

Group Personal Accident And Business Travel Accident Policy

Schedule of Insurance

Agent/Broker Name - VERSHA GUPTA
Agent/Broker License Code - 5853248
Agent/Broker Contact No - 9891564446
Policy Number: 0239825528
Renewal Number: 01
Endorsement Number: 00
Policyholder name: JANTA VIDYA MANDIR GANPAT RAI RASIWASIA COLLEGE
Address : CHARKHI DADRI, BHIWANI, HARYANA
 BHIWANI
 BHIWANI-127306
 HARYANA
 INDIA
Place of supply: HARYANA
State code: 06
Contact number:
Insurance Period: Effective Date from 12/12/2025 To Expiry Date 11/12/2026

Business Description: Educational Institutes
Beneficiary: **Eligible Persons 3200 (Classification of Insured)**
Age Group: 3 years to 70 years
Hazards: 24-Hour Protection

Description of Insured Persons / Category / Designation:

Sr No.	Category	No. per category
1	Students	1550
2	Parents	1550
3	Teaching Staff & Non Teaching Staff	100

Total No. of Employees / Members Covered :- 3200

Policy Comment :- Only Student, One Earning Parent of each Student (1st Parent as per School Register) & Staff of the Education Institute are covered

AGGREGATE LIMIT :- Rs 50000000.00

This Policy will only be in force if the schedule is signed by a person We have authorised

Provisional Premium (Rs)	74,922
IGST @18 % (Rs)	13,486
Total Premium (Rs)	88,408

GSTIN : 07AABCT3518Q1ZY-DELHI Service Accounting Code : 997133

* Subject to final reconciliation at the end of the policy period.

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.

TATA AIG General Insurance Company Limited

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.
 24*7 Customer Support No.: 022 6489 8282 or 18002671955 (For Senior Citizens) | Email: customersupport@tataaig.com
 IRDA of India Registration No: 108 | Website: www.tataaig.com | CIN: U85110MH2000PLC128425 | UIN: TATPAGP23092V032223

Stamp Duty of Rs.5/- is paid as provided under Article 47-C of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Adtl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. LOAENF1/CSD/108/2025/4088 Validity Period Dt.17/10/2025 To Dt.09/11/2028/4088 Date:13/10/2025

Producer Code: 0010661000

Producer Name: VERSHA GUPTA

Producing Office: AGGARWAL PRESTIGE TOWER 3RD FLOOR, PLOT NO-2, ROAD NO. 44, MAIN ROAD, PITAMPURA - 110034, NEW DELHI DELHI DELHI DELHI - 110034

Issue At: DELHI

Issue Date: 12/12/2025

For TATA AIG General Insurance Company Limited

Digitally Signed by: Malpa Devi Maharana

Date: 03/01/2026

Location: Mumbai

For Policy wordings, please scan the below QR code :



Prohibition of Rebates – Section 41 of Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Policy Number 0239825528

Schedule of Benefits & Principal Sum Insured per Person for all Classes

Sr. No.	Category/Designation	Name	No Of Person	Avg / Fixed Sum Insured (₹) Maximum Upto							
				AD Only	DM Only	PTD Only	PPD Only	Weekly	Fixed AME	Acc.Hosp.Cash	Per Mille Rate
1	Students	As Per Declaration	1550	100,000	100,000			0	42	0	0.23
2	Parents	As Per Declaration	1550	100,000	100,000			0		0	0.23
3	Teaching Staff & Non Teaching Staff	As Per Declaration	100	100,000	100,000	100,000	100,000	1,000	650	0	0.23

AD - Accidental Death, DM - Dismemberment, PTD - Permanent Total Disability, PPD - Permanent Partial Disability, AME - Accident Medical Expenses

Category	No of weeks for TTD
Students	NIL
Parents	NIL
Teaching Staff & Non Teaching Staff	52

Total Capital Sum Insured:- ₹ 320000000.00

- * **Calculation for per Mille Rate (Post Tax) = Annual premium/ Sum Insured (employee) x 100**
- Calculation for Endorsement premium / person = per mille rate/1000 * Sum insured * {(Expiry date – Endorsement Effective Date) + 1}
- Please note that the endorsement is booked subject to availability of the buffer amount & the endorsement per person premium may vary due to capping on Weekly Indemnity or Accident Medical Expenses or Sum Insured.

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Applicable to all categories mentioned above		
Medex Exception		Accidental Medex Fixed. IPD up to Rs 50,000 or actual whichever is less subject to 24 Hrs. hospitalization & OPD up to Rs 15,000 or actual whichever is less. (for staff and students)
Sr No.	MedEx	Sum Insured
1	Fixed MedEx OPD	Students Rs. 15000.00, Teaching Staff & Non Teaching Staff Rs. 15000.00
2	Fixed MedEx IPD	Students Rs. 50000.00, Teaching Staff & Non Teaching Staff Rs. 50000.00
TTD Exception Comments		1% of SI or 1000 or actual claim, whichever is less 52 week for staff only
Deductable		
Temporary Total Disability		1 Week On Weekly
Medical Expense - Accident & Sickness		10% on Medex

Terrorism	Covered
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24-Hour Protection	Covered
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Policy Number: 0239825528

Other Exception: Parents Covered for AD/ DM Only, Staff covered for AD/DM/ PTD/ PPD Weekly and Medex, Students covered for AD/DM & Medex

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RECEIPT

Receipt No. : 101001125775205

Receipt Date : 12/12/2025

Policy No : 0239825528

Received with thanks from JANTA VIDYA MANDIR GANPAT RAI RASIWASIA COLLEGE a sum of Rs. 88408 (Rupees Eighty-Eight Thousand Four Hundred Eight And Paise Zero Only only) Cash Deposit, Bank Name - , towards

Sr. No.	Policy Number	Total Premium	Utilized from the receipt for policy	Balance
1	0239825528	88408	88408	0

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 avoid.
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 : 07AABCT3518Q1ZY-DELHI Service Accounting Code : 997133

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This document provides key information about your policy. You are also advised to go through your policy document.

No.	Title	Description	Policy Clause No.
1.	Name of the Insurance Product / Policy	Group Personal Accident And Business Travel Accident Policy	
2.	Policy Number	0239825528	
3.	Type of Insurance Product / Policy	Both Indemnity and Benefit	

Fixed Sum Insured

Coverages	Sum Insured	Deductible	Remarks
Accident Medical Expense	0		
Accident Medical Expense	65,000		
Accidental Death	10,000,000		
Accidental Death	155,000,000		
Accidental Dismemberment and Paralysis	10,000,000		
Accidental Dismemberment and Paralysis	155,000,000		
Permanent Partial Disability	0		
Permanent Partial Disability	10,000,000		
Permanent Total Disability	0		
Permanent Total Disability	10,000,000		
Temporary Total Disability	0		
Temporary Total Disability	5,200,000		
Terrorism	0		
4. Sum Insured(Basis)			

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5. Policy Coverage (What the Policy Covers?)	<p>The Customer Information Sheet should be read in conjunction with the Certificate of Insurance and Policy Wordings. Insurance coverage will be applicable only to the covers and up to the Sum Insured limits as specifically mentioned in the Certificate of Insurance.</p> <p>Benefits Covered Under This Policy:</p> <ul style="list-style-type: none">● 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.● Accidental Dismemberment and Paralysis - 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 in Policy Wordings. 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.	Benefits Covered Under the Policy
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6. Exclusions

Standard Exclusion

Exclusions

In addition to the 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. any expenses incurred in India unless authorized and approved by us in advance; or
13. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing; or
14. treatment provided in a government Hospital or services for which no charge is normally made; or
15. rest cures; or
16. pregnancy and all related conditions, including services and supplies related to the diagnosis or 16. treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; or
17. medical expenses covered under any workers' compensation or similar policy; or
18. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose; or
19. therapeutic services unless conclusive scientific evidence proves, as determined by Us, that it improves health outcome; or
20. expenses incurred for Emergency Medical Evacuation.

7. Waiting Period

Please refer to point no. 4

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8.	Financial Limits of Coverage	Please refer to point no. 4	
	<ul style="list-style-type: none"> •Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) •Deductible (It is a specified amount): <ul style="list-style-type: none"> -Up to which an insurance company will not pay any claim, and -Which will be deducted from total claim amount (if claim amount is more than the specified amount) 		
9.	Claims/Claims Procedure	<p>Intimation & Assistance:</p> <p>Insured Person(s) can notify a Claim by sending an SMS CLAIMS to 5616181 or by calling the company's 24*7 Customer Support No. 022 6489 8282 or 18002671955 (only for Senior Citizen Policyholders). Please use the Claim Intimation Form for intimation of a Claim.</p> <p>Insured Person(s) can even write to the company at general.claims@tataaig.com and scanned documents may be submitted at paclaim.support@tataaig.com to initiate claim processing. Please submit all documents to the Corporate Office at the address given below:</p> <p>A&H Claims Department:</p> <p>TATA AIG General Insurance Co. Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063.</p>	Other Terms and Conditions
10.	Policy Servicing	<p>Company Officials:</p> <p>If you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24*7 Customer Support No.: 022 6489 8282 or Senior Citizen No. 1800 22 9966 (toll free) or you may email to the customer service desk at customersupport@tataaig.com</p>	Other Terms and Conditions

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11. Grievances/ Complaints

Redressal of Grievance:

In case of any grievance the insured person may contact the company through

Website: www.tataaig.com

Call Us 24*7 Customer Support No.: 022 6489 8282 or 18002671955 (Senior Citizen)

Email us at customersupport@tataaig.com

Courier: Customer Support,
TATA AIG General Insurance

Company Limited, 7 and 8 Floor, Romell Tech Park, Cama Industrial Estate,
Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

Visit the Servicing Branch mentioned in the Policy Document

The Insured Person may also approach the grievance cell at any of the company's branches with details of grievance.

If Insured Person is not satisfied with the Redressal of Grievance through one of the above methods, Insured Person may contact the Grievance Officer at manager customersupport@tataaig.com.

For updated details of Grievance Officer, kindly refer the link IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

If Insured Person is not satisfied with the Redressal of Grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of Grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Other Terms and Conditions

12. Things to remember

Claims Payment

Other Terms and Conditions

13. Your Obligations:

- i. In case of employer-employee policies, if any mis-representation or non-disclosure of material facts or incorrect coverage or Claim experience information provided at the time of request for proposal, the policy shall be void ab-initio without any premium refund.
- ii. In case of non-employer-employee policies, the Company will not be liable to pay under the policy if any Mis-representation or non-disclosure of material facts is noted at the time of Claim or otherwise, whether by Policyholder or any Insured Person or anyone acting on behalf of Policyholder or any Insured Person, and Certificate of Insurance shall be void ab-initio without any premium refund.

Other Terms and Conditions

Declaration by the Policy Holder : JANTA VIDYA MANDIR GANPAT RAI RASIWASIA COLLEGE

I have read the above and confirm having noted the details.

Place: BHIWANI

JANTA VIDYA MANDIR GANPAT RAI
RASIWASIA COLLEGE
(Signature of the Policyholder)

Date: 12/12/2025

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.