

Ref No.: GEN/WEL/SG/0008.2/1046665000

Date: 30/11/2018

To,  
Sri Balaji Educational Society  
D No 18-335, Neerugunti Street  
Near R T C Bus Stand, Ananthapur  
Anantapur - 515001  
District: Ananthapur  
Andhra Pradesh, India  
Contact Details 8688881005

Policy number: 1046665000

Subject: Risk assumption for Kotak Group Accident Protect

Dear Sri Balaji Educational Society,

We welcome you to Kotak Mahindra General Insurance Company Limited and thank you for choosing us as your preferred service provider.

This is with reference to your above mentioned Policy issued under Kotak Group Accident Protect .

Enclosed please find the Policy Schedule and Policy Wordings. We wish to inform you that the proposal is underwritten and policy is issued based on the information submitted to us as well as acceptance of the terms and conditions.

We request you to carefully go through the same once again and in case of any disagreement, discrepancy or clarifications, please call us on our toll free number 1800 266 4545 or write to us at care@kotak.com within 15 days from the date of this letter. Alternatively, you can also write to us at 8th Floor, Kotak Infinity, Building No. 21 Infinity Park, Off Western Express Highway General AK Vaidya Marg, Malad (E) Mumbai – 400 097, India.

Please note that the information provided by you will be verified at the time of claim and the captioned Policy shall be treated as void if we discover any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any form whatsoever made by you or by your agent, on your behalf, at any stage.

As a valued customer, we would like to provide regular updates on your policy through email and SMS. We therefore request you to keep us updated of any change in your contact details.

Assuring you of our best services at all times.

Thanking you,

Yours sincerely,

For Kotak Mahindra General Insurance Company Limited



Authorised Signatory

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**Kotak Group Accident Protect**

For any assistance please call 1800 266 4545, please save the number for your reference  
FOR RENEWALS: Visit [www.kotakgeneralinsurance.com](http://www.kotakgeneralinsurance.com) Call 1800 266 4545

**POLICY SCHEDULE**



**DETAILS OF GROUP/MASTER POLICY HOLDER**

Policy No.	1046665000	Issuance Date	30/11/2018
Issued at	Al Samad Complex, 3-6-12 & 13, 3Rd Floor Liberty Road, Opposite Ttd Bhavan Hyderabad Ts 500029.		
Policy Type	New	Previous Policy No.	NA
Name of the Proposer/ Policy Holder	Sri Balaji Educational Society	GSTIN	
Mailing address of the Policy Holder	D No 18-335, Neerugunti Street Near R T C Bus Stand, Ananthapur Anantapur - 515001 District: Ananthapur Andhra Pradesh(37), India		
Contact Details of the policy Holder	Mobile No. 8688881005	Email ID SREEKANTHREDDY.499@GMAIL.COM	Sum Insured Basis Fixed
Policy Period	From: Time: 12:00 AM Date: 29/11/2018 To: Midnight of 28/11/2019		Instalment Option No
Instalment Frequency	NA	Total no. of Lives Insured 38000	Total Sum Insured 12163100000
Proposal Category	Non Employer-Employee		

**INTERMEDIARY DETAILS**

Intermediary Code	Intermediary Name	Intermediary's Landline No.	Intermediary's Mobile No.
DIRECT	DIRECT BUSINESS	1800 266 4545	

**COVERAGE DETAILS**

Member/ Employee Category/ Loan Type: STUDENTS

Sr. No.	Coverage Opted	Description/ Sum Insured Limits
<b>Section A - Benefits</b>		
1	Accidental Death	INR 100000/-
2	Permanent Total Disablement	INR 100000/-
3	Permanent Partial Disablement	INR 100000/-
<b>Section B - Benefits</b>		
1	Carriage of Dead Body	UPTO INR 2500/-
<b>Section C - Benefits</b>		
1	Ambulance Charges	UPTO INR 1000/-
2	Accidental Hospitalization Inpatient	UPTO INR 25000/-
3	OPD Treatment	UPTO INR 10000/-

Member/ Employee Category/ Loan Type: EARNING PARENT

Sr. No.	Coverage Opted	Description/ Sum Insured Limits
<b>Section A - Benefits</b>		
1	Accidental Death	INR 100000/-
2	Permanent Total Disablement	INR 100000/-
3	Permanent Partial Disablement	INR 100000/-
<b>Section B - Benefits</b>		
1	Carriage of Dead Body	UPTO INR 2500/-
<b>Section C - Benefits</b>		
1	Ambulance Charges	UPTO INR 1000/-

Member/ Employee Category/ Loan Type: STAFF

Sr. No.	Coverage Opted	Description/ Sum Insured Limits
<b>Section A - Benefits</b>		
1	Accidental Death	INR 100000/-
2	Permanent Total Disablement	INR 100000/-
3	Permanent Partial Disablement	INR 100000/-
4	Temporary Total Disablement	1% of AD Suminsured Per Weel for MAX 100 Week
<b>Section B - Benefits</b>		
1	Carriage of Dead Body	UPTO INR 2500
<b>Section C - Benefits</b>		
1	Ambulance Charges	UPTO INR 1000/-

**Important Condition**

Sr. No	Condition Description
1	Policy Construct : STUDENTS / EARNING PARENT / STAFF
2	Policy Type : Individual
3	Age Band – 1 Day – 80 Years.
4	If Premium is paid by Cheque, the Policy is void ab-initio in case of dishonor of Cheque.
5	Scope of cover as per Policy Wordings attached
6	• Since the cover will be on unnamed basis, the entire strength of Students/Staffs in the Organization has to be covered. No selectivity will be allowed. The insured must maintain daily attendance records and make the same available on request. If at the time of the claim it is discovered that Students/Staffs are more than the group strength covered under the policy, the claim shall be repudiated. Regular Endorsement request has to be made with Insurer for addition & deletion of lives.
7	• OPD Treatment* ----- Deductible of Rs 500 per claim is applicable
8	Students - 18000 / Earning Parents - 18000 / Staff - 2000.

**PREMIUM DETAILS**

Taxable value of Services (₹)	IGST @ 18%	Total Amount (₹)
4,98,750.00	89,775.00	5,88,525.00

**DISCLAIMER**

This Policy Schedule and the attached Policy Wording shall be read together as one contract and any word or expression to which a specific meaning has been assigned in any part of the policy or this schedule shall bear the same meaning wherever it may appear.

**TAX DETAILS**

GST Registration No.	3 6 A A F C K 7 0 1 6 C 1 Z U	Category	: General Insurance Services
SAC Code	997134	Description	Accident and health insurance services
Invoice Number	1046665000		

**IN THE EVENT OF CLAIM**

**Please send the relevant documents to:**

Kotak Mahindra General Insurance Company Limited  
 8th Floor, Kotak Infinity, Building No. 21  
 Infinity Park, Off Western Express Highway General AK Vaidya Marg, Malad (E)  
 Mumbai – 400 097, India.

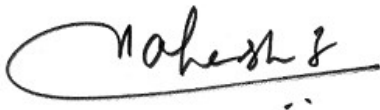
**24x7 TOLL FREE NUMBER: 1800 266 4545**

**Email ID : care@kotak.com**

The stamp duty of ₹ 11.93 paid in cash or by demand draft or by pay order, Vide Receipt / Challan No.  Dated

In Witness whereof this Policy has been signed for and behalf of Al Samad Complex, 3-6-12 & 13, 3Rd Floor Liberty Road, Opposite Ttd Bhavan Hyderabad Ts 500029. at Mumbai this 30 day of November of 2018

For Kotak Mahindra General Insurance Company Limited



**Authorised Signatory**

This document is digitally signed, hence counter signature / stamp is not required.