

This amount is payable in addition to the sum insured

#### **5. MEDICAL EXPENSES FOLLOWING AN ADMISSIBLE PERSONAL ACCIDENT CLAIM**

This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

The benefits under this extension is optional and is effective only if

1. There is an admissible claim under Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 / Permanent Partial Disablement - Benefit 3 / Temporary Total Disablement (Weekly Compensation) - Benefit 4

2. Medical expenses incurred / expended during the policy tenure and are payable only if the policy is in force.

3. Treatment availed is not an unproven / Experimental Treatment

4. Treatment is taken in a clinic / nursing home or hospital (except for physiotherapy done at home)

#### **6. MEDICAL EXPENSES IRRESPECTIVE OF AN ADMISSIBLE PERSONAL ACCIDENT CLAIM**

This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

The benefits under this extension is optional and is effective only if

1. Medical expenses incurred / expended during the policy tenure and are payable only if the policy is in force.

2. Treatment availed is not an unproven / Experimental Treatment

3. Treatment is taken in a clinic / nursing home or hospital (except for physiotherapy done at home).

**7. HOME CONVALESCENCE** Following an admissible claim for Permanent Total Disability / Permanent Partial disability under the policy, the Company will pay the cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to the limits mentioned in schedule. No payment will be made for the first day.

This benefit is payable in addition to the sum insured



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**8.HOSPITAL CASH BENEFIT:** Following an admissible claim under the policy the Company will pay up to the limits mentioned in the schedule for each completed day of hospitalization. This benefit is subject to a time excess of 24hours

No claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic

This benefit is payable in addition to the sum insured

**9.VEHICLE AND/OR RESIDENCE MODIFICATION:** The Company will pay upto 10% of the sum insured subject to the limits mentioned in the schedule towards the expenses incurred to modify the Insured Person's residential accommodation or vehicle as long as the modification have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which there is an admissible claim under Permanent Total Disablement - Benefit 2 under this certificate of insurance

This amount is payable in addition to the sum insured

### **10.EXTERNAL SUPPORT TO THE INSURED PERSON**

This insurance is extended to pay for the cost of crutches / walkers / artificial limbs / wheel chair incurred by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof of accident with respective bills, invoices, payment receipts and such other documents should be submitted to the Company

The benefits under this extension is optional and is effective only if there is an admissible claim under the policy for Permanent Total Disablement - Benefit 2

### **11.FUNERAL EXPENSES**

Following an admissible claim towards death of the insured person due to an accident, the Company shall pay up to the limits mentioned in the schedule towards funeral expenses of the insured person.

Sufficient bills, invoices, payment receipts and such other documents should be submitted to the Company

### **12.EDUCATIONAL BENEFIT IN CASE OF ACCIDENTAL DEATH / PERMANENT TOTAL DISABILITY OF THE INSURED PERSON:**

Following an admissible claim under the policy towards Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 of the insured person, the Company will pay Educational Benefit for a maximum of two dependent children of the Insured, as mentioned below:

"If the Insured Person has dependent child/children below the age of 23 years, an amount as stated in the schedule is payable.

### **13.EDUCATIONAL BENEFIT IN CASE OF ACCIDENTAL DEATH / PERMANENT DISABILITY OF PARENT/S OR GUARDIAN OF THE INSURED PERSON (WHERE THE INSURED PERSON IS A SCHOOL OR COLLEGE STUDENT)**

Following Accidental Death / Permanent Total Disability of the parent or guardian (named in the schedule) of the insured person, the Company will pay Educational Benefit as stated in the Schedule as compensation

This benefit is payable in addition to the sum insured.

**Note: Claim is payable only either under optional benefit 12 or 13 but not under both**

### **14.OUT PATIENT MEDICAL EXPENSES DUE TO GRIEVOUS INJURY**

This insurance is extended to pay necessary and reasonable Out Patient Medical Expenses incurred and expended by the Insured Person arising solely and directly as a result of accident resulting in Grievous Injury up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

**Note :** Medical expenses incurred / expended are during the policy tenure and are payable only if the policy is in force.

### **GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS POLICY):**

The Company shall not be liable to make any payments in respect of:

- 1.Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
- 2.Any claim in respect of Pre-existing conditions.
- 3.Any claim if the insured acts against the advice of a physician.
- 4.Any claim arising out of Accidents that the Insured Person has caused

a.intentionally or by committing a crime

or



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b.as a result of drunkenness or addiction (drugs, alcohol).

or

c.self-endangerment unless in self-defense or to save human life.

5.Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.

6.Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on a Standard type aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.

7.Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.

8.Participation of the Insured Person in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

9.Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

a)Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.

b) Nuclear weapons material

c)The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

d)Nuclear, Chemical, biological terrorism

10.Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.

11.Participation in Hazardous Sport / Hazardous Activities

12.Any loss of which a contributing cause was the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

### **GENERAL CONDITIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS POLICY)**

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim:

1.Obligations of the Insured Person / Group Administrator / Proposer: Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.

This condition is precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in this condition depending upon the merits of the case

2.Notification of Claim : Where the claim intimation is received by the call centre/Corporate office details as to coverage is collected.

Documents to be submitted for claims:

Duly completed claim form, copy of PAN Card and Aadhar Card of the Insured Person Nominee / Legal Heir as the case may be

and

#### **For Death Claims:-**

Death Certificate

Post-mortem Certificate, if conducted

FIR (wherever required)

Police Investigation report / Panchanama (wherever required)

Viscera Sample Report / Chemical analysis report (wherever required)

Forensic Laboratory Report (wherever required)

Legal Heir Certificate (wherever required)

Succession Certificate (wherever required)





**For Permanent Total Disablement - Benefit 2 and Permanent Partial Disablement - Benefit 3**

Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %.

Note: The Company authorized doctor may examine the insured person/s if required

**For Temporary Total Disablement (Weekly Compensation) - Benefit 4**

Certificate from the employer confirming leave of absence from duty (applicable for employer - employee group)

Certificate from the treating doctor that the claimant is fit to resume duty (fitness certificate)

**Travel expenses for one relative**

Proof of expenses incurred (original)

**Vehicle and/or residence modification**

Certificate from the doctor confirming the Disability and the requirement of modification

Estimate from Workshop

Invoice and Cash receipt for having carried the modification

Estimate from civil engineer

Invoice / Cash receipt for completion of the civil work modification

**Purchase of blood:**

Original receipt for purchase of blood (wherever applicable)

**Transportation of imported medicines:**

Prescription of the treating doctor with confirmation that the medicine is not available in India.

Original receipt for the freight incurred for import of the medicine, along with a copy of invoice

For less than 1 year tenure policy	Rate of Premium Retained : Full premium
For 1 Year Tenure Policy	
Period on Risk	Rate of Premium Retained
Up to 1 month	25% of the premium
Exceeding 1 month and up to 3 months	40% of the premium
Exceeding 3 months and up to 6 months	60% of the premium
Exceeding 6 months and up to 9 months	80% of the premium
Exceeding 9 months	Full Premium

For 2 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
For 3 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
For 4 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
For 5 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained



## Star Health and Allied Insurance Co. Ltd.

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,  
Nungambakkam, Chennai – 600034.  
Phone : 044 – 28288800 Telefax : 044 – 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : U66010TN2005PLC056649

### 11.Currency for payments

All claims payable shall be paid in Indian Rupee only.

### 12.Arbitration clause

If any dispute or difference shall arise under this Policy such dispute or difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

### 13.Important Note:

- a)The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.
- b)The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
- c)Where the policy is issued covering the family, the benefits are applicable individually for each person covered
- d)The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the Company for necessary compliance

**14.Policy Disputes** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

**15.Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to Star Health and Allied Insurance Company Limited, 1, New Tank Street, ValluvarKottam High Road, Nungambakkam, Chennai- 600034, Fax No: 2831 9100 Toll Fax No: 1800 425 5522, Email [info@starhealth.in](mailto:info@starhealth.in)

Notice and instructions will be deemed served 7 days after posting or immediately in the case of hand delivery, facsimile or e-mail.

**16.Customer Service :** If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours

### 17.Grievances

In case the Insured Person is aggrieved in any way, the Insured may contact the Company, at the specified address during normal business hours.

**Grievances Department:** Star Health and Allied Insurance Company Limited, 1, New Tank Street, ValluvarKottam High Road, Nungambakkam, Chennai- 600034, Phone : 044-28243921, Email [grievances@starhealth.in](mailto:grievances@starhealth.in). Senior Citizens may call 044-28243923

In the event of the following grievances:

- a.any partial or total repudiation of claims by the Company
- b.any dispute in regard to premium paid or payable in terms of the policy;
- c.any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- d.delay in settlement of claims;
- e.non-issuance of any insurance document to customer after receipt of the premium

the insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the policy holder is located.



# Star Health and Allied Insurance Co. Ltd.

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,  
Nungambakkam, Chennai – 600034.  
Phone : 044 – 26268800 Telefax : 044 – 26260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : U66010TN2005PLC056649

List of Ombudsman	
CONTACT DETAILS	JURISDICTION
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, 6th floor, Jeevan Prakash Building, Near S.V. College, Relief Road, Ahmedabad 380001, Tel 079- 25501201-02-05-06. Email:- bimalokpal.ahmedabad@ecoi.co.in Website : www.ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
<b>BENGALURU</b> 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, Bengaluru-560 078. Tel.:-080- 26652048/26652049 Email:- bimalokpalbhopal@airtelbroadband.in	Karnataka.
<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal - 462 033. Tel.:- 0755-2769201/202 Fax:- 0755-2769203 Email:- bimalokpal.bhopal@gbic.co.in	States of Madhya Pradesh and Chattisgarh
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- ioobbsr@dataone.in	State of Orissa.
<b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.:- 0172-2706196/ 2706468 Fax:- 0172-2708274 Email:- ombchd@yahoo.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
<b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- insombud@md4.vsnl.net.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).



# Star Health and Allied Insurance Co. Ltd.

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,  
Nungambakkam, Chennai – 600034.  
Phone : 044 – 26268800 Telefax : 044 – 26260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : U66010TN2005PLC056649

<b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 199, Office of the Insurance Ombudsman, 2/2 A Universal Insurance Building, Asaf Ali Road, NE Kerkar Road, Narayan Peth, Pune - 411 009 New Delhi - 110 002 Tel:- 011-23239633/23237532 Tel:- 020-41312555 Email:- bimalokpal.pune@gbic.co.in bimalokpal.delhi@gbic.co.in	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region. State of Delhi
<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484- 2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
<b>GUWAHATI</b> Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
<b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@gbic.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in	State of Rajasthan.
<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.



## Star Health and Allied Insurance Co. Ltd.

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,  
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Phone : 044 – 26268800 Telefax : 044 – 26260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : U66010TN2005PLC056649

### LUCKNOW

Office of the Insurance Ombudsman,  
6th Floor, Jeevan Bhawan,  
Phase-II, Nawal Kishore Road,  
Hazratganj,  
Lucknow-226 001.  
Tel.:- 0522-2231330 / 2231331  
Fax:- 0522-2231310.  
Email:- bimalokpal.lucknow@gbic.co.in

District of Uttar Pradesh: Lalitpur, Jhansi,  
Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad,  
Mirzapur, Sonbhadra, Fatehpur, Pratapgarh,  
Jaunpur, Varansi, Gazipur, Jalaun, Kanpur,  
Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich,  
Barabanki, Raebareli, Sravasti, Gonda, Faizabad,  
Amethi, Kaushambi, Balrampur, Basti,  
Ambedkarnagar, Sulampur, Maharajganj,  
Santkabirnagar, Azamgarh, Kaushinagar,  
Gorkhpur, Deoria, Mau, Chandauli, Ballia,  
Sidharathnagar.

### MUMBAI

Office of the Insurance Ombudsman,  
3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz  
(W),  
Mumbai - 400 054. Tel.:- 022-26106552/26106960  
Fax:- 022-26106052 Email:-  
bimalokpal.mumbai@gbic.co.in

States of Goa, Mumbai Metropolitan Region  
excluding Navi Mumbai & Thane.

### NOIDA

Office of the Insurance Ombudsman,  
Bhagwan Sahai Palace, 4th Floor, Main Road,  
Naya Bans, Sector-15, Distt: Gautam Budh Nagar,  
U.P.-201301  
Tel: 0120-2514250 / 2514252 / 2514253  
Email:- bimalokpal.noida@gbic.co.in

States of Uttaranchal and the following Districts of  
Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly,  
Bijnor, Budaun, Bulandshehar, Etah, Kanooj,  
Mainpuri, Mathura, Meerut, Moradabad,  
Muzaffarnagar, Oraiyya, Pilibhit, Etawah,  
Farrukhabad, Firozabad, Gautam Budh Nagar,  
Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli,  
Rampur, Kashganj, Sambhal, Amroha, Hathras,  
Kanshiramnagar, Saharanpur.

### PATNA

Office of the Insurance Ombudsman,  
1st Floor, Kalpana Arcade Building, Bazar Samiti  
Road,  
Bahadurpur, Patna - 800 006.Tel:0612-2680952  
Email:- bimalokpal.patna@gbic.co.in

States of Bihar and Jharkhand.



## Star Health and Allied Insurance Co. Ltd.

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,  
Nungambakkam, Chennai – 600034.  
Phone : 044 – 26268800 Telefax : 044 – 26260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : U66010TN2005PLC056649

### Schedule of Benefits

Benefit	Percentage of the Sum Insured
<b>Accidental Death - Benefit 1</b>	100%
<b>Permanent Total Disablement - Benefit 2</b> Loss of Foot/hand means total severance through or above the ankle/wrist joints respectively. Loss of Eye means entire and irrevocable loss of sight.	
<b>Permanent Total Disablement - Benefit 3</b> Loss of Thumb or index finger means actual severance through or above the joint that meets the hand at the palm.	

## TAILOR MADE GROUP PERSONAL ACCIDENT INSURANCE POLICY SCHEDULE

Policy No. : P/121514/02/2018/001322	Previous Policy No. : P/121514/02/2017/001387
Proposer's Code : 7843770	GSTIN : 33AAJCS4517L1Z5
Proposer's Name : TRINITY COLLEGE FOR WOMEN	SAC Code : 997133/Accident and Health Insurance Services
Address : (ARTS & SCIENCE) MOHANUR ROAD, SANYASIKARADU POST NAMAKKAL Namakkal (M), Namakkal, Tamil Nadu-637002	Issuing Office Code : 121514
	Issuing Office Name : Branch Office - Namakkal
	Address : Andhavar Plaza, No.609/B, II Floor, 609 / B, Salem Main Road, Namakkal 637001.
Phone No : NIL/9486761459/	Phone No : 04286 - 277677
E-mail Id : trinitech2010@gmail.com	E-mail Id : namakkal@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Receipt No : 1181003468	Fulfiller Code : SH4658
Receipt Date. : 30/09/2017	<b>Intermediary Code : BA0000012915</b> <b>Name : LOGANAYAGI C</b> <b>Phone No : -/9842831109</b> <b>E-mail Id : sathyaloganayaghi@gmail.com</b>
Premium :Rs.119322 /- CGST @9% : 10,739/- SGST / UTGST @9% : 10,739/- Stamp Duty :Rs.5/- Total Premium :Rs.140800 /-	
<b>Total Premium In Words : Rupees One Lakh Forty Thousand Eight Hundred Only</b>	
<b>PERIOD OF INSURANCE From : 30/09/2017 To : Midnight Of 29/09/2018</b>	

### RISK COVERAGE DETAILS

No Of Persons Covered	1485
<b>Accident Care Group - Un Named</b>	
Total Sum Insured	:RS.148500000 /-
Total Sum Insured In Words : Rupees Fourteen Crores Eighty-Five Lakhs Only	

This Insurance is subjected to exclusion of all pre-existing illness/disabilities as per the printed Policy conditions.

**SPECIAL EXCLUSION:** Any claims relating to nuclear, chemical and biological terrorism is excluded from the scope of the Policy.

**Condition Precedent :** In the event of any claim under the policy or intimation should be given to the company immediately, through toll free no: 1800 425 2255 / 1800 102 4477, 044 2826 3300 (chargeable), or email: support @ starhealth.in or fax - 1800 425 5522.

#### Special Conditions:

- 1 Coverage not exceeding Rs.10,000/- per Student and Staff for Hospitalization Medical Expenses incurred as inpatient for grievous injuries arising out of accidents only.
- 2 STUDENT - 1408 Nos.

Unnamed Policy. Sum Insured per person Rs. 1,00,000/- against the coverage of Accidental Death only.

It is hereby warranted that

Entered by : SH6282  
Approved by : BACKDATE  
Place : NAMAKKAL  
Receipt Date. : 23/09/2022

For Star Health and Allied Insurance Company Ltd.

**IRDAI Regn. No 129**

**Corporate Identity Number U66010TN2005PLC056649**

**Email ID : info@starhealth.in**

 1 of 3  
 Authorised Signatory

**Attached to and forming part of Policy No P/121514/02/2018/001322**

- 1.The College has covered all the students of the college with out any exception.
- 2.The college shall allow for Inspection of records by the insurer or their authorized representatives in the event of any claim.
- 3.The college undertakes the responsibilities to keep all the students informed about the coverage as well as the premium applicable per student as per the policy.
- 4.In the event of a claim relating to the student, the claim amount will be payable to the Father or Mother of the student (as the case may be) as certified by the Head of the School / College based on the records of the Institution.

3 STAFF - 77 Nos.

Unnamed Policy. Sum Insured per person Rs. 1,00,000/- against the coverage of Accidental Death only.

It is hereby warranted that

- 1.The College has covered all the staffs of the college without any exception.
- 2.The college shall allow for Inspection of records by the insurer or their authorized representatives in the event of any claim.
- 3.The college undertakes the responsibilities to keep all the staffs informed about the coverage as well as the premium applicable per staff as per the policy.
- 4.It is hereby declared and agreed that in the event of any claim for the 'Death' of an employee covered under the policy, the benefits shall become payable to the employer i.e., the Insured against the discharge. Such payment will discharge the company (Insurer) from its obligation under the policy in respect of such claims.

4 Coverage for accidental death of an earning Parent for Rs.2,00,000/-.

Cover could operate or attach only in respect of risk to employees and subject to condition that such employees was in service with the insured at the time of commencement of insurance and also at the time of action.

All Other Terms & Conditions Subject to printed Policy (Accident care Insurance policy - Group) Clause attached.

Warranted that in case of dishonour of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per Printed Policy Clauses attached.

**Sector Classification :**

Urban		
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**"CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.398 DATED.10th November 2021"**

In witness whereof the undersigned being authorised by and on behalf of the company has / have herein to set his/ their hands at Branch Office - Namakkal on 30th Day of September 2017 .

Entered by : SH6282  
Approved by : BACKDATE  
Place : NAMAKKAL  
Receipt Date. : 23/09/2022

For Star Health and Allied Insurance Company Ltd.



2 of 3

Authorised Signatory



Fwd: FW: Reg - Trinity College for Women - Quotation

Chandran Ramalingam <savijaychandiran@gmail.com> 12:57 PM (4 hours ago)

Star health insurance student policy quotation.

----- Forwarded message -----

From: "namakkal" <namakkal@starhealth.in>

Date: Sep 28, 2017 12:45 PM

Subject: FW: Reg - Trinity College for Women - Quotation

To: "savijaychandiran@gmail.com" <savijaychandiran@gmail.com>

Cc:

From: namakkal

Sent: Thursday, September 28, 2017 12:44 PM

To: savijaychandiran@gmail.com

Subject: Reg - Trinity College for Women - Quotation

Dear Sir,

**STUDENT COVER : OPTION - I**

Accidental Death only - Rs.1,00,000/-

Earning Parent Accidental Death Cover - Rs.1,00,000/-

Hospitalisation Medical Expenses for Greivous injuries due to Accidents and Incurred as inpatient only - Rs. 10,000/-

Premium Per Student : Rs.89/- (Including S. Tax).

**STUDENT COVER : OPTION - II**

Accidental Death only - Rs.1,00,000/-

Earning Parent Accidental Death Cover - Rs.2,00,000/-

Hospitalisation Medical Expenses for Greivous injuries due to Accidents and Incurred as inpatient only - Rs. 10,000/-

Premium Per Student : Rs.110/- (Including S. Tax).

**STAFF COVER :**

Accidental Death only - Rs.1,00,000/-

Hospitalisation Medical Expenses for Greivous injuries due to Accidents and Incurred as inpatient only - Rs. 10,000/-

Thanks & Regards - Star Health and Allied Insurance Co. Ltd.,

Namakkal Branch.

PH : 04286 - 277677.

**TAILOR MADE GROUP PERSONAL ACCIDENT INSURANCE POLICY SCHEDULE**

Policy No. : P/121514/02/2017/001387	Previous Policy No. :
Proposer's Code : 5924146	Issuing Office Code : 121514
Proposer's Name : TRINITY COLLEGE FOR WOMEN	Issuing Office Name : Branch Office - Namakkal
Address : (ARTS & SCIENCE) MOHANUR ROAD, SANYASIKARADU POST NAMAKKAL	Address : Andhavar Plaza, No. 609/B, II Floor, 609 / B, Salem Main Road, Namakkal 637001.
Phone No : NIL/9486761459/	Phone No : 04286 - 277677
E-mail Id : innitech2010@gmail.com	E-mail Id : namakkal@starhealth.in
Receipt No : 1181003358	Fulfiller Code : SH4658
Receipt Date. : 30/09/2016	<b>Intermediary Code : BA0000012915</b>
Premium :Rs.83196 /- Service Tax :Rs.12479/-	<b>Name : LOGANAYAGI C</b>
Stamp Duty :Rs.5/- Total Premium :Rs.95675 /-	<b>Phone No : -/9842831109</b>
	<b>E-mail Id : sathyaloganayaghi@gmail.com</b>

**Total Premium In Words : Rupees Ninety Five Thousand Six Hundred Seventy Five Only**

**PERIOD OF INSURANCE** From : 30/09/2016 To : Midnight Of 29/09/2017

**RISK COVERAGE DETAILS**

No Of Persons Covered : 1150

**Student Care Group - Un Named**

Total Sum Insured :RS.115000000 /-

Total Sum Insured In Words : Rupees Eleven Crores Fifty Lakhs Only

This Insurance is subjected to exclusion of all pre-existing illness/disabilities as per the printed Policy conditions.

**SPECIAL EXCLUSION:** Any claims relating to nuclear, chemical and biological terrorism is excluded from the scope of the Policy.

**Condition Precedent :** In the event of any claim under the policy or intimation should be given to the company immediately, through toll free no: 1800 425 2255 / 1800 102 4477, 044 2826 3300 (chargeable), or email: support @ starhealth.in or fax - 1800 425 5522.

**Special Conditions:**

- 1 Unnamed Policy. Sum Insured per person Rs.1,00,000/- against the coverage of Accidental Death only.
- 2 Coverage not exceeding Rs.10,000/- per Student for Hospitalization Medical Expenses incurred as inpatient for grievous injuries arising out of accidents only.
- 3 Coverage for accidental death of an earning Parent for Rs.1,00,000/-.
- 4 It is hereby warranted that
  1. The School has covered all the students with out any exception.
  2. The School shall allow for Inspection of records by the insurer or their authorized representatives in the event of any claim.
  3. The School undertakes the responsibilities to keep all the students informed about the coverage as well as the premium applicable per student as per the policy.
  4. In the event of a claim relating to the student, the claim amount will be payable to the Father or Mother of the student ( as the case may be ) as certified by the Head of the School / College based on the records of the Institution.
- 5 All Other Terms & Conditions Subject to printed Policy (Accident care Insurance policy - Group) Clause attached.

Entered by : SH6282  
Approved by : SH35670  
Place : NAMMAKAL  
Receipt Date. : 03/10/2016



For Star Health and Allied Insurance Company Ltd

*[Signature]*  
1 of 3  
Authorised Signatory

**IRDAI Regn. No 129**

**Corporate Identity Number U66010TN2005PLC056649**

**Email ID : info@starhealth.in**

**STAR HEALTH AND ALLIED INSURANCE CO LTD**  
Branch Office - Nammakal Andhavar Plaza, No.609/B, II Floor, , 609 / B, Salem Main Road, , Nammakal 637001. ,  
**NAMMAKAL , 637001**  
**Advance Premium Receipt**

Office Code : 121514 - Branch Office - Nammakal  
Collection No : 11-01/1181003358  
Collection Date : 30/09/2016  
Received with thanks from Sh./Smt./M/s. : M/S.TRINITY COLLEGE FOR WOMEN  
Sum Of Rs. : Indian Rupees One Lakh Two Thousand Three Hundred Fifty Only

Bank Code : 9100(C-121514-01)  
Service Tax Regn No : AAJCS4517LST001  
SM Station Code : 121514

Towards the Following : PREMIUM RECEIPT ADVANCE PREMIUM COLLECTED TO GSC POLICY

S. No.	Manual Receipt No	Date	Fulfiller Code	Intermediary Code	Amt. Collected	Cr/Dr	GL Code	SL Code	Bank Name	Mode of Pay	CHQ/CC/DD No	CHQ/DD/BC Dt
1		30-SEP-16	121514		1,02,350.00	C	8300	CB0000017994	The Karur Vysya Bank Ltd. (KVB)	CHQ	000470	30/09/2016

Note : Receipt Subject to realization of Cheque  
This is only an evidence of receipt of money by the company  
Risk will commence once the proposal is examined and accepted

For Star Health and Allied Insurance Co. Ltd



IRDA Regn. No 129  
Corporate Identity Number U66010TN2005PLC056649  
Email id : info@starhealth.in

Indian Rupees

Attached to and forming part of Policy No P/121514/02/2017/001387

Warranted that in case of dishonour of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).  
The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per Printed Policy Clauses attached.

**Sector Classification :**

Urban

"Consolidated Stamp duty paid vide G.O. Rt. No.253 dated 27.05.2016"

In witness whereof the undersigned being authorised by and on behalf of the company has / have herein to set his/ their hands at Branch Office - Nammakal on 03rd Day of October 2016 .

Entered by : SH6282  
Approved by : SH35670  
Place : NAMMAKAL  
Receipt : 03/10/2016  
Date :



For Star Health and Allied Insurance Company Ltd

*[Signature]*  
2 of 3  
Authorised Signatory