



## UNITED INDIA INSURANCE COMPANY LIMITED

072700

NO.40/3, GEETHA MANSION K.G. ROAD, BENGALURU, KARNATAKA  
BANGALORE - 560009 KARNATAKA

PH: (080) 22262375,(080) 22264618 FAX: EMAIL:

### UNI STUDY CARE GROUP (SPECIAL DRIVE) POLICY POLICY NO:0727004223P114185859

PERIOD OF INSURANCE  
From 17:41 Hrs of 30/01/2024  
To Midnight of 29/01/2025

*Insured*

M/s SHRI VENKATESHWARA COLLEGE OF ENGINEERING.,  
VIDYANAGAR, AIR PORT ROAD, BANGALORE  
562157  
BANGALORE  
KARNATAKA

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

Agent Name : NANDA KUMAR R  
Agent Code : AGD0026021  
Mobile/Landline Number/Email : 9164850682  
: [nandakumar1972@gmail.com](mailto:nandakumar1972@gmail.com)

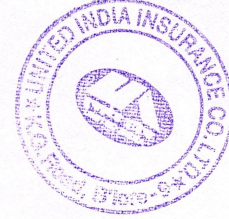
The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uiic.co.in](http://www.uiic.co.in).

For any Information, Service Requests, Claim intimation and Grievances please write to [072700@uiic.co.in](mailto:072700@uiic.co.in)

Download Customer App([www.uiic.co.in](http://www.uiic.co.in)). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.

Website: <http://www.uiic.co.in>

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This document is digitally signed

Signer: KALAIVENI SUBBIAH  
Date: Tue, Jan 30, 2024 17:48:35 IST  
Location: United India Insurance Company Ltd  
Reason: Signing Policy for UIC





UNI STUDY CARE GROUP (SPECIAL DRIVE) POLICY SCHEDULE

Table with 4 columns: Policy No., Previous Policy No., Insured Details (Customer id, Name, Tel, Email, Business/Occupation), and Period of Insurance (From, To).

Coinsurance: UIIC 072700 : 100%

PREMIUM: One lakh thirty-one thousand one hundred seventy-two rupees only

Cover Details

Table with 3 columns: Cover Name, Sum Insured, Premium.

Policy Period: 1 Yrs., Total No of Person: 1929, Total Sum Insured: ₹ 626925000, Special Condition, Scheme Type, Scheme C

Summary table: Net Premium: 131,172.00, CGST(9%): 11,805.00, SGST(9%): 11,805.00, Stamp Duty: 0.00, Total: 154,782.00, Receipt No: 10107270023115967723, Receipt Date: 30/01/2024, Agency/Broker Code: AGD0026021, BDIS Code: BD26506, Direct Business

Customer GST/UIN No., SAC Code: 997133, Office GST No.: 29AAACU5552C1ZF, Invoice No. & Date: 42231114185859 & 30/01/2024, Amount Subject to Reverse Charges-NIL

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.

Anti 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.cvc.nic.in.

Date of Proposal and Declaration: 30/01/2024

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO K.G. ROAD 072700 on this 30th day of January 2024 .

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

Handwritten signature

Duly Constituted Attorney(s) Underwritten By - DEV31447 ( DO UW CUM CASHIER )





**UNI STUDY CARE GROUP (SPECIAL DRIVE) 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 therein) which is the basis of this contract and is deemed to be incorporated herein and has paid to the Company the Premium herein started 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 endorsed or otherwise expressed hereon the Company will pay the insured as hereinafter mentioned :

1. 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 :
      - i. 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 :
      - i. 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 permanently 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 Sun 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. Greet -both phalanges	5
	c. Greet -one phalanx	2
	d. Other than greet, of more than one toe lost each	1
ii	Loss of hearing -both ears	50
iii	Loss of hearing -one ear	15
iv	Loss of 4 fingers and thumb of one hand	40
v	Loss of 4 fingers	35
vi	a. Loss of thumb -both phalanges	25
	b. Loss of thumb -one phalanx	10
vii	a. Loss of index finger -three phalanges	10
	b. Loss of index finger -two phalanges	8
	c. Greet -one phalanx	4
viii	a. Loss of middle finger - 3 phalanges	6
	b. Loss of middle finger - 2 phalanges	4
	c. Loss of middle finger - 1 phalanx	2
ix	a. Loss of ring finger - 3 phalanges	5
	b. Loss of ring finger - 2 phalanges	4
	c. Loss of ring finger - 1 phalanx	2
x	a. Loss of little finger - 3 phalanges	4
	b. Loss of little finger - 2 phalanges	3
	c. Loss of little finger - 1 phalanx	2





7. The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this policy but the receipt of the insured shall in all cases be an effective discharge to the Company.
8. If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained

It is also hereby expressly agreed and declared that If the Company shall disclaim liability to the Insured for any claim herein under, and such claim shall not, within 12 calendar months from the date of such disclaimed have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

## **DEFINITIONS:**

### **1 ACCIDENT**

Accident - An accident is a sudden, unforeseen and involuntary event caused by external and visible and violent means

"Acute condition" - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

B. "Chronic condition" - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics -

- i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests -
- ii. it needs ongoing or long-term control or relief of symptoms
- iii. it requires your rehabilitation or for you to be specially trained to cope with it
- iv. it continues indefinitely
- v. it comes back or is likely to come back.

### **2 CONGENITAL ANOMALY**

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

a. Internal Congenital Anomaly

Which is not in the visible and accessible parts of the body.

b. External Congenital Anomaly

Which is in the visible and accessible parts of the body.

### **3 CONDITION PRECEDENT**

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

### **4 CONTRIBUTION**

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion.

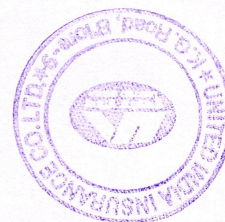
### **5 DAY CARE CENTRE**

Day Care centre means any institution established for day care treatment of illness and/or injuries or a medical set-up within 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 as under :

- a. Has qualified nursing staff under its employment
- b. Has qualified Medical Practitioner(s) in charge
- c. Has a fully equipped operation theatre of its own where surgical procedures are carried out-
- d. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.



- 7
- 6 **DAY CARE TREATMENT** - Day Care treatment means the medical treatment and/or surgical procedure which is -(i). Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological and (ii) which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 7 **DEDUCTIBLE**  
Deductible is a cost sharing requirement under a Personal Accident Insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of Indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.
- 8 **HOSPITAL/NURSING HOME**  
A 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 qualified nursing staff under its employment round the clock.
  - Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
  - 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 makes these accessible to the insurance company's authorized personnel.
- The term 'Hospital / Nursing Home ' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.
- 9 **HOSPITALISATION**  
Means admission in a Hospital/Nursing Home for a minimum period of 24 In-patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- 10 **INJURY**  
Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- 11 **IN-PATIENT CARE**  
In-patient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 12 **INTENSIVE CARE UNIT**  
The term "Intensive Care" unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 13 **MEDICAL ADVISE**  
Medical Advise - Any consultation or advice from a Medical Practitioner including the issue of a any prescription or repeat prescription.
- 14 **MEDICAL EXPENSES**  
Medical expenses - Medical Expenses means those expenses that an Insured person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 15 **MEDICALLY NECESSARY**  
Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- a. Is required for the medical management of the illness or injury suffered by the insured;
  - b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
  - c. Must have been prescribed by a Medical Practitioner;
  - d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.





**16 MEDICAL PRACTITIONER**

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

The term Medical Practitioner would include Physician, Specialist and Surgeon. (The Registered Practitioner should not be the insured or close family members such as parents, in-laws, spouse and children).

**17 NOTIFICATION OF CLAIM**

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/telephone number to which it should be notified.

**18 ROOM RENT**

Room rent shall mean the amount charged by a hospital for the Occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

**19 SUBROGATION**

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

**20 SURGERY OR SURGICAL PROCEDURE**

Surgery or Surgical Procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

**Disclosure to Information Norm**

The policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis-representation, mis-description, or non-disclosure of any material fact.



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## UNITED INDIA INSURANCE COMPANY LIMITED

## RECEIPT

Issuing Office code/Address :	072700 / DO K.G. ROAD	Receipt Number :	10107270023115967723
	NO.40/3, GEETHA MANSIONK.G. ROAD,560009	Collection Date :	30/01/2024

Received with thanks from SHRI VENKATESHWARA COLLEGE OF ENGINEERING., (Customer ID : 23290106055, Customer GST/UIN No :Not Available) a sum of Rs. 154783.00( One lakh fifty-four thousand seven hundred eighty-three rupees only) as per detail given hereunder:

SL No	Policy Number	Policy Type	Endt/Ren/Clm/Decln No	Particulars	Total Amount
1	0727004223P114185859	UniStudyCare	0	Final Premium	1,31,172.00
2	0727004223P114185859	UniStudyCare	0	CGST	11,805.00
3	0727004223P114185859	UniStudyCare	0	SGST	11,805.00

**Total (Rounded Off) :** 1,54,782.00  
**Stamp Duty :** 0.00  
**Bank Charges :** 1.00  
**Total Amount :** 1,54,783.00

Instrument Details							
SL No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	123072700110544176	CENTRALISED COLLECTION	N025242850145420	25/01/2024	INDUSIND BANK LTD.	INDUSIND BANK LTD.	1,54,783.00

Particulars :

GSTIN (UIC) : 29AAACU5552C1ZF

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