


GROUP PERSONAL ACCIDENT POLICY - GST TAX INVOICE

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

GST TAX INVOICE							ORIGINAL	
INVOICE NO	4399202200031870				INVOICE DATE :	26/02/2022		
GSTIN/ UNIQUE NO: (SBI GENERAL)	37AAMCS8857L1ZB				SBI GENERAL STATE (STATE CODE)	37		
SBI GENERAL BRANCH ADDRESS:	SBI General Insurance Co LTD, Door No : 47-14- 6 , Dwarakamai, 2nd floor ,Above SBI Dwarka Nagar Branch, Vizag- 530016, Andhra Pradesh-0							
DETAILS OF POLICY HOLDER:								
PROPOSER NAME	M/S. VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY (A UNIT OF LAVU EDUCATION SOCIETY)							
ADDRESS:	D.NO. 8-1-13, OPP A U REGISTRAR OFFICE, SIRIPURAM,, ANDHRA PRADESH,, Visakhapatnam, Vishakapatnam, ANDHRA PRADESH, INDIA, Pin - 530003							
POLICY HOLDER STATE (AND STATE CODE) :	ANDHRA PRADESH, 37							
GSTIN/ UNIQUE NO:					POLICY NUMBER :	4102210200003206-01		
INSURANCE PRODUCT NAME	SAC CODE	BASIC PREMIUM	CGST		SGST		IGST	
			RATE	AMOUNT	RATE	AMOUNT	RATE	AMOUNT
Group Personal Accident Insurance Policy	997133	379125.0 0	9 %	34121.25	9 %	34121.25	NA	NA
TAXES APPLICABLE	68242.50				 Authorized Signatory			
TOTAL INVOICE VALUE (IN FIGURES)	447367.50							
TOTAL INVOICE VALUE (IN WORDS)	FOUR LACS FORTY SEVEN THOUSAND THREE HUNDRED SIXTY SEVEN RUPEES AND FIFTY PAISA							



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PHARMACEUTICAL TECHNOLOGY
Beside: VSEZ, Duwada, Visakhapatnam-46

Attached to and forming part of the Policy No.4102210200003206-01			
Annexure			
Entity Name	No.of students	Sum Insured per Grade/ Category	Total Capital Sum Insured
Vignan's Institute of Information Technology	5400	300,000	1,620,000,000
vignan Institute of Engineering for Women	2425	300,000	727,500,000
Vignan Institute of Pharmaceutical Technology	600	300,000	180,000,000
Total	8425	-	2,527,500,000



Y. Suresh
PRINCIPAL
VIGNAN INSTITUTE OF
PHARMACEUTICAL TECHNOLOGY
Beside: VSEZ, Duwada, Visakhapatnam-46

Date: 26/02/2022

To,

M/S. VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY (A UNIT OF LAVU
EDUCATION SOCIETY)

D.NO. 8-1-13, OPP A U REGISTRAR OFFICE, SIRIPURAM,

ANDHRA PRADESH,

Vishakapatnam, ANDHRA PRADESH - INDIA

PIN -530003

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 : C03974

Your Policy Number : 4102210200003206-01

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

SBI General Insurance Company Limited 2nd Floor, DDA Building, Vardhman Trade Centre,
Nehru Place, Delhi - 110019

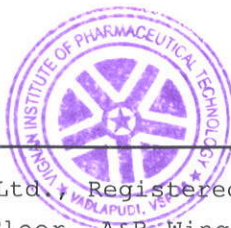
In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number 1800-102-1111 / 1800-22-1111

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory



Handwritten signature in green ink

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Visakhapatnam-46

SBI General Insurance Company Ltd. Registered Office: 8, Corporate Office: SBI General Insurance Company Ltd. 9th Floor, A&B Wing, Fulcrum Building, Sahar Road, Andheri

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 4102210200003206-01

Policy No : 4102210200003206-01	Servicing Branch Office : VIZAG SBI General Insurance Co LTD, Door No : 47-14- 6 , Dwarakamai, 2nd floor ,Above SBI Dwarka Nagar Branch, Vizag- 530016, Andhra Pradesh-0,	Issue Date : 26/02/2022
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Intermediary Details:

Intermediary Name	SBI GENERAL INSURANCE DIRECT CODE	
Intermediary Code	144892	
Intermediary Contact Details	Mobile No.	Landline No. 9999999999

Insured Details:

Name of the Insured/Proposer	M/S. VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY (A UNIT OF LAVU EDUCATION SOCIETY)
Address	D.NO. 8-1-13, OPP A U REGISTRAR OFFICE, SIRIPURAM, ANDHRA PRADESH, Vishakapatnam, ANDHRA PRADESH - 530003, INDIA
Period of Insurance	23/02/2022 (00:00:00 Hrs) to 22/02/2023 (23:59:59 Hrs)
Previous policy no, if any	-
No of Insured Persons Covered	8425 [Commencement of Policy]
Total Sum Insured	Rs.2527500000.00/-
Details of Insured Persons	-
Coverage Details	Permanent Total Disability, Accidental Benefit, Permanent Partial Disability
Add ON'S or Riders Opted	As per Annexure "A"
Deductible	As per annexure attached
Other Policies Details	NA



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 4102210200003206-01

Additional Conditions :

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

Remarks -

*Students shall be covered from DOJ subject to availability of sufficient CD balance being maintained with insurer.

*It is hereby agreed between the Proposer and the Company that any addition / deletion to the list of insured members shall be communicated to the Insurer in writing within a reasonable time but not later than 30 days from the date of the employee joining or being relieved from the organization

*Addition/deletion shall be done on prorata basis once in a month only subject to data being provided to us by 15th of succeeding month and sufficient CD balance being maintained

*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 sum insured is not allowed.

*Maximum any one life limit shall not exceed Rs 3 lakhs.

* Maximum any one accident limit shall not exceed Rs 50 crores.

*Minimum and maximum age at entry are restricted to 18 years and 35 years respectively for Students .

* The quote has been issued on an Unnamed basis.

? 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 students/lives on rolls should not exceed the total number of persons declared under the policy.

? To furnish the total number of students/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

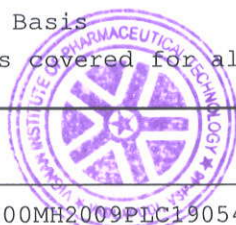
Special Condition -

*Insured Details - Only students of the institute are covered.

Operative time- 24 Hours

*Policy Basis - Un-named Basis

*Terrorism - Terrorism is covered for all , however, terrorism activity arising out of



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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 4102210200003206-01

Nuclear, Biological and/or Chemical means is excluded from the scope of this policy.

*Accidental Death - Covered for All

*Permanent Total Disablement - Covered for All

*Permanent Partial Disablement - Covered for All

*Accident Medical Extension (Inpatient) - Covered on In patient Basis upto Rs 50000/- per student per Policy period. Deductible of Rs 500 applicable for each claim



4/8/2014
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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 4102210200003206-01
Premium Computation

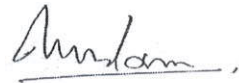
Particulars	Amount (INR)
Gross Premium	379125.00
IGST :18%	0.00
CGST :9%	34121.25
SGST :9%	34121.25
Final Premium	447367.50

Collection Details :

Receipt No. 4401220200000286, Receipt Date : 26/02/2022

Consolidated Stamp Duty paid Rs. 30.01/- 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 : 26/02/2022	:	Signatory : 



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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 4102210200003206-01

Important Note:

Please examine this Policy including its attached Schedules/Annexure if any. In the event of any discrepancy, contact the office of the Company 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 from the inception irrespective of whether a separate communication is sent or not.

Any claim arising or related to consequences of the pre-existing diseases is excluded from the scope of policy cover unless the same is covered on payment of premium and coverage terms mentioned in the schedule.

This is a Contract between the Company and the Insured Person(s). 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 authorized officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.

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



4/10/20
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UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14

Attached to and forming part of Group Personal Accident Insurance Policy No 4102210200003206-01
Annexure "A"

Group Name	M/S. VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY (A UNIT OF LAVU EDUCATION SOCIETY)
Covers	Limits
Insured Details	-
Policy Basis	UNNAME BASED
Territory Restriction	No Territory Restriction
AME Inpatient	Covered on In patient Basis up...
Permanent Total Disability	Covered for All
Accidental Benefit	Covered for All
Permanent Partial Disability	Covered for All
Terrorism Cover	Terrorism is covered for all ,...



4/10/13
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Beside: VSEZ, Duwada, Visakhapatnam-46

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

Attached to and forming part of Group Personal Accident Insurance Policy No 4102210200003206-01

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

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.



Handwritten signature in green ink
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UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14

Attached to and forming part of Group Personal Accident Insurance Policy No 4102210200003206-01

Branch Office Address : VIZAG SBI General Insurance Co LTD, Door No : 47-14-6 , Dwarakamai, 2nd floor ,Above SBI Dwarka Nagar Branch, Vizag- 530016, Andhra Pradesh-0,	Receipt No:	4401220200000286
	Date:	26/02/2022
	Branch :	VIZAG
	Party/Depositor ID :	

Receipt

Received with thanks from: M/S. VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY (A UNIT OF LAVU EDUCATION SOCIETY) an amount of Rs. 447367.50/- (FOUR LACS FORTY SEVEN THOUSAND THREE HUNDRED SIXTY SEVEN RUPEES AND FIFTY PAISA) EFT/Cheque/DD/Cash No. 100752814
Dated : 21-02-2022

Party ID	Quote/Policy/CD No.	Name of Party	Amount (Rs.)	
0000000035597275	4201220200000185 /4102210200003206-01 /C03974	M/S. VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY (A UNIT OF LAVU EDUCATION SOCIETY)	Gross Premium	379125.00
			CGST: 9%	34121.25
			SGST: 9%	34121.25
			IGST: 18%	0.00
Total				447367.50



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Beside: VSEZ, Duvvada, Visakhapatnam-46

Disclaimer

- 1. Receipt subject to realisation of instrument submitted
- 2. Kindly refer to the policy document for time of commencement of cover

PAN No. of SBI General: AAMCS8857L

GST No: 23AAMCS8857L1ZK

For and on behalf of SBI General Insurance Co. Ltd.



Authorized Signatory



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Beside: VSEZ, Duwada, Visakhapatnam-46