



UNITED INDIA INSURANCE COMPANY LIMITED

090402
UNITED INDIA INSURANCE COMPANY LIMITED, NO: 443 PERIYAKULAM ROAD, THENI
TENI - 625531 TAMIL NADU
PH: (04546) 252195, (04546) 252695 FAX: EMAIL:

STUDENT SAFETY POLICY

UIN NO. IRDAI/HLT/UII/P-P/V.I/23/2015-16

Policy No.: 0904024224P118759164

PERIOD OF INSURANCE
From 12:00 Hrs of 29/01/2025
To midnight of 28/01/2026

Insured
MS THENI KAMMAVAR SANGAM COLLEGE OF ARTS & SCIENCE
KODUVILARPATTI (PO), THENI
TENI
TAMIL NADU

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : MANIVANNAN G
Agent Code : AGD0033769
Mobile/Landline Number/Email : 9442882511

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 090402@uic.co.in

Download Customer App (www.uic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.
Website: <http://www.uic.co.in>
Printed By : SEK45352 @ 21/02/2025 7:25:51 PM



This document is digitally signed

Signer: DS UNITED INDIA INSURANCE CO LTD 1
Date: Fri, Feb 21, 2025 19:26:08 IST
Location: United India Insurance Company Ltd
Reason: Signing Policy for UIC by Harmeet Singh Chahal



STUDENT SAFETY POLICY
UIN NO. IRBAU/MI/UIT/P-P/V/123/2015-16
SCHEDULE



Policy No.	3904022241018359164
Name Of Insured/ID	MSMITH KANNANAR SANGAN COLLEGE OF ARTS&SCIENCE /230609958614
Tel (O)	243
Tel (M)	81
Tel (H)	Mobile
Business/Occupation	None
Period Of Insurance	From 13.00 Hrs of 29/01/2025 To Midnight of 28/01/2026

Charges	10110090402 : 100%
PREMIUM	One lakh thirteen thousand three hundred fifty-four rupees only

INSURED DETAILS:
As Per Annexure Attached.

Total No of Students: 1408	Total Suminsured: ₹ 140800000
Risks Covered: DEATH & PERMANENT TOTAL DISABILITY & HOSPITALIZATION EXPENSES DUE TO ACCIDENT FOR 1408 STUDENTS AS PER LIST ATTACHED	
Special Conditions: CAPITAL SUM INSURED 1 LAKH EACH. SCHEME E. WE HAVE COVERED STUDENTS ONLY	

Premium:	113,354.00
CGST(9%):	10,202.00
SGST(9%):	10,202.00
Stamp Duty:	133,758.00
Total (Rounded Off):	157,756.00
Receipt Number:	10109040224122083716
Receipt Date:	21/02/2025
Debit/Credit Number:	
Agency/Broker Code:	MANIVANNAN G
Policy Code:	BD45352
Business Code:	BD45352

Customer GST/UIN No.:	9971133	Office GST No.:	33AAACU5592C12Q
SAC Code:		Invoice No. & Date:	42241118759164 & 21/02/2025
Amount Subject to Reverse Charges Nil			

We hereby declare that through our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

And Money Laundering Clause:- In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.ecgc.in>.

Date of Proposal and Declaration: 29/01/2025
IN WITNESS WHEREOF, the undersigned being duly authorized has hereunto set his/her hand at BO 2 THEMI 090402 on this 21st day of February 2025.

For and On behalf of
United India Insurance Co. Ltd.

[Signature]

Duly Constituted Attorney(s)
Underwritten By - SEK45352 (BO UW CUM CASHIER)



Sl. No	Name	Age	Sex	Guardian Name	Address	Year Of Study	Assignee Name	Assignee Relationship
1	VIJAYAN M	19	MALE	THE PRINCIPAL	THE PRINCIPAL	1	THE PRINCIPAL	Others
2	VIJAYAN M	19	MALE	THE PRINCIPAL	THE PRINCIPAL	1	THE PRINCIPAL	Others
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80	VIJAYAN M	19	MALE	THE PRINCIPAL	THE PRINCIPAL	1	THE PRINCIPAL	Others



STUDENTS SAFETY POLICY

WHEREAS the Insured named in the Schedule herein has made or caused to be made to the United India Insurance Co. Ltd., (herein after called "the Company"), written proposal dated as stated in Schedule herein (Warranting the truth of the statements contained herein) which is the basis of this contract and is deemed to be incorporated herein and has paid to the Company the Premium herein stated for the insurance hereinafter for the period started in the Schedule.

NOW THIS POLICY WITNESSETH that subject to the terms, provisions, exclusions, definitions and conditions contained herein or referred or otherwise expressed herein the Company will pay the insurances as hereinafter mentioned :

If at anytime during the currency of this policy the insured shall sustain any bodily injury resulting solely and directly from accident caused by external violent and visible means, then the company shall pay to the insured or his legal personal representative(s) as the case may be the sum or sums hereinafter set forth that is to say :-

a) If such injury shall within twelve calendar month of its occurrence be the sole and direct cause to the death of the insured persons the Capital Sum insured stated in the Schedule herein.

b) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of :
 1. Sight of both eyes, or the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire foot, the Capital sum insured stated in the Schedule herein.

ii. Use of hands or two feet, or of one hand one foot or such loss of sight of one eye and such loss of use of one hand or one foot, the Capital sum insured stated in the Schedule herein.

c) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of :
 1. The sight of one eye or of the actual loss by physical separation of one entire hand or one entire foot, fifty percent (50%) of the capital sum insured stated in the Schedule herein.

ii. Total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the capital sum insured stated in the Schedule herein.

Note : For the purpose of clause (b) and (c) above, physical separation of a hand or feet means separation of hands at or above the wrist and or of the foot at or above the ankle respectively.

d) If such injury shall as a direct consequence thereof immediately totally and absolutely disable the insured person from engaging in any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum insured.

e) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of use or the actual loss by physical separation of the following then the percentage of the Capital Sum insured as indicated below shall be payable:

Sl.No.	Item	% of Capital Sum Insured
I	a. Loss of toes -all	20
	b. Great -both phalanges	5
	c. Great -one phalanx	2
	d. Other than great, of more than one toe lost each	1
	e. Other than great, of more than one ear	15
II	Loss of hearing -both ears	40
	Loss of hearing -one ear	25
III	Loss of 4 fingers and thumb of one hand	35
	Loss of 4 fingers	10
VI	a. Loss of thumb -both phalanges	10
	b. Loss of thumb -one phalanx	8
VII	a. Loss of index finger -three phalanges	4
	b. Loss of index finger -two phalanges	4
	c. Great -one phalanx	6
VIII	a. Loss of middle finger - 3 phalanges	4
	b. Loss of middle finger - 2 phalanges	2
	c. Loss of middle finger - 1 phalanx	2
IX	a. Loss of ring finger - 3 phalanges	4
	b. Loss of ring finger - 2 phalanges	2
	c. Loss of ring finger - 1 phalanx	2
X	a. Loss of little finger - 3 phalanges	3
	b. Loss of little finger - 2 phalanges	2
	c. Loss of little finger - 1 phalanx	2
XI	a. Loss of metacarpals - first or second (additional)	2
	b. Loss of metacarpals - third, fourth or fifth (additional)	2
XII.	a. any other permanent partial disablement	% as assessed by the Doctor

Sl.No.	Name	Sex	Relationship	Age	Occupation
1589	BANDAY THAYALAN R	19	MALE	THE PRINCIPAL	THE PRINCIPAL Others
1590	SIWAADHARSHINI P	19	FEMALE	THE PRINCIPAL	THE PRINCIPAL Others
1591	SIWAADHARSHINI M	19	MALE	THE PRINCIPAL	THE PRINCIPAL Others
1592	SIWAADHARSHINI M	19	MALE	THE PRINCIPAL	THE PRINCIPAL Others
1593	SIWAADHARSHINI M	19	MALE	THE PRINCIPAL	THE PRINCIPAL Others
1594	SIWAADHARSHINI M	19	MALE	THE PRINCIPAL	THE PRINCIPAL Others
1595	SIWAADHARSHINI M	19	MALE	THE PRINCIPAL	THE PRINCIPAL Others
1596	SIWAADHARSHINI M	19	MALE	THE PRINCIPAL	THE PRINCIPAL Others
1597	SIWAADHARSHINI M	19	MALE	THE PRINCIPAL	THE PRINCIPAL Others
1598	SIWAADHARSHINI M	19	MALE	THE PRINCIPAL	THE PRINCIPAL Others
1600	SIWAADHARSHINI M	19	MALE	THE PRINCIPAL	THE PRINCIPAL Others
1601	SIWAADHARSHINI M	19	MALE	THE PRINCIPAL	THE PRINCIPAL Others
1602	SIWAADHARSHINI M	19	MALE	THE PRINCIPAL	THE PRINCIPAL Others
1603	SIWAADHARSHINI M	19	FEMALE	THE PRINCIPAL	THE PRINCIPAL Others
1604	SIWAADHARSHINI M	19	FEMALE	THE PRINCIPAL	THE PRINCIPAL Others

1) If such injury shall be the sole and direct cause of temporary total disablement, then so long as the insured person shall be totally disabled from engaging in any employment or occupation of any description whatsoever a sum at the rate of 10% (ten per cent) of the capital sum insured stated in the schedule hereof per week, but in any case not exceeding 25% of the monthly salary, per week in all under all policies per week in any case not exceeding 25% of the monthly salary.

Provided that the compensation payable under the foregoing sub-clause (1) shall not be payable for more than 100 weeks in respect of any one injury calculated from the date of commencement of the disablement and in no case shall exceed the Capital sum insured.

g) In the event of Death of the insured person due to accident as defined in the policy outside her/his residence the Company shall reimburse expenses incurred for transportation of insured persons dead body to the place of residence subject to a maximum of 2% of capital sum insured or Rs.2,500/- which ever is less.

h) In the event of death or permanent total disablement of the insured due to accident as defined in the policy during the accident as defined in the tariff, the policy shall also provide compensation towards Education Fund for the dependent children as below :

i. If the insured person has one dependent child below the age of 23 years, an amount equal to 10% of the CSI subject to a maximum of Rs.5,000/-.

ii. If the insured person has more than one dependent child below the age of 23 years, an amount equal to 10% of the CSI subject to a maximum of Rs.10,000/-.

The payment as above will be made along with the CSI of the same person/s who is/are entitled to receive the CSI

NOTE 1. The benefit under this extension will be available on the basis of the original CSI only and not on the cumulative Bonus.

NOTE 2. The age limit of 23 years shall apply on the date of accident and not at the beginning of the policy year.

Provided that there be an any other subsisting PA Insurance/s in the name of the insured and benefit under this benefit shall be payable under all such policies, the total amount so payable shall be limited to a maximum of Rs.5,000/- in case the insured is one dependent child and Rs.10,000/- in case there is more than one dependent child. The amount so payable shall be borne all the policies in proportion to the original sum insured.

EXCEPTION

PROVIDED ALWAYS THAT

The company shall not be liable under this policy for:

1. Compensation under more than one of the foregoing sub-clauses in respect of the same period of disablement.

2. Any other payment to the same person after a claim under one of the sub-clauses (a), (b), (c) or (d) has been admitted and become payable.

3. Any payment in case of more than one claim under this policy during any one period of insurance by which the maximum liability of the company in that period would exceed the sum payable under sub-clause (a) of the policy.

4. Payment of weekly compensation until the total amount shall have been ascertained and agreed.

5. Payment of compensation in respect of death, injury or disablement of insured (a) from intentional self-injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in aviation or ballooning while duly Licensed Standard type of aircraft anywhere in the world (d) directly or indirectly caused by venereal disease or insanity (e) arising or resulting from the insured committing any breach of the law with criminal intent.

Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine.

6. Payment of compensation in respect of Death, Injury or disablement of the insured due to arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, Hostilities (whether war be declared or not) War, Rebellion, Princes and people of whatever nation, condition or quality so ever.

7. Payment of compensation in respect of Death of, or bodily injury or any disease or illness of the insured persons

a) directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radio active substances from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self sustaining process of nuclear fission.

b) directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.

pregnancy Exclusion Clause 1: The Insurance under this Policy shall not extend to cover death disablement resulting directly or indirectly from pregnancy or in consequence thereof.

CUMULATIVE BONUS

Compensation payable under clause (a) (b) (c) and (d) of the policy viz. death, loss of limbs, sight and permanent total disablement out of accidental injuries shall be increased by 5% thereof in respect of each complete year, during which, the policy shall have been in force, prior to the occurrence of an accident for which the capital sum insured becomes payable but amount of such increase shall not exceed 50% of the capital sum insured stated in the schedule herein.

This clause shall not in any way affect the annual character of the insurance for the right of the company to decline to renew or to cancel this policy as hereinafter provided. The earned cumulative bonus will not be lost if the policy is renewed within 90 days after its expiry.

CONDITION

Upon the happening of any event, which may give rise to claim under this Policy, written notice with full particulars must be given to the company immediately. In case of death, written notice also of the death must, unless reasonable cause is shown, be given before interment, cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation.

Satisfactory proof to the Company shall be furnished of all matter upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the persons on behalf of the insured on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the insured and in the event of death to make post mortem examination of the body of the insured persons. Such evidence as the Company may from time to time require shall be furnished and a post mortem report if necessary be furnished within the space of fourteen days after demand in writing and the treatment as the Company may reasonably deem desirable provided (s) shall undergo at the insured's expense such special and in the case of a temporary total disablement only upon the termination of such disablement.

In the case of permanent partial disablement all sums payable hereunder shall be payable on the delivery of this policy for reduction of the sum insured by the amount admission under the claim.

The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement or device, whether by the insured or by any person on behalf of the insured persons.

a) The insured shall give immediate notice to the Company on any change in his business or occupation.

b) The insured shall on tendering any premium for the renewal of this policy give notice in writing to the Company of any disease physical defect or infirmity with which any of the insured person(s) have become affected since the payment of the last preceding premium.

This policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the policy or of the subsequent renewal thereof, the Company shall not, however be bound to give notice that such Renewal Premium is due.

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending fifteen days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rates provided no claim has occurred upto the date of cancellation.

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other calling with or relating to this policy but the receipt of the insured shall in all cases be an effective discharge to the Company.

21/26

1. **Introduction**
This document is a draft of the proposed regulations for the proposed program. It is intended to provide information to the public and to the interested parties. The regulations are subject to change without notice.

2. **Authority**
The regulations are proposed under the authority of the [Authority]. The regulations are intended to [purpose].

3. **Comments**
Comments on the proposed regulations should be submitted to the [Authority] by [date]. Comments should be in writing and should include the following information: [information].





UNITED INDIA INSURANCE COMPANY LIMITED

RECEIPT

Issuing Office code/Address :	090402 / BO 2 THENI UNITED INDIA INSURANCE COMPANY LIMITED, NO:443 PERIYAKULAM ROAD, THENI 625531	Receipt Number :	10109040224122083716
		Collection Date :	21/02/2025

Received with thanks from THENI KAMMAVAR SANGAM COLLEGE OF ARTS & SCIENCE (Customer ID : 23069958614, Customer GST/UID No : Not Available) a sum of Rs. 133760.00 (One lakh thirty-three thousand seven hundred sixty rupees only) as per detail given hereunder:

SL No	Policy Number	Policy Type	Endt/Ren/Clm/Decln No	Particulars	Total Amount
1	0904024224P118759164	StudentSafety	0	Final Premium	1,13,354.00
2	0904024224P118759164	StudentSafety	0	CGST	10,202.00
3	0904024224P118759164	StudentSafety	0	SGST	10,202.00
Total (Rounded Off) :					1,33,758.00
Stamp Duty :					0.00
Bank Charges :					2.00
Total Amount :					1,33,760.00

Instrument Details

SL No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	124090402112113194	CHEQUE	080837	23/01/2025	BANK OF INDIA	THENI	1,33,760.00

Particulars :

GSTIN (UIC) : 33AAACU5552C1ZQ

for UNITED INDIA INSURANCE COMPANY LIMITED

Cashier Initial

Note:

1. Receipt valid subject to realisation of cheque
2. Please quote policy no., collection no., and date in all correspondences.

AUTHORISED SIGNATORY



CONSOLIDATED ADDITIONAL STAMPS DUTY PAID AS PER TAMILNADU GOVERNMENT G O (RT) NO 455 DATED 28/06/2024 FOR THE PERIOD FROM 01/04/2024 TO 30/06/2025