

## Group Personal Accident And Business Travel Accident Policy

### Schedule of Insurance

Agent/Broker Name - DIRECT

Agent/Broker License Code - NA

Agent/Broker Contact No -24\*7 Tollfree Helpline 1800-266-7780

**Policy Number:** 0239039679

**Renewal:** 01

**Endorsement:** 00

**Policyholder Name:** ATRIA INSTITUTE OF TECHNOLOGY

**Address:**  
 ASKB CAMPUS 1ST MAIN ROAD AGS  
 COLONY ANANDNAGAR HEBBAL  
 BANGALORE - 560019  
 BANGALORE  
 KARNATAKA  
 INDIA  
 Place of supply -KARNATAKA  
 State code -29

**Contact number :**

**Insurance Period :-** **Effective Date** 26/08/2023 **Expiry Date** 25/08/2024  
 (Beginning at 12:01 AM and ending at Midnight of the expiry date)

**Business Description:** Service Industry

**Beneficiary :** As designated by each insured person on file with the Company

**Eligible Persons 165 (Classification of Insured)**

**The following persons shall be eligible for Insurance hereunder :**

**Age group : From 18 To 70 Years (ONLY CAPITAL BENEFIT FOR AGE ABOVE 65 YRS ((Only capital benefit for age above 65 YRS))**

**Hazards :** 24-Hour Protection


Sr No	Description of Insured Persons / Category / Designation	No. per category
1	Employee	165

POS PAN No:

POS Aadhar No:

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TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg,  
 IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

<b>Total No. of Employees / Members Covered :-</b> 165	
<b>Policy Comment:- Only Permanent Employees of the company are covered</b>	
<b>AGGREGATE LIMIT :- (PER ACCIDENT) Rs 2,062,500.00</b>	
<b>This Policy will only be in force if the schedule is signed by a person We have authorised</b>	
<b>Provisional Premium (Rs)*</b>	14,275.80
<b>UGST/SGST @9 % ( ₹ )</b>	1,284.82
<b>CGST @9 % ( ₹ )</b>	1,284.82
<b>Total Premium (Rs)</b>	16,845.00
<b>GSTIN : 29AABCT3518Q1ZS - KARNATAKA Service Accounting Code : 997133</b>	
* Subject to final reconciliation at the end of the policy period.	
The stamp duty Of Rs 10/- paid In cash Or demand draft Or by pay order, vide Receipt/ Challan no: LOA_NO.CSD/426/2023/3320 dated the 01/08/2023.	
Producer Code	0026207000
Producer Name	DIRECT BANCA
Producing Office	MUMBAI
Issued at	BANGALORE
Issued Date	26/08/2023
	For TATA-AIG General Insurance Company Limited
	
	Authorized Signatory

POS PAN No:

POS Aadhar No:

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IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

Policy Number: 0239039679 01 00

Schedule of Benefits & Principal Sum Insured per Person for all Classes:											
Sr No	Category/Designation	Name	No. of Persons	Avg / Fixed Sum Insured ( ) - Maximum Upto							Per Mille Rate *
				AD Only	DM Only	PTD Only	PPD Only	Weekly	Acc.Hosp.Cash		
1	Employee	As Per Annexure	165	50,000.000	50,000.000	50,000.000	50,000.000	500.000	0.00	1.730424	
AD - Accidental Death & DM - Dismemberment, PTD - Permanent Total Disability, PPD - Permanent Partial Disability, AME - Accident Medical Expenses Weekly - No. of Weeks - 104          Hospital Cash - No. of days -											
	Category	No of weeks for TTD									
	Employee	104									
Total Capital Sum Insured ₹ 8,250,000.00 <ul style="list-style-type: none"> <li>* <b>Calculation for per Mille Rate (Post Tax) = Annual premium/ Sum Insured (employee) x 1000</b></li> <li>Calculation for Endorsement premium / person = per mille rate/1000 * Sum insured * {(Expiry date – Endorsement Effective Date) + 1},</li> <li>Please note that the endorsement is booked subject to availability of the buffer amount &amp; the endorsement per person premium may vary due to capping on Weekly Indemnity or Accident Medical Expenses or Sum Insured</li> </ul>											

Applicable to all categories mentioned above										
Medex Exception - Fixed ₹5,000 or actual claims as In patient hospitalization( 24 hrs hospitalization required), and ₹5,000 as OPD or actual claim whichever is lower.										
S.N.	MedEx	Sum Insured								
1	Fixed MedEx - OPD	Employee INR 5000								
2	Fixed MedEx - IPD	Employee INR 5000								
TTD exception comments - 1% of SI or ₹5,000 or actual weekly salary whichever is less for 104 weeks										
Education Benefit - 10% of SI or ₹ 10,000 or actual whichever is less for maximum 2 children										
Family Transportation Benefit ₹ 20,000 or actual whichever is less										
Modification Benefit ₹ 10,000 or actual whichever is less										
Terrorism - COVERED										
24-Hour Protection - COVERED										

Policy Number: 0239039679 01 00

Policy Type: Named Policy

Other Exception:

POS PAN No:

POS Aadhar No:

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**Attached to and forming part of Policy No 0239039679 01 00**

**List of Insured Annexure "A"**

Sr. No.	Emp Id	Name of Insured	Category	Tata AIG Ref No	Sum Insured (₹)					
					AD	DM	PTD	PPD	TTD (Weekly)	Acc Medex
1	AIT004001	POORNIMA B	Employee	ORIG0001	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
2	AIT004002	SUNDARI TRIBUVANAM	Employee	ORIG0002	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
3	AIT017002	KRISHNAPPA R	Employee	ORIG0003	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
4	AIT014001	J SURESH KUMAR	Employee	ORIG0004	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
5	AIT004003	VASANTHI SATYANANDA	Employee	ORIG0005	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
6	AIT010001	DR NALINAKSHI N	Employee	ORIG0006	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
7	AIT012001	ARCHANA MOTTA	Employee	ORIG0007	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
8	AIT004010	SAMPADA H K	Employee	ORIG0008	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
9	AIT017003	JAYARAM RAJU	Employee	ORIG0009	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
10	AIT004004	S KAVITHA	Employee	ORIG0010	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
11	AIT006001	DR SHANTHI MAHESH	Employee	ORIG0011	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
12	AIT006004	KAVITHA S PATIL	Employee	ORIG0012	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
13	AIT014041	SUBBARAJU N	Employee	ORIG0013	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
14	AIT000007	HEMALATHA K N	Employee	ORIG0014	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
15	AIT004007	SHOBHA P C	Employee	ORIG0015	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
16	AIT000006	FARHANA KAUSAR	Employee	ORIG0016	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
17	AIT004015	ANNAPPA CHAVADANNAVAR	Employee	ORIG0017	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
18	AIT000002	VIJAYSWAROOP A	Employee	ORIG0018	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
19	AIT004012	BHASKAR M K	Employee	ORIG0019	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
20	AIT006003	SRINIVAS B V	Employee	ORIG0020	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
21	AIT004011	RAMESH NUTHAKKI	Employee	ORIG0021	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
22	AIT002001	ASHWINI B T	Employee	ORIG0022	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
23	AIT000003	SRINIVASACHAR G	Employee	ORIG0023	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
24	AIT000001	DR P AISHWARYA	Employee	ORIG0024	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
25	AIT000004	RAJENDRA M	Employee	ORIG0025	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
26	AIT004006	Y PUSHPA	Employee	ORIG0026	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
27	AIT014003	NARAYAN SWAMY M S	Employee	ORIG0027	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
28	AIT008002	PRAVEEN KUMAR B C	Employee	ORIG0028	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
29	AIT006002	DR NEHA MANGLA	Employee	ORIG0029	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
30	AIT000010	N PALLAVI	Employee	ORIG0030	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
31	AIT000005	MANJULA M	Employee	ORIG0031	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
32	AIT014040	DR K V NARAYANASWAMY	Employee	ORIG0032	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
33	AIT002002	SACHIN K G	Employee	ORIG0033	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
34	AIT004008	RAMYA C N	Employee	ORIG0034	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
35	AIT009502	RENUKAPPA M G	Employee	ORIG0035	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
36	AIT009504	ASHOK K S	Employee	ORIG0036	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
37	AIT009503	RAMAVENKATESH D	Employee	ORIG0037	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
38	AIT012002	MADHU SHREE P R	Employee	ORIG0038	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
39	AIT005501	K J KRISHNAMOORTHY	Employee	ORIG0039	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
40	AIT002003	DR H J SURENDRA	Employee	ORIG0040	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
41	AIT007503	RAJESH KUMAR U	Employee	ORIG0041	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
42	AIT014004	SARAVANAN P	Employee	ORIG0042	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
43	AIT004017	SOMESH B S	Employee	ORIG0043	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
44	AIT008005	SRINIVASA CHARI V	Employee	ORIG0044	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
45	AIT000013	HANUMANTHAPPA H	Employee	ORIG0045	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
46	AIT007502	P JAYANTHI	Employee	ORIG0046	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
47	AIT003501	NANDHINI G C	Employee	ORIG0047	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
48	AIT006010	OMPRAKASH B	Employee	ORIG0048	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
49	AIT003502	PUTTARAJU B S	Employee	ORIG0049	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
50	AIT007501	GURU PRASAD REDDY M	Employee	ORIG0050	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
51	AIT014007	GLORY TITUS	Employee	ORIG0051	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00

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52	AIT011501	NETHRA K P	Employee	ORIG0052	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
53	AIT016004	C J SHAJU	Employee	ORIG0053	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
54	AIT000012	GOUTAM R	Employee	ORIG0054	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
55	AIT010003	MAHESH K S	Employee	ORIG0055	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
56	AIT003503	M V ASHWATHNARAYANA	Employee	ORIG0056	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
57	AIT004018	SAMEERA P	Employee	ORIG0057	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
58	AIT001501	SREENIVASALU P	Employee	ORIG0058	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
59	AIT014008	POORNIMA K A	Employee	ORIG0059	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
60	AIT014005	INDRANI P V	Employee	ORIG0060	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
61	AIT005503	TEJDEEP D S	Employee	ORIG0061	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
62	AIT014010	LEKSHMY BABU	Employee	ORIG0062	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
63	AIT012003	DEVAKI S	Employee	ORIG0063	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
64	AIT016010	JOSEPH T M	Employee	ORIG0064	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
65	AIT014006	CHETHAN RAJU	Employee	ORIG0065	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
66	AIT016006	RANGAPPA	Employee	ORIG0066	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
67	AIT016009	SHANKAR RAJU	Employee	ORIG0067	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
68	AIT017011	M KESHAVAN	Employee	ORIG0068	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
69	AIT012004	PURNAJIT CHATTERJEE	Employee	ORIG0069	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
70	AIT016003	CHANDRASHEKAR D S	Employee	ORIG0070	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
71	AIT012005	DR RICHA DAS	Employee	ORIG0071	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
72	AIT016008	SURAJ AGRI	Employee	ORIG0072	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
73	AIT014013	S D VIJAY PRASAD	Employee	ORIG0073	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
74	AIT012006	DR PERINI PRAVEENA SRI	Employee	ORIG0074	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
75	AIT014023	DR USHA S P	Employee	ORIG0075	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
76	AIT014015	AVINASH H S	Employee	ORIG0076	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
77	AIT006008	SHRUTHI B	Employee	ORIG0077	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
78	AIT004026	DR AMBAR BAJPAI	Employee	ORIG0078	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
79	AIT002006	PRATIBHA V S	Employee	ORIG0079	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
80	AIT004030	DR ARUN BALODI	Employee	ORIG0080	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
81	AIT010009	MURALI TG	Employee	ORIG0081	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
82	AIT010008	DR SHIVARAJ	Employee	ORIG0082	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
83	AIT008010	D ANJAN KUMAR	Employee	ORIG0083	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
84	AIT010011	KANCHANA SK	Employee	ORIG0084	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
85	AIT010012	DR S VENKATESH	Employee	ORIG0085	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
86	AIT004027	RAJAGOPALAN NADATHUR	Employee	ORIG0086	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
87	AIT004013	DR NAGA PADMA PRASUNA VADDI	Employee	ORIG0087	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
88	AIT009505	SHIVAPRASAD T	Employee	ORIG0088	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
89	AIT012009	RAJIMOL KP	Employee	ORIG0089	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
90	AIT016013	DEEPA K	Employee	ORIG0090	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
91	AIT014017	SAJANA RANJIT	Employee	ORIG0091	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
92	AIT010018	PAVITHRA K	Employee	ORIG0092	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
93	AIT004029	AMULYA D RAJ	Employee	ORIG0093	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
94	AIT000020	DEEKSHA SATISH	Employee	ORIG0094	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
95	AIT006017	VIJAYALAKSHMI V	Employee	ORIG0095	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
96	AIT002013	ANANDA KUMAR G	Employee	ORIG0096	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
97	AIT006015	SYEDA ROSHNI AHMED	Employee	ORIG0097	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
98	AIT010016	RAMYA N	Employee	ORIG0098	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
99	AIT002014	ASHA BASAVARAJ WALIITAGI	Employee	ORIG0099	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
100	AIT004023	JAYANTH U	Employee	ORIG0100	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
101	AIT004024	SPOORTHI SP	Employee	ORIG0101	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
102	AIT008015	CHETAN C SHETTEPPANAVAR	Employee	ORIG0102	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
103	AIT008016	GEETHA G CHAVAN	Employee	ORIG0103	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
104	AIT000021	ADITI RAVICHANDRA	Employee	ORIG0104	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
105	AIT016014	CHANDRU C	Employee	ORIG0105	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
106	AIT014016	GEETHALAKSHMI S	Employee	ORIG0106	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
107	AIT010019	DR PRAKASHAIAH B G	Employee	ORIG0107	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00

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108	AIT002016	KARTHIK J	Employee	ORIG0108	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
109	AIT010020	NAGENDRA NAIK K	Employee	ORIG0109	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
110	AIT000024	PALLAVI TP	Employee	ORIG0110	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
111	AIT010021	JESLIN G	Employee	ORIG0111	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
112	AIT010022	CHETHAN P B	Employee	ORIG0112	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
113	AIT002017	BRAMENDRA KISHORE H R	Employee	ORIG0113	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
114	AIT014030	DR H R ANANTH	Employee	ORIG0114	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
115	AIT005508	HARSHITHA P	Employee	ORIG0115	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
116	AIT016015	SAGAR U	Employee	ORIG0116	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
117	AIT004032	VAISHNAVI PATAKI	Employee	ORIG0117	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
118	AIT004033	PAVITHRA K S	Employee	ORIG0118	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
119	AIT000025	PADMINI C	Employee	ORIG0119	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
120	AIT006018	UZMA SULTHANA	Employee	ORIG0120	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
121	AIT000026	KRISHNAMURTHY H	Employee	ORIG0121	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
122	AIT000027	MAQDUM SHARIFF	Employee	ORIG0122	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
123	AIT000028	CHIKKA KRISHNAPPA TK	Employee	ORIG0123	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
124	AIT006020	RANJITHA J	Employee	ORIG0124	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
125	AIT011505	NETHRAVATHI S	Employee	ORIG0125	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
126	AIT017020	KADIRI NARASAPPA GARI AMRUTH KUMAR	Employee	ORIG0126	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
127	AIT017005	DEVARAJ B H	Employee	ORIG0127	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
128	AIT017015	MANBHADUR	Employee	ORIG0128	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
129	AIT017004	SAIGAONKAR BHASKAR	Employee	ORIG0129	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
130	AIT014036	DR T N SREENIVASA	Employee	ORIG0130	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
131	AIT000029	DR MANASH SARKAR	Employee	ORIG0131	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
132	AIT010024	ANU S	Employee	ORIG0132	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
133	AIT010026	VENKATESWARLU DASARI	Employee	ORIG0133	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
134	AIT014037	NANDINI S	Employee	ORIG0134	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
135	AIT008019	DR NIDHI BARANWAL	Employee	ORIG0135	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
136	AIT008020	DR M S RAJENDRA KUMAR	Employee	ORIG0136	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
137	AIT006021	ASMA BEGUM S	Employee	ORIG0137	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
138	AIT008023	DR VENKATEGOWDA C	Employee	ORIG0138	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
139	AIT004035	DR N SHIVASHANKARAPPA	Employee	ORIG0139	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
140	AIT010027	INDIRA S	Employee	ORIG0140	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
141	AIT007504	PAVITHRA GOPINATH	Employee	ORIG0141	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
142	AIT006022	SONIA S B	Employee	ORIG0142	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
143	AIT011507	CHAITRA H	Employee	ORIG0143	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
144	AIT000030	DR DATTATREYA PRABHAKAR MANKAME	Employee	ORIG0144	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
145	AIT004036	DR MANOJ TOLANI	Employee	ORIG0145	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
146	AIT000032	DR DEVI KANNAN	Employee	ORIG0146	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
147	AIT006023	KAVITHA GL	Employee	ORIG0147	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
148	AIT004037	DR KESHAVAMURTHY	Employee	ORIG0148	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
149	AIT010028	VANITHA N	Employee	ORIG0149	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
150	AIT010031	P SREE VAISHNAVI	Employee	ORIG0150	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
151	AIT002021	ANUSHA M	Employee	ORIG0151	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
152	AIT006025	UZMA TAJ	Employee	ORIG0152	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
153	AIT008025	HARISH H	Employee	ORIG0153	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
154	AIT017048	ALBART	Employee	ORIG0154	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
155	AIT014042	THARA BN	Employee	ORIG0155	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
156	AIT005512	MANJUNATH C G	Employee	ORIG0156	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
157	AIT005513	TRIVENI T R	Employee	ORIG0157	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
158	AIT003504	POOJA DG	Employee	ORIG0158	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
159	AIT010029	DR YOGALAKSHMI S	Employee	ORIG0159	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
160	AIT004038	DR MANJUNATH R	Employee	ORIG0160	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
161	AIT016017	H K RAJASHEKHAR	Employee	ORIG0161	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
162	AIT014026	JYOTHI R	Employee	ORIG0162	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
163	AIT004039	DR SHIPRA UPADHYAY	Employee	ORIG0163	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00

POS PAN No:

POS Aadhar No:

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TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

164	AIT004019	MR SUFIAN KAKI ASLAM	Employee	ORIG0164	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00
165	AITI00001	Atria	Employee	ORIG0165	50,000.00	50,000.00	50,000.00	50,000.00	500.00	10,000.00

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IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

## RECEIPT

Receipt No. : 105001034797740

Receipt Date : 26/08/2023

Policy No : 0239039679 01 00

Received with thanks from ATRIA INSTITUTE OF TECHNOLOGY a sum of **16,845.00** ( Rupees Sixteen Thousand Eight Hundred Forty Five And Paise Zero Only)

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0239039679 01 00	16,845.00	16,845.00	0.00

**Note:**

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
3. Amounts received by cheque shall be subject to realisation.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

**GSTIN : 29AABCT3518Q1ZS - KARNATAKA Service Accounting Code : 997133**

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TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai-400 013.

IRDA Registration No.108, CIN No : U85110MH2000PLC128425, PAN : AABCT3518Q  
Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

POS PAN No:

POS Aadhar No:

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**Attached to and forming part of Policy No. 0239039679 01 00**

Part E. COVERAGE

Section: ACCIDENTAL DEATH

We will pay the Principal Sum shown in the Policy Schedule if Injury to You results in loss of life. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, the Principal Sum less any other amount paid or payable under: Accidental Dismemberment including Paralysis, Permanent Total Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

Limitation

With regard to the Accidental Death of an Insured Person Age Seventeen (17) or below, the maximum Principal Sum payable is 10% of the principal sum insured.

Exposure

For the purposes of the Accidental Death benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Disappearance

We will pay the benefit for Loss of Life under the circumstances described in a Hazard if Your body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
  - a. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
  - b. medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

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POS Aadhar No:

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**Attached to and forming part of Policy No. 0239039679 01 00**

EMERGENCY FAMILY TRAVEL

When, following an Injury which results in a Loss payable under the section entitled "Accidental Death and Dismemberment Indemnity" of this policy, an Insured Person is confined in a hospital, outside 150 kilometers from his residence, within three hundred and sixty-five (365) days of the accident and the attending physician recommends the personal attendance of a member of the immediate family, this benefit will refund the actual expenses incurred by the immediate family member of transportation by the most direct route by a licensed common carrier to the confined Insured Person, upto the maximum amount stated in the Policy Schedule for all such losses caused by the same Accident.

POS PAN No:

POS Aadhar No:

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IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

## Part E. COVERAGE

### **Section: HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT**

If an Insured Person:

1. suffers one of the following Injuries listed under the Accidental Dismemberment and Paralysis Coverage Section of the Policy under the circumstances described in a Hazard is payable while this Policy is in effect; and,
2. did not; prior to the date of the Accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

the Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the Accident causing such loss(es), up to the maximum amount stated in the Policy Schedule for all such losses caused by the same Accident.

#### **Definition:**

**Covered Home Alteration and Vehicle Modification Expenses** - means one-time expenses that:

1. are charged for:
  - (a) alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
  - (b) modifications to one motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or driveable by the Insured Person; and
2. do not include charges that would not have been made if no insurance existed; and
3. do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;

but only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are:

1. made on behalf of the Insured Person;
2. recognized by a nationally-recognized organization providing support and assistance to wheelchair users;
3. carried out by individuals experienced in such alterations and modifications; and
4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

#### **Exclusion:**

In addition to the General Exclusions listed in this Policy, this coverage shall not cover any expense for or resulting from any condition for which the Insured Person is entitled to benefits under any Worker's Compensation Act or similar law.

POS PAN No:

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**Attached to and forming part of Policy No. 0239039679 01 00**

It is hereby declared & agreed upon that the "Terrorism Exclusion" under SECTION III - GENERAL POLICY EXCLUSIONS (Nos. 8 & 9) have been deleted.

Act of Terrorism - means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts. Terrorism shall also include any act which is verified or recognized by the relevant Government as an act of terrorism

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**Attached to and forming part of Policy No. 0239039679 01 00**

Part E. COVERAGE

Section: ALTERNATE ACCIDENT MEDICAL EXPENSE

We will pay the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule for Covered Medical Expenses incurred by You in the Republic of India for medical services which are not due to a Pre-existing Condition up to but not exceeding 1) upto the percentage, as mentioned in the policy schedule, of the compensation paid by Us in settlement of a valid claim under the Policy or 2) upto the percentage, as mentioned in the policy schedule, of the Principal Sum or 3) Weekly benefit amount as applicable payable under the following benefits if available under the Policy : i.e. Accidental Death, or Accidental Dismemberment, or Permanent Total Disability, or Permanent Partial Disability, or Total Temporary Disability whichever payment by Us is least as to such Insured Person for the treatment of an Injury sustained by the Insured Person under the circumstances described in a Hazard while this Policy is in effect.

Definition:

Covered Medical Expenses - means expenses incurred by You for medical services and supplies which are recommended by the attending Physician. They include:

- (a) the services of a Physician;
- (b) Hospital confinement and use of operating room;
- (c) anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, and therapeutic services and supplies;
- (f) dental treatment resulting from Injury sustained to Sound Natural Teeth subject to the per tooth and per occurrence maximums shown in the Policy Schedule

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. Any treatment of any disease, sickness or illness; or
2. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
3. routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
4. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
5. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
6. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
7. the diagnosis and treatment of acne; or
8. deviated septum, including sub mucous resection and/or other surgical correction thereof; or
9. organ transplants that are considered experimental in nature; or
10. well child care including exams and immunizations; or
11. expenses which are not exclusively medical in nature; or
12. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing; or
13. treatment provided in a government Hospital or services for which no charge is normally made; or
14. mental, nervous, or emotional disorders or rest cures; or
15. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; or
16. medical expenses covered under any workers compensation or similar policy; or
17. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose; or
18. therapeutic services unless conclusive scientific evidence proves, that it improves health outcome.

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**Attached to and forming part of Policy No. 0239039679 01 00**

Part E. COVERAGE

Section: TEMPORARY TOTAL DISABILITY - (Weekly Indemnity)

We shall pay a weekly benefit amount during a period of continuous Temporary Total Disability of an Insured Person resulting from Injury under the circumstances described in a Hazard after completion of the Elimination Period shown in the Policy Schedule, provided that:

1. such period of disability commences within 30 Days after the date of the Accident causing such Injury; and
2. such amount shall be payable as stated in the Policy Schedule, as applicable to such Insured Person; and
3. the maximum period for which such amount shall be payable for any one such period of disability shall not exceed the maximum number of weeks payable as stated in the Policy Schedule and in no event to exceed 52/104 weeks whichever is less.
4. We will not pay more than the Insured Persons Gross Weekly Wage for the Temporary Total Disability benefit.

Any payment made under this benefit shall be deducted from any Accidental Death, or Accidental Dismemberment, or Permanent Total Disability, or Permanent Partial Disability, or Permanent Total Loss of Use benefits, if available under this Policy, which ultimately become payable under this Policy as a result of the same Accident.

Definitions:

Gross Weekly Wage - means the Insured Persons base weekly earnings in his or her occupation at the time of the Accident causing the Injury for which benefits are claimed under this coverage, but not including, overtime, bonuses, tips, commissions, and special compensation.

Elimination Period - means the number of consecutive days of Temporary Total Disability that must elapse before weekly benefit amounts become payable. The Elimination Period is shown in the Policy Schedule. Weekly benefit amounts are not payable, nor do they accrue, during the Elimination Period.

Temporary Total Disability - means disability which wholly and continuously prevents such Insured Person from performing each and every duty pertaining to his occupation.

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**Attached to and forming part of Policy No. 0239039679 01 00**

Part E. COVERAGE

Section : ACCIDENTAL DISMEMBERMENT  
(Including Loss of Sight and Hearing)

We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Table of Losses below. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Permanent Total Disability or Permanent Partial Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

If more than one loss results from any one Accident, only one amount, the largest, will be paid.

Table of Losses

Loss of: % of Principal Sum	
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot ...	100%
Either Hand or Foot and Sight of One Eye ...	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand ...	25%

"Loss" with regard to:

1. hand or foot means actual severance through or above the wrist or ankle joints respectively;
2. eye means entire and irrecoverable loss of sight;
3. thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
4. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears;

Limitation

With regard to the Accidental Death of a named Insured Person Age Seventeen (17) or below, the maximum Principal Sum payable is 10% of the principal sum insured .

Exposure:

For the purposes of the Accidental Dismemberment benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
  - (a) infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
  - (b) medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

**Attached to and forming part of Policy No. 0239039679 01 00**

Part E. COVERAGE

Section: TUITION BENEFIT ( Education Benefit ) :-

We will pay the following benefit if You suffer Accidental Death during the circumstances described in a Hazard, such that an Accidental Death benefit is payable under the Policy.

For the Eligible Children - We will pay a benefit to or on behalf of Your Eligible Children on the date of the Accident causing Your death and who on the date of Your death:

- (1) is a full time student in any Educational Institution; and  
(2) The benefit will be paid for each year of the Eligible Childrens continuous enrollment as a full time student in an Institution of Higher Learning to a maximum of four (4) consecutive years or the date the Eligible Children reaches age 23 whichever comes first. The total amount of the benefit each year is equal to the least of :

1. The actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that child;
2. Percentage of Your Principal Sum, as shown in the policy schedule, on the date of the Accident causing death;
3. Amount, as mentioned in the policy Schedule

The applicable portion of the yearly benefit for each term of enrolment is payable upon receipt of proof of enrolment for that term.

We will pay an amount equal to Percentage of Your Accidental Death Principal Sum as shown in the policy schedule ,for each Eligible Child but not to exceed 50% of the Accidental Death Principal Sum combined for all of Your Eligible Children

Eligible Children who cease to be enrolled as a full time student become permanently ineligible for the benefit, even if he or she enrolls at a later date. The benefit is not payable for any term of enrollment as a full time student that begins before that date of the Insured Persons death.

It is hereby declared & agreed upon that the claim payment will be as per below:

- In the case of a student's death, all eligible claims will be paid in favor of the Parent as per the first name appearing in institute's records in the event of non availability of nominee details.
- In the case of death of an Insured Parent, all eligible claims will be paid in favor of the institution towards education continuity of the student.

POS PAN No:

POS Aadhar No:

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.

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IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021



**Attached to and forming part of Policy No. 0239039679 01 00**

Part E. COVERAGE

Section: PERMANENT TOTAL DISABILITY

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Total Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Accidental Death, or Accidental Dismemberment, or Permanent Partial Disability, or Permanent Total Loss of Use sections of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Permanent Total Disability - means You are unable to engage in each and every occupation or employment for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life. If at the time of loss You are unemployed, Permanent Total Disability 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.

POS PAN No:

POS Aadhar No:

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Attached to and forming part of Policy No. 0239039679 01 00

**Section : PERMANENT PARTIAL DISABILITY**

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Partial Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is continuous and Permanent at the end of this period, a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Scale below less any other amount paid or payable under the Accidental Dismemberment, or Permanent Total Disability, or Permanent Total Loss of Use sections of this Policy as the result of the same Accident.

Scale: Sum	Percentage of Principal
1. Loss of toes - all	20%
Great toe	5%
Other than great toe , if more than one toe lost, each	1%
2. Loss of hearing - both ears	50%
3. Loss of hearing - one ear	25%
4. Loss of four fingers and thumb of one hand	40%
5. Loss of four fingers	25%
6. Loss of thumb	15%
7. Loss of index finger	10%
8. Loss of middle	6%
9. Loss of ring finger	5%
10. Loss of little finger	4%

"Loss" with regard to:

- (a) toe, finger, thumb means actual complete severance from the foot or hand;
- (b) hearing means entire and irrecoverable loss of hearing .

When more than one form of disability results from one Accident, We add the percentages from each together. However, We will not pay more than 100% of the Sum Insured shown in the Policy Schedule

If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made.

We will assess at our discretion any disability not specifically mentioned by considering the nature of the disability alongside the percentages given to the specific types of disability above. The Insured Person's occupation will not be a relevant factor.

If the Insured Person has an existing medical condition and they suffer Injury , We will assess:

- (a) whether the Insured Person's medical condition has contributed to their disability; and
- (b) whether the disability makes the Insured Person's medical condition worse.

In either case We will assess the difference between the Insured Person's medical condition before, and their disability after the Accident. Any payment We make will be based on the difference, expressed as a percentage, and applied to the appropriate benefit above or in the Scale.

**Definitions:**

**Permanent** - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

**Permanent Partial Disability** - means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis from a Physician.

**Exclusion:**

In addition to the General Exclusions listed in this Policy this coverage section shall not cover loss caused directly or indirectly, wholly or partly by:

- 1. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
- 2. medical or surgical treatment except as may be necessary solely as a result of Injury.

POS PAN No:

POS Aadhar No:

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**Attached to and forming part of Policy No. 0239039679 01 00**

Part F. SCOPE OF COVERAGE:

Hazard H-1

24-HOUR PROTECTION

(Business and Pleasure)

The hazards described in this Hazard H-1 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-1 applies, shall apply only to Injury sustained by such Insured Person anywhere in the world.

Such insurance includes such Injury sustained while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian / scheduled aircrafts aircraft having a current and valid Airworthiness Certificate, (and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.) This Hazard H-1 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-1 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).

POS PAN No:

POS Aadhar No:

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