

September 02, 2023

**MS KASHI INSTITUTE OF PHARMACY**

23, KM MILESTONE, VARANASI- ALLAHABAD HIGHWAY,  
VARANASI, UTTAR PRADESH, PIN-221307

Dear Customer,

**Sub: SARV SURAKSHA PLUS (GROUP) Policy No. 2999205665349600000**

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](http://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:** 2999205665349600000
1. Name & Address of the Policyholder **MS KASHI INSTITUTE OF PHARMACY**  
23, KM MILESTONE, VARANASI- ALLAHABAD HIGHWAY,  
VARANASI, UTTAR PRADESH, PIN-221307  
UTTAR PRADESH
- GSTIN State
- State Code NA
- GSTIN NA
2. Agent/Broker Name: ARADHANA TEWARI
3. Policy Period From 00:01 hours: **August 30, 2023**  
To (Midnight) : **August 29, 2024**
4. a. Maximum Any One Life Limit: Rs. 100,000.00  
b. Maximum Accumulation Limit: Rs. 59,600,000.00
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	371	Full time students of the Institute
Parent	371	One Earning Parent
<b>Total</b>	<b>742</b>	

8. Premium Payable:		
		<b>Annual</b>
Net Premium	Rs.	23,840.00
Add: IGST 18%	Rs.	4,291.20
<b>Total Amount Payable</b>	<b>Rs.</b>	<b>28,131.20</b>

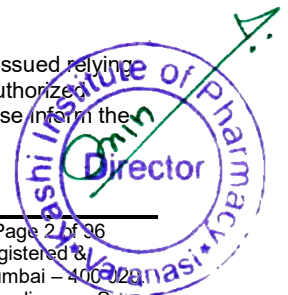
**Invoice Number: 205665349600000**

**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"

"This is with reference to the KYC norms prescribed by the Authority, whereby this policy is being issued relying on the undertaking / power of attorney / letter of authorisation / Board resolution provided by the authorized signatory of your Entity. Should the signatory be not authorized to provide such a declaration, please inform the Company within 15 days from the date of receipt of this policy"



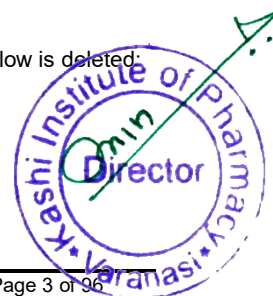
Policy No. 2999205665349600000

**9. Benefits Covered per person:**

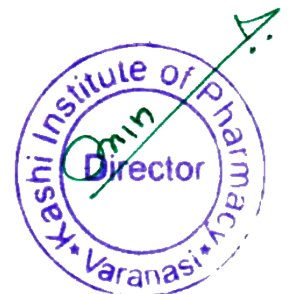
Benefits	Total Sum Insured (Rs.) Students	Total Sum Insured (Rs) One Earning Parent
Accidental Death	As per Annexure	As per Annexure
Permanent Disablement – Table D	100% Of death Sum Insured	NA
Emergency Medical Expenses– Accident Only	20,000	NA
Transportation of Mortal Remains	2,500	NA
Last Rites	5,000	NA

**10. Special Conditions:**

- a. Basis of Sum Insured:
  - Fixed Basis
- b. Description of the Insured:
  - Only students and One Earning Parent of the institute are covered
- c. The Sum Insured for Accidental Death and Permanent Disablement Section shall not exceed 5 times the Gross Annual Salary of the employee.
- 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. 20,000.00
- f. **Transportation of Mortal Remains:** In the event of Claim becoming admissible under Accidental Death Cover, we will pay the Sum Insured as mentioned in the Schedule of Coverage on Policy Schedule/Certificate of Insurance towards transportation of Moral Remains of the Insured Person from the place of Death to his/her Home country or City
- g. **Last Rites :** We will pay the Sum Insured, as specified in the Schedule of Coverage on Policy Schedule/Certificate of Insurance towards last rites of Insured Person, if Insured Person sustains Injury due to Accident during the Period of Insurance, which shall within twelve months of its occurrence be the sole and direct cause of Death of Insured Person.
- h. 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.
- i. 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
  - Insect / mosquito bite
  - 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
- j. The policy has been issued on named basis.
- k. **Total Sum Insured Consider is Rs. 59,600,000.00**
- l. 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
- m. 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.
- n. Additions deletions of employee will be done on prorata basis from day 1 for additions subject to sufficient CD balance being maintained.
- o. 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.
- p. 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 **September 02, 2023**



**Authorised Signatory**

Goods and Service Tax Registration No – 07AABCL5045N1ZA

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

*The stamp duty of Re. 1.00 (Rupee One Only) paid by Demand Draft, vide Receipt/Challan 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: GROUND FLOOR,EROS TOWER OPP. NEHRU PLACE METRO STATION, Delhi 110019**

Agent Code: 201935238733

Agent Name: ARADHANA TEWARI

