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GROUP PERSONAL ACCIDENT SCHEDULE

Corporate Office/Policy Issuing Office:	Policy Servicing Branch:
Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063.	AVS Tower, Next to Srinivasa Motors, Rs No. 181/2, 100 Feet Road, Sundararaja Nagar, Mudaliarpur PUDUCHERRY U T
Policy Branch Office Code: 1214	Agent/Broker Code:21A44840
Policy No: 121432329140000001	
Date of proposal:28/01/2023 ProposalNo:P012323100974	Details of previous policy (in case of renewal) Previous policy No:121532229140000001 Date of expiry: 21/01/2023
TaxInvoice No & Date :P012323100974 & 28/01/2023	
INSURED NAME : M/S AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN	
GSTIN /UN of the insured	
Policy Holder ADDRESS / Place Of Supply:	
AVINASHILINGAM GROUP OF INSTITUTION, HOME SCIENCE ROAD, OPP. SUNDARAM HONDA (TVS), NORTH COIMBATORE	
TAMIL NADU	
COIMBATORE	
641043	
Period of Insurance: From 22/01/2023 to mid night on 21/01/2024	
Total No of Lives Covered	14834
Type of Policy	UnNamed
Total Sum Insured(Rs)	2966800000.00
Description of Group	INSTITUTE
Nature of Business	
Coverage details as per schedule attached.	
Premium (Rs)	628559.32
IGST (@18.00%)	113140.68
TOTAL PREMIUM PAYABLE(Rs)	741700.00
Branch GSTIN :34AABCR6747B1ZL;HSN Code :997133;Description Of Services :Accident and Health Insurance Service;	
Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/562/2023/(Validity Period Dt.10/01/2023 to Dt.01/12/2023)/117 DT.9 JAN2023" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.	

Reliance General Insurance Company Limited, IRDAI Registration No. 103

Registered Office & Corporate Office/Policy Issuing Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai -400 063.

Corporate Identity No: U66603MH2000PLC128300. PERSONAL ACCIDENT - GROUP. UIN : RELPAGR01001V010001

*Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

RGI/MCOM/CO/ 2914 /PS/Ver.1.0/151020

An ISO 9001:2015 Certified Company

In the event of dishonor of Cheque, this policy automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in

Policy wordings link : <https://www.reliancegeneral.co.in/Insurance/About-Us/Downloads.aspx>

In witness whereof this policy has been signed at Mumbai on 28/01/2023

In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 3009 or may write an email at rgcil.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgcil.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgcil.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located. Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI- 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in | Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in | Office of the Insurance Ombudsman, 2nd Floor, Pulint Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in

For and on behalf of

Reliance General Insurance Company Limited

User ID: 71008105 Policy Generation Date :28/01/2023

Schedule attached to and forming part of Policy No.121432329140000001			
Cover Name	Sum insured	Co-pay	Special Conditions
Table A-Death Only			1) Students each Rs. 2 lacs : Death only due to external accidental means 2) One Earning Parent each Rs.2 lacs : Death only due to external accidental means
Medical expenses			Accidental medical expenses in case of OPD upto Rs.10,000 (within overall sum insured of Rs.2 Lacs for students) only with an excess of Rs.1500/-.

General Conditions: 1) Accidental Hospitalisation is covered upto Rs.2,00,000 for Students only
2) Tuition fees and/or hostel fees upto Rs.2 Lacs in event of death of parent / guardian due to accident
3) Maximum Sum insured Per life Rs. 2 lacs.
4) Policy on UnNamed basis.
5) AOA Rs. 20 crores
6) Addition-deletion will be done on pro-rata premium basis for employees/Students / Parents once in a month only, subject to all relevant details being forwarded to insurer before 15th day of succeeding month.
7) Students:- Minimum age of beneficiary 15 years and maximum 25 years
8) Name list as per attendance and Admission # maintained by the institution. Bonafide certificate mentioning the name, Class, Section and Admn Number required while submitting a claim

Special Conditions:
Below mentioned activity shall be outside the scope of the policy:-
Professional sports team in respect of specific benefit for inability to perform
Participation in any kind of motor speed contest
While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers)
Underground mining & contractor specializing in tunneling and Offshore activities
Naval, military or air force personnel
Radioactivity, Nuclear risks, Ionizing radiation
Animal bite/insect bite is not covered.
Perils of the sea are excluded from the scope of the policy.

Exclusions:-
Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
Being under influence of drugs, alcohol, or other intoxication or hallucinogens
Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor
Committing any breach of law of land with criminal intent.
Death or disablement resulting from Pregnancy or childbirth
Risk Category III people are out of the scope of the policy

SCHEDULE ATTACHED TO AND FORMING PART OF POLICY NO.:121432329140000001'
MEDICAL EXPENSES EXTENSION (Group Insurance)

Endorsement extending Insurance under Policy No. '121432329140000001' in the name of 'M/S AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN'. In consideration of the payment of an additional premium paid under the policy it is hereby agreed and declared that notwithstanding anything in the within written policy contained to the contrary, this insurance is extended to cover the medical expenses necessarily incurred and expended in connection with any accident as specified in the Policy, for which a claim is made by the Insured and admitted by the Company. The Company shall reimburse to the insured person an amount up to but not exceeding ___% of the Admissible Claim or ___% of claim amount or actual whichever is less. Further, it is a condition precedent to the payment of such medical expenses that the medical attendant's detailed account shall, if the Company so requires be submitted to and is approved by the Company.


PROVIDED ALWAYS THAT:

1. The insurance shall not apply, in so far as it applies to a female to expenses incurred in respect of any condition arising from the traceable to any disease of the organs of generation, malignant diseases of mammary glands, pregnancy, childbirth, abortion or miscarriage or any complications and or sequels arising from the foregoing, unless otherwise provided hereafter.
2. The Company shall not be liable to may any payment under this Policy in respect of :-
 - i. Disease, Injury, Death or Disablement directly or indirectly due to war, Invasion, Act of Foreign Enemy Hostilities or Warlike Operations (whether war be declared or not) or Civil War or Rebellion, Revolution, Insurrection Mutiny, Military, Naval or Air Service or Breach of Law of Hunting Steeple chasing or engaging in aviation or Ballooning other than as a passenger (fare paying or otherwise) in any licensed Standard Type of Aircraft.
 - ii. Circumcision or Strictures of Vaccination or Inoculation or change of life or beauty treatment of any description of dental or eye treatment other than treatment for the diseases etc. or Intentional self injury or insanity or dissipation or Nervous Breakdown (which expression shall cover also general debility "run down" conditions and General "overhaul") or Venereal Disease or intemperance or the use of intoxicating drugs or liquors or any diseases, injury, death or disablement directly or indirectly due to any one or more of them.

Subject otherwise to the terms, exceptions, conditions and limitations of the Policy.

GROUP PERSONAL ACCIDENT SCHEDULE

Corporate Office/Policy Issuing Office:	Policy Servicing Branch:
Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063.	AVS Tower, Next to Srinivasa Motors, Rs No. 181/2, 100 Feet Road, Sundararaja Nagar, Mudaliarpur PUDUCHERRY U T
Policy Branch Office Code: 1214	Agent/Broker Code:21A44840
Policy No: 121432429140000001	
Date of proposal:22/01/2024 ProposalNo:P012024100416	Details of previous policy (in case of renewal) Previous policy No:121432329140000001 Date of expiry: 21/01/2024
TaxInvoice No & Date :P012024100416 & 22/01/2024	
INSURED NAME : M/S AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN	
GSTIN /UN of the insured	
Policy Holder ADDRESS / Place Of Supply: AVINASHILINGAM GROUP OF INSTITUTION, HOME SCIENCE ROAD, OPP. SUNDARAM HONDA (TVS), NORTH TAMIL NADU COIMBATORE 641043	
Period of Insurance: From 22/01/2024 to mid night on 21/01/2025	
Total No of Lives Covered	14052
Type of Policy	UnNamed
Total Sum Insured(Rs)	2810400000.00
Description of Group	INSTITUTE
Nature of Business	
Coverage details as per schedule attached.	
Premium (Rs)	595423.73
IGST (@ 18.00%)	107176.27
TOTAL PREMIUM PAYABLE(Rs)	702600.00
Branch GSTIN :34AABCR6747B1ZL;HSN Code :997133;Description Of Services :Accident and Health Insurance Service;	
Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/Enf-1/CSD/35/2023/(Validity Period Dt.01/01/2024 to Dt.01/12/2024)/52 Date 02 Jan 2024" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.	

Notice of communication to be given in respect of claim to :	
Name:	
Address:	
City:	
Website Address:	
Customer care No	
Email id:	
<p>In the event of dishonor of Cheque, this policy automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.</p> <p>The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in</p> <p>Policy wordings link : https://www.reliancegeneral.co.in/Insurance/About-Us/Downloads.aspx</p> <p>In witness whereof this policy has been signed at Mumbai on 22/01/2024</p> <p>In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.</p> <p>Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located. Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI- 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in OFFICE OF THE INSURANCE OMBUDSMAN LIC OF INDIA 10TH FLOOR, 'JEEVAN PRAKASH', DIVISIONAL OFFICE M G ROAD, ERNAKULAM KOCHI - 682011. Tel.: 0484 - 2358759 / 2359338, Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in</p>	
<p>For and on behalf of</p> <p>Reliance General Insurance Company Limited.</p> <p> Authorised Signatory</p>	
<p>User ID: 71008105 Policy Generation Date :22/01/2024</p>	

Schedule attached to and forming part of Policy No.121432429140000001			
Cover Name	Sum insured	Co-pay	Special Conditions
Table A-Death Only			i) Students- (7,026)- each Rs. 2 lacs : Death only due to external accidental means. ii) One Earning Parent- (7,026)- each Rs.2 lacs : Death only due to external accidental means.
Medical expenses			Accidental medical expenses (For Students only) in case of OPD upto Rs.10,000 (within overall sum insured of Rs.2 Lacs) only with an excess of Rs.1500/-.

General Conditions: 1) Accidental Hospitalisation is covered upto Rs.2,00,000 for Students only
2) Tuition fees and/or hostel fees upto Rs.2 Lacs in event of death of parent / guardian due to accident
3) Maximum Sum insured Per life Rs. 2 lacs.
4) Policy on UnNamed basis.
5) AOA Rs. 20 crores
6) Addition-deletion will be done on pro-rata premium basis for employees/Students / Parents once in a month only, subject to all relevant details being forwarded to insurer before 15th day of succeeding month.
7) Students:- Minimum age of beneficiary 15 years and maximum 25 years
8) Name list as per attendance and Admission # maintained by the institution. Bonafide certificate mentioning the name, Class, Section and Admn Number required while submitting a claim
9) Special Conditions:
Below mentioned activity shall be outside the scope of the policy:-
Professional sports team in respect of specific benefit for inability to perform
Participation in any kind of motor speed contest
While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers)
Underground mining & contractor specializing in tunneling and Offshore activities
Naval, military or air force personnel
Radioactivity, Nuclear risks, ionizing radiation
Animal bite/Insect bite is not covered.
Perils of the sea are excluded from the scope of the policy.
Exclusions:-
Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
Being under influence of drugs, alcohol, or other intoxication or hallucinogens
Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor
Committing any breach of law of land with criminal intent.
Death or disablement resulting from Pregnancy or childbirth
Risk Category III people are out of the scope of the policy.

SCHEDULE ATTACHED TO AND FORMING PART OF POLICY NO.: '121432429140000001'

MEDICAL EXPENSES EXTENSION (Group Insurance)

Endorsement extending Insurance under Policy No. '121432429140000001' in the name of 'M/S AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN ' In consideration of the payment of an additional premium paid under the policy it is hereby agreed and declared that notwithstanding anything in the within written policy contained to the contrary, this insurance is extended to cover the medical expenses necessarily incurred and expended in connection with any accident as specified in the Policy, for which a claim is made by the Insured and admitted by the Company. The Company shall reimburse to the insured person an amount up to but not exceeding ____% of the Admissible Claim or ____% of claim amount or actual whichever is less. Further, it is a condition precedent to the payment of such medical expenses that the medical attendant's detailed account shall, if the Company so requires be submitted to and is approved by the Company.

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2. The Company shall not be liable to may any payment under this Policy in respect of :-
 - i. Disease, Injury, Death or Disablement directly or indirectly due to war, Invasion, Act of Foreign Enemy Hostilities or Warlike Operations (whether war be declared or not) or Civil War or Rebellion, Revolution, Insurrection Mutiny, Military, Naval or Air Service or Breach of Law of Hunting Steeple chasing or engaging in aviation or Ballooning other than as a passenger (fare paying or otherwise) in any licensed Standard Type of Aircraft.
 - ii. Circumcision or Strictures of Vaccination or Inoculation or change of life or beauty treatment of any description of dental or eye treatment other than treatment for the diseases etc. or Intentional self injury or insanity or dissipation or Nervous Breakdown (which expression shall cover also general debility "run down" conditions and General "overhaul") or Venereal Disease or intemperance or the use of intoxicating drugs or liquors or any diseases, injury, death or disablement directly or indirectly due to any one or more of them.

Subject otherwise to the terms, exceptions, conditions and limitations of the Policy.