दि ओरिएण्टल इंश्योरेन्स कम्पनी लिमिटेड पंजीकृत एवं मुख्य कार्यालय : ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002

वेबसाईट htt://www.orientalinsurance.org.in देखें कृपया अपनी पत्राचार पॉलिसी जारी कर्ता कार्यालय से करें।



THE ORIENTAL INSURANCE COMPANY LIMITED Regd. & Head Office : A-25/27, Asaf Ali Road, New Pethi Visit us at http://www.orientalinsurஇற்றவர் பூபி JERA

Address all communication to Policy as I won Affice

STUDENT SAFETY TAILOR MADE POLICY POLICY SCHEDULE

Policy No.

: 161691/48/2019/125

Prev. Policy No.

इकठ्ठा मूडांक शूल्क

Cover Note Dt

Cover Note No

चलान दिनांक

Insured's Code

: 90833548

Issue Office Code : 161691

२४/१०/२०१३

Insured's Name

: MAHARSHI PARSHURAM COLLEGE

Issue Office Name : BC - CHIPLUN (GSTIN:

Consolidated

(GSTIN: 0)

OF ENGINEERING, VELANESHWAR

27AAACT0627R4ZW)

Stamp Fee

Address

: 1st Floor, Swami Bunglow, Pag Naka, Paid in Advance

Address

: A/P. VELANESHWAR HEDVI ROAD, TAL. GUHAGAR, DIST. RATNAGIRI

Opp. Guhagar Bye-pass road,

Dt. 24/10/2013

Mumbai Goa Highway, Chiplun ¿ 415605

RATNAGIRI 415703

CHIPLUN MAHARASHTRA 415605

Tel /Fax /Email : 0 / / 7057809801 / NA

Tel /Fax /Email

: (02355) 253327 / 253328 / /

sachin.tanavade@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code

: NZ000000565

Agent/Broker

: BA0000124290 SANTOSH M JOSHI

Address

: A/P JOSHI ALI,PALSHET,GUHAGAR,RATNAGIRI,MAHARASHTRA,415704

Tel /Fax /Email

: 9421952150//santoshjoshi65@gmail.com

Collection No & Dt

Period of Insurance: FROM 17:50 ON 02/11/2018 TO MIDNIGHT OF 01/11/2019

GST INVOICE NO :271711024781

Total

Gross Premium

: 41.703

: GST

: CHQCSH 9206002770 - 02/11/2018

:7,506

Stamp Duty

:49,209

Coinsurance Details: NIL

Details of Insured Persons

Sr. No.	No. of Students	No. of Staffs/Parents	Scheme		Sum In	sured	AOY
			BAA	M_{\odot}		distribution.	
1	526	110	SCHEME IV		1	0	. 0

* Total Sum Insured in words: Indian Rupees Three Lakhs Thirty-Three Thousand Five Hundred Only

As per the Clauses written hereunder and/or attached herewith.

Total Premium in words

Terms of Insurance:

: Indian Rupees Forty-Nine Thousand Two Hundred Nine Only

श्री. संतोष महादेव जोशी विमा प्रतिनिधी

दि.ओरिएंटल इन्ध्ररन्स कं.ली **मू.पो पालहोत (जोशी आळी)** ता.गुहागर,जि.रत्नागिरी

02349-26200-

\$439645940\68405\$U5+4

Place:

Date :

CHIPLUN

02/11/2018

This is an electronically generated document (Policy

Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

IRDA Regn. No. 556 - Now you canduy and tayler on esternosticies on line at www.orientalinsurance.org.in

रवामी वंगला, १ ला मजला देसाई सुपर मार्केट समोर, मुबई - गोवा हायवे, चिपळूण दरभाष (०२३५५) २५३३२७

For and on behalf of

The Oriental Insurance Company knows Extn.

> Atul Sahai General Manager

Authorised Signator



INWARD

Inward No. 318

Date: 031112018

Attached to and forming part of policy number

161691/48/2019/125

Entered By

: MR. SACHIN P. TANAVADE

Examined By : MR. SACHIN P. TANAVADE

Policy Printed By:P10_DEMO

IP:

Policy Printed On: 02-NOV-18 18:00:20

MAC:

For and on behalf of

The Oriental Insurance Company Limited

Atul Sahai General Manager **Authorised Signatory** विकटल इ

Place:

CHIPLUN

Date:

02/11/2018





This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

For and on behalf of

The Oriental Insurance Company Limited 3

Atul Sahai General Manage

Authorised Signato

Counter

The Oriental Insurance Co.Ltd.

Sadachar Mandir,Zadgaon,Ratnagiri. 415612. Phones – (02352) 222715 & 224874

		Group Discount	Premium	2. School Bag	1. Pedal Cycle	5. LOSS / THEFT OF PEDAL CYCLE AND/ SCHOOL PREMISES ONLY (TOTAL LOSS)	Premium	Death or disablement of nan	4. PERSONAL ACCIDE	Premium	If student could not appear in his fir exam. fee subject to proof up to Rs.	3. FEES	Premium	4. Outpatient tr	3. Pre & Post h	Domociliary hospita amount up to 10 days	1. Hospitalization as in patient	2. Accidental Expenses	4. Permanant To	3. Loss of 1 limb/1 eye	2. Loss of 2 limb	1. Death	1. PERSONAL ACCIDENT COVER TO STUDENT	
1001 & ABOVE	UPTO 500					5. LOSS / THEFT OF PEDAL CYCLE AND/OR SCHOOL BAG FROM SCHOOL PREMISES ONLY (TOYAL LOSS)		Death or disablement of named earning parent under PA Table I A	4. PERSONAL ACCIDENT COVER to Parents / School Staff		If student could not appear in his final exam. Due to accident and has to pay tution fee \prime exam. fee subject to proof up to Rs.			4. Outpatient treatment with excess of Rs.250/-	3. Pre & Post hospitalization (10 days)	Domociliary hospitalization with excess of 20% of admissible claim amount up to 10 days	າ as in patient		4. Permanant Total Disability apart from above	/1 eye	2. Loss of 2 limbs & 2 eyes or 1 limb & 1 eye		T COVER TO STUDENT	
7.50%	5.00%	NIL					HOOL BAG FROM		able I A	chool Staff		nt and has to pay tution fee /	71900		-		0% of admissible claim							
				10/-	500/-	2,000/-		60/-		1 Lac	10/-	5,000/-		5/-		me y		1,000/-					10,000/-	SCHEME I
		Long Term Disc		10/-	500/-	2,000/-		60/-		1 Lac	10/-	5,000/-		10/-				1,000/-		10,000/-	5,000/-	10,000/-	10,000/-	SCHEME II
	1900	Discount		10/-	500/-	2,000/-		60/-		1 Lac	10/-	5,000/-		50/-	1,000/-	1,000/-	2,000/-	10,000/-		50,000/-	25,000/-	50,000/-	25,000/-	SCHEME III
4 Years	3 Years	2 Years	7	10/-	500/-	2,000/-		60/-		1 Lac	20/-	10,000/-		100/-	1,000/-	2,500/-	5,000/-	25,000/-		1,00,000/-	50,000/-	1,00,000/-	50,000/-	SCHEME IV
7.5%	5.0%	2.5%		10/-	500/-	2,000/-		120/-		2 Lac	30/-	15,000/-		200/-	1,000/-	5,000/-	10,000/-	50,000/-		2,00,000/-	1,00,000/-	2,00,000/-	50,000/-	U

OTHERS

1.Group should not be less than 250.

2.Service Tax Extra.

3.Section 1 & 2 are compulsary. 3,4 & 5 are optional
4.In case of Death of Student the policy will automatically ceases.
5.Teaching Staff & Parents can be covered under section 4 only.
6.School can opt only one scheme based on their requirement.
7.The terms and conditions shall be as per Standard Group PA Policy & Mediclaim Policy.

8.AOA & AOY limit to be fixed.

9.On II form & copy of policy of each proposal to be sent to HO (H) 10.Renewal is subject to HO approval.
11.No deviation is permissible without HO (H) approval.

दि ओरिएण्टल इंश्योरेन्स कम्पनी लिमिटेड

पंजीकृत एवं मुख्य कार्यालय : ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002 वेबसाईट htt://www.orientalinsurance.org.in देखें कपया अपनी पत्राचार पॉलिसी जारी कर्ता कार्यालय से करें।



THE ORIENTAL INSURANCE COMPANY LIMITED

Regd. & Head Office: A-25/27, Asaf Ali Road, New Delhi - 110 002 Visit us at http://www.orientalinsurance.org.in Address all communication to Policy Issuing Office

Student Safety policy no. 161691/48/2019/125 period 02.11.2018 to 01.11.2019 Insured - Maharshi Parshuram College of Engineering.

Coverage as per scheme IV of the policy as under:

1) Death Cover - Rs. 50,000/- per student

2) Loss of 2 limbs & 2 eyes or 1 limb & 1 eye - Rs. 1,00,000/- per student

3) Loss of 1 limb or 1 eye - Rs. 50,000/- per student

.4) Permanent total disability apart from above - Rs. 1,00,000/- per student (As per % of disability)

5) Hospitalization as in patient - Rs. 25000/- per student

6) Domiciliary hospitalization with excess of 20% of admissible claim amount up to 10 days - Rs. 5000/- per student

7) Pre & post hospitalization (10 days) - Rs. 2500/- per student

8) Outpatient treatment with excess of Rs. 250/- - 1000/- per student

9) Death or disablement of named Staff under PA table IA- Rs. 1,00,000/- per staff

Business Centre