



December 02, 2022

KASHI INSTITUTE OF PHARMACY

VARANASI, UTTAR PRADESH, PIN - 221307

Dear Customer,

Sub: SARV SURAKSHA PLUS (GROUP) Policy No. 2999205092254800000

We thank you for having preferred us for your *Insurance* requirements. We at HDFC ERGO General Insurance believe "*Insurance*" not only to be an assurance to indemnify in the event of unfortunate circumstances, but one that signifies protection and support you can count on when you need it most.

The Insurance Policy enclosed is a written agreement providing confirmation of our responsibility towards you that puts insurance coverage into effect against stipulated perils.

The Policy has been designed so as to augment the key facets and aims to provide information in a clear cut manner.

Please note that the policy has been issued based on the information contained in the proposal form and / or documents received from you or your representative / broker. Where the proposal form is not received, information obtained from you or your representative /broker, whether orally or otherwise, is captured in the policy document.

If you wish to contact us in reference to your existing policy and /or other general insurance solutions been offered by us, you may write to our correspondence address as mentioned below. Alternatively, you may visit our website www.hdfcergo.com. To enable us to serve you better, you are requested to quote your Policy Number in all correspondences.

Thanking you once again for choosing HDFC ERGO General Insurance Company Limited and looking forward to many more years of association.

Yours sincerely,

Authorised Signatory

Insurance is the subject matter of solicitation





SARV SURAKSHA PLUS (GROUP) POLICY

SECTION 1 – SCHEDULE

- Policy Number: 2999205092254800000
1. Name & Address of the Policyholder: KASHI INSTITUTE OF PHARMACY
 VARANASI, UTTAR PRADESH, PIN - 221307
 GSTIN State: UTTAR PRADESH
 State Code: 09
 GSTIN: NA
2. Agent/Broker Name: ARADHANA TEWARI
3. Policy Period: From 00:01 hours: December 01, 2022
 To (Midnight) : November 30, 2023
4. a. Maximum Any One Life Limit: Rs. 100,000.00
 b. Maximum Accumulation Limit: Rs. 5,100,000.00
5. Operative Time: 24 Hours
6. Territory of Insurance: Worldwide
7. Details of the Insured Persons:

Category of insured person	No of Employees	Nature of Duties
Employee	51	Managerial and Administrative Functions
Total	51	

8. Premium Payable:		
		Annual
Net Premium	Rs.	2,295.00
Add IGST 18%	Rs.	413.10
Total Amount Payable	Rs.	2,708.10

Invoice Number: 205092254800000

SAC Code: 9971

Note: "Goods and Services Tax for this invoice is not payable under reverse charge basis"



" I/ We hereby declare that though 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"



Policy No. 2999205092254800000

9. Benefits Covered per person:

Benefits	Category of Insured Person	Total Sum Insured (Rs)
Accidental Death	Employee	100,000
Permanent Disablement – Table D	Employee	100,000
Temporary Total Disablement- Accident Only Amount Payable per Week Maximum Number of Weeks: 104	Employee	1% of the Accidental Death Section Sum Insured or Rs. 5,000.00 whichever is lower
Emergency Medical Expenses– Accident Only	Employee	10,000
Dependent Child Education Benefit Amount Payable per Year Number of Years Payable: 1 Year Number of Children Covered: 2 Children	Employee	10,000
Last Rites	Employee	2,500

10. Special Conditions:

- a. Basis of Sum Insured:
 - Fixed Basis
- b. Description of the Insured:
 - Only permanent employees of the organization are covered.
- c. The Sum Insured for Accidental Death and Permanent Disablement Section shall not exceed Fixed Sum Insured.
- d. The Weekly Compensation under the Temporary Total Disablement Section shall not exceed the Gross Weekly Salary of the employee.
- e. Emergency Medical Expenses – Accident Only covered under shall be subject to the following condition: The Insured Person would get the least of the following under Emergency Medical Expenses – Accident Only Section:
 - (i) Actual Expenses
 - (ii) Rs. 10,000.00
- f. It is hereby declared and agreed that the exclusion under Section 5 (21) as mentioned below is deleted:
 - i) for Bodily Injury sustained as the result of Terrorism.
- g. The following risk / perils have been explicitly excluded under the policy:
 - Injury caused by surgery
 - Nuclear energy risk
 - Professional activities of military personnel
 - Offshore activities
 - Accidental Death or Permanent Disablement due to pregnancy or childbirth
 - Terrorism due to nuclear / chemical / biological risk
 - Adventure sports
 - Epidemic / Pandemic
 - War
 - The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances
 - Self inflicted Injury





- h. The policy has been issued on 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 any point of time the total number of employees/lives on rolls should not exceed the total number of persons declared under the policy.
 - To furnish the total number of employees/lives on rolls at the time of accident.
 - Violation in number of persons covered will prejudice claim under the policy.
 - At any given time the attendance sheet / roll 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.
- i. **Total Sum Insured Consider is Rs. 5,100,000.00**
- j. The following documents shall be mandatory in the event of a claim:
- i) Appointment letter from the employer
 - ii) Salary slips of the employee
 - iii) Proof of leave application
 - iv) Letter from Head -Human resource for not present in the office
 - v) ID – Proof – Election Card / Pan Card / Driving Licence / Passport copy
- k. 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.
- l. Additions deletions of employee will be done on prorata basis from day 1 for additions subject to sufficient CD balance being maintained.
- m. The **Named Insured / Policyholder** shall immediately notify the **Company** of any and all changes during the **Policy Period** to the **Insured's** professional activity or occupation as stated in the policy schedule.
- n. All supporting documents relating to the claim must be submitted to the company within sixty (60) days from the date of loss & the claim intimation should be within Thirty (30) days from the date of Loss.

Subject otherwise to the terms, conditions and exclusions of SARV SURAKSHA PLUS (GROUP).

Signed for and on behalf of the HDFC ERGO General Insurance Company Limited, at Mumbai on December 02, 2022

Authorised Signatory

Goods and Service Tax Registration No – 05AABCL5045N1ZE

The contract will be cancelled abintio in case; the consideration under the policy is not realized.



The stamp duty of 5.00 (Rupees Five Only) paid by Demand Draft, vide Receipt/Challan No Order Certificate NO. LOA/CSD/477/2022/4252 (Validity Period Dt. 29/09/2022 to Dt.31/12/2023) DATE- 29/SEP/2022) as prescribed in (Government of Maharashtra Order No. Mudrank – 2017/CR.97/M-1, dated the 09th January 2018).

Branch: DEHRADUN - 3RD FLOOR, NCR PLAZA, 24A CANTT ROAD, DEHRADUN Uttaranchal 248003

Agent Code: 201935238733

Agent Name: ARADHANA TEWARI



Policy No. 2999205092254800000

Sarv Suraksha Plus (Group)

Policy Wording

Operating Clause

We will provide Insurance coverage to the **Insured Person(s)** under this **Policy** up to **Sum Insured** and/or Sub-limits subject to Terms, Conditions, Exclusions, waiting period, Co-payment and Deductible (including Time Deductible) mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**.

The Coverage under this **Policy** is subject to statements of Policy Holder and/or Insured Persons in the Proposal form/enrollment form, declaration and/or medical reports, and the terms and conditions of this **Policy**.

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable **You** to identify that particular word has a specific meaning for which **You** need to refer Section – A, Definitions.

A. Definitions

I. Standard Definitions

Def.1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Def.2. **Any one illness** means continuous period of **Illness** and includes relapse within 45 days from the date of last consultation with the **Hospital/Nursing Home** where treatment was taken

Def.3. **AYUSH HOSPITAL** means an AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by **AYUSH Medical Practitioner(s)** comprising of any of the following:

- a. Central or State Government AYUSH Hospital; or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered **AYUSH Medical Practitioner** and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified **AYUSH Medical Practitioner** in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Def.4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health center which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered **AYUSH Medical Practitioner(s)** on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered **AYUSH Medical Practitioner (s)** in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Def.5. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the **Network Provider** by the insurer to the extent pre-authorization is approved.

Def.6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon





Def.7. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A **Co-Payment** does not reduce the Sum Insured

Def. 8 **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a) **Internal Congenital Anomaly:** **Congenital Anomaly** which is not in the visible and accessible parts of the body.

b) **External Congenital Anomaly:** **Congenital Anomaly** which is in the visible and accessible parts of the body.

Def.9. **Day care Centre** means any institution established for **Day Care Treatment of Illness** and / or injuries or a medical set -up with a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria s under:-

- I. has qualified nursing staff under its employment;
- II. has qualified medical practitioner/s in charge;
- III. has fully equipped operation theatre of its own where surgical procedures are carried out;
- IV. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

Def. 10. **Day Care Treatment/ Procedures** means those medical treatment, and/or surgical procedure which is

- i) undertaken under General or Local Anaesthesia in a **Hospital/Day Care Centre** in less than 24 hours because of technological advancement, and
- ii) which would have otherwise required **Hospitalization** of more than 24 hours,

Treatment normally taken on an Out-patient basis is not included in the scope of this definition

Def.11. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def.12. **Domiciliary Hospitalization** means medical treatment for an **Illness/disease/Injury** which in the normal course would require care and treatment at a **Hospital** but is actually taken while confined at home under any of the following circumstances:

- I. the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or
- II. the patient takes treatment at home on account of non-availability of room in a **Hospital**

Def.13. **Emergency Care** means management for an **Illness** or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

Def.14. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre –existing diseases. Coverage is not available for the period for which no premium is received.

Def.15. **Hospital** means any institution established for In-patient Care and **Day Care Treatment of Illness** and/or injuries and which has been registered as a **Hospital** with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

