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GROUP PERSONAL ACCIDENT SCHEDULE

GROUP PER	SONAL ACCIDENT SCHEDULE
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.	Policy Servicing Branch: Lakshmi Towers, No 1, 6th Cross Road, WKP Road, 7th Block, JayanagarKARNATAKA
Policy Branch Office Code: 1405	Agent/Broker Code:18BRG004
Policy No: 140532329140000047	
Date of proposal:23/05/2023	Details of previous policy (in case of renewal)
ProposalNo:P051823101281	Previous policy No:
	Date of expiry:
TaxInvoice No & Date :P051823101281 & 23/05/2023	
INSURED NAME: M/S INTERNATIONAL SCHOOL OF MANA	GEMENT EXCELLENCE
GSTIN /UN of the insured	
Policy Holder Address / Place Of Supply :	
NO.88, CHEMBANAHALLI, SARJAPUR ROAD BANGALORE	
KARNATAKA	
BANGALORE	
562125	
Period of Insurance: From 15/05/2023 to mid night on 14/05/2024	1
Total No of Employees Covered	57
Total No of Lives Covered	57
Type of Policy	Named
Total Sum Insured(Rs)	17100000.00
Description of Group	Employees
Nature of Business	
Coverage Details and List of members covered as per Schedule	e attached.
Premium (Rs)	12027.96
CGST (@9.00%)	1082.52
SGST (@9.00 %)	1082.52
TOTAL PREMIUM PAYABLE(Rs)	14193.00
Branch GSTIN :29AABCR6747B1ZC;HSN Code :997133;Description Of Services :Accid	lent and Health Insurance Service;

Reliance General Insurance Company Limited. IRDAI Registration No. 103

An ISO 9001:2015 Certified Company
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

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Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/662/2023/(Validity Period Dt.27/03/2023 to Dt.01/12/2023)/1156 DT.27 MAR2023" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.



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Notice of communica	tion to be given in respect of claim to :
Name:	
Address:	
City:	
Website Address:	
Customer care No	
Email id:	

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 23/05/2023

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 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 Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer. 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, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in

For and on behalf of

Reliance General Insurance Company Limited.

Agent Code 18BRG004

Agent Contact No

User ID: 71008105 Policy Generation Date :23/05/2023

Authorised Signatory

Reliance General Insurance Company Limited. IRDAI Registration No. 103

An ISO 9001:2015 Certified Company

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

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Schedule attached to and forming part of Policy No.140532329140000047										
Cover Name	Sum insured	Co-pay	Special Conditions							
Table C-Death +Permanent Total Disability +Permanent Partial Disability			Table C covers, Death+Permanent Total Disablement+Permanent Partial Disablement due to external accidental means							
Table D-Death +Permanent Total Disability +Permanent Partial Disability + Temporary Total Disablement			Table D covers, Death+Permanent Total Disablement+Permanent Partial Disablement+Temporary Total Disablement due to accidental external means							

General Conditions: 1) TTD benefit will be 1% of the SI OR 24 times monthly gainful salary of employee OR Rs: 5,000/- whichever is lower on weekly basis for maximum of 100 weeks

- 2) Subject to condition that Table D sum insured does not exceed 24 times monthly gainful employment of any person
- 3) Policy will be on named basis
- 4) AOA Rs. 57 Lakh
- 5) Maximum any one life limit will be Rs. 3 Lakh
- 6) Individual sum insured can not be more than 100 times of the monthly gainful income or sum insured specified which ever is less.
- 7) subject to condition that no employee is involved in any hazardous activity or manual labour
- 8) Insured to submit salary certificate of month prior to date of accident at the time of claim
- 9) Addition-deletion will be done on pro-rata premium basis for employees once in a month only, subject to all relevent details being forwarded to insurer before 7th day of succeeding month.
- 10) Minimum age of beneficiary 18 years and maximum 70 years
- 11) Terrorism is covered, however, terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from the scope of this policy 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

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Schedule of Members covered attached to and forming part of Policy No 14	40532329140000047
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SNo	Emp Cod e	Name	Nominee	Grade	Age	Gen der	Table A	Table B	Table C	Table D	Total Sum Insured	DateofJoi ning	Location	Remarks
1	D020 001	NITIN GARG	SELF	NA	48 Yr 00 M	М	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
2	D020 002	PALLAVI JAIN	SELF	NA	47 Yr 00 M	F	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
3	D020 003	TANUJ GARG	SELF	NA	41 Yr 00 M	М	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
4	D020 004	VIVEK GARG	SELF	NA	45 Yr 00 M	М	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
5	E020 075	KRISHNAN R	SELF	NA	63 Yr 00 M	М	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
6	E020 108	SHYAM PRASAD	SELF	NA	65 Yr 00 M	М	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
7	E020 120	SUDINDRA V R	SELF	NA	41 Yr 00 M	М	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
8	E020 127	MANOJ KUMAR	SELF	NA	42 Yr 00 M	М	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
9	E020 131	SHAMPA NANDI	SELF	NA	51 Yr 00 M	F	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
10	E020 133	BALAKRISHNA P	SELF	NA	49 Yr 00 M	М	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
11	E020 134	SHURLLY TIWARI	SELF	NA	44 Yr 00 M	F	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
12	E020 140	MOHANA VENKATAPPA	SELF	NA	36 Yr 00 M	F	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
13	E020 157	PRAKASHA T M	SELF	NA	46 Yr 00 M	М	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
14	E020 164	VIKKU AGRAWAL	SELF	NA	47 Yr 00 M	F	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
15	E020 168	VIJAYA KUMAR	SELF	NA	45 Yr 00 M	М	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
16		RONY GEORGE KURIEN	SELF	NA	60 Yr 00 M	М	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
17	E020 182	STUTI AGRAWAL	SELF	NA	36 Yr 00 M	F	0	0	0	300000	300000	5/15/2023 12:00:00 AM		

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Schedule of Members covered attached to and forming part of Policy No 140532329140000047 SNo Emp **Nominee** Grade Gen Table A Table B Table C Table D **Total** DateofJoi Location Remarks Name Age Cod der Sum ning Insured е 18 E020 SRIRAM SELF NA 300000 5/15/2023 51 Yr М 0 ln 0 300000 **PRABHAKAR** 00 M 12:00:00 189 ΑN SELF 19 E020 RADHIKA M NA 33 Yr 0 0 0 300000 300000 5/15/2023 191 00 M 12:00:00 ΑN 20 E020 SELVI C SELF NA 52 Yr 0 0 0 300000 300000 5/15/2023 192 00 M 12:00:00 ΑN UMMAI SALMA N 21 E020 **SELF** NΑ 44 Yr 0 0 0 300000 300000 5/15/2023 193 00 M 12:00:00 ΑN LANCE DARRYL 22 E020 **SELF** NA 30 Yr 0 0 0 300000 300000 5/15/2023 **FERNANDES** 00 M 12:00:00 194 ΑN 23 E020 INDRESHA.G SELF NA 39 Yr ი n O 300000 300000 5/15/2023 М 195 00 M 12:00:00 ΑN 24 E020 SHRUTHI NANJAPPA SELF NA 50 Yr 0 0 300000 300000 5/15/2023 197 00 M 12:00:00 RAJENDRA DESAI SELF NA 5/15/2023 25 E020 62 Yr 0 0 0 300000 300000 199 00 M 12:00:00 ΑN 26 E020 DEBORAH D'SOUZA SELF NA 51 Yr 0 0 0 300000 300000 5/15/2023 200 00 M 12:00:00 ΑN 27 E020 SHIBY NAIR M SELF NA 43 Yr 0 0 O 300000 300000 5/15/2023 00 M 12:00:00 201 AM 28 E020 NISHA MARY **SELF** NA 40 Yr 0 0 0 300000 300000 5/15/2023 205 **THOMAS** 00 M 12:00:00 ΑN E020 ANNAPOORNA SELF NA 53 Yr 0 0 300000 300000 5/15/2023 29 SWAMY 207 00 M 12:00:00 ΑN SELE 30 F020 RATCHANAR R NA 38 Yr 0 n 0 300000 300000 5/15/2023 208 00 M 12:00:00 ΑN 31 E020 SAMBATUR SELF NA 36 Yr 0 0 0 300000 300000 5/15/2023 210 **HARITHA** 00 M 12:00:00 ΑN 5/15/2023 32 MINI PILLAI SELF NA n 0 300000 300000 E020 40 Yr 0 212 00 M 12:00:00 ΑN 33 E020 SUSHANTH PILLAI SELF NΑ 42 Yr 0 0 Ю 300000 300000 5/15/2023 214 00 M 12:00:00 34 F020 NEETHUSHREE HN **SELF** NA 37 Yr ი ი O 300000 300000 5/15/2023 00 M 215 12:00:00 ΑN

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Schedule of Members covered attached to and forming part of Policy No 140532329140000047 SNo Emp **Nominee** Grade Gen Table A Table B Table C Table D **Total** DateofJoi Location Remarks Name Age Cod der Sum ning Insured е 35 E020 RANI RUPAM SELF NA 5/15/2023 41 Yr 0 ln 0 300000 300000 00 M 12:00:00 220 ΑN SANTOSH K PAWAR SELF 36 E020 NA 41 Yr 0 0 0 300000 300000 5/15/2023 222 00 M 12:00:00 ΑN 37 E020 SUSAN ROY **SELF** NA 35 Yr 0 0 0 300000 300000 5/15/2023 223 00 M 12:00:00 ΑN JINSY S GEORGE 38 E020 **SELF** NΑ 41 Yr 0 0 0 300000 300000 5/15/2023 226 00 M 12:00:00 ΑN RAMESH C P SELF 39 E020 NA 53 Yr 0 0 0 300000 300000 5/15/2023 12:00:00 00 M 227 ΑN 40 E020 VEDAVATHI D C SELE NA 34 Yr ი n O 300000 300000 5/15/2023 228 00 M 12:00:00 ΑN 41 E020 SAVITHA KUMARI B SELF NA 47 Yr 0 0 300000 300000 5/15/2023 00 M 12:00:00 RACHANA KAKKAR SELF NA 5/15/2023 42 E020 47 Yr 0 0 0 300000 300000 00 M 230 12:00:00 ΑN 43 E020 SINDHU SHANTHA SELF NA 55 Yr 0 0 0 300000 300000 5/15/2023 231 NAIR 00 M 12:00:00 ΑN 44 E020 SHASHI REKHA B V SELF NA 39 Yr 0 0 0 300000 300000 5/15/2023 00 M 12:00:00 234 AM SHASHIKALA PATIL 45 E020 SELF NA 45 Yr 0 0 0 300000 300000 5/15/2023 235 00 M 12:00:00 ΑN 46 E020 NAGARAJA H A SELF NA 53 Yr 0 0 300000 300000 5/15/2023 М 241 00 M 12:00:00 ΑN REMIYA MICHEL SELF 47 F020 NA 40 Yr 0 0 0 300000 300000 5/15/2023 242 00 M 12:00:00 AM 48 E020 SNEHA SIJO SELF NA 40 Yr 0 0 0 300000 300000 5/15/2023 243 00 M 12:00:00 ΑN POOJA NAGPAL 5/15/2023 49 SELF NA n 0 300000 300000 E020 45 Yr 0 246 00 M 12:00:00 ΑN 50 E020 PRAKASH K SELF NΑ 42 Yr 0 0 Ю 300000 300000 5/15/2023 248 00 M 12:00:00 51 F020 ARADHANA YADAV **SELF** NA 49 Yr ი ი O 300000 300000 5/15/2023

Reliance General Insurance Company Limited. IRDAI Registration No. 103

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12:00:00 ΑN

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Schedule of Members covered attached to and forming part of Policy No 140532329140000047														
SNo	Emp Cod e	Name	Nominee	Grade	Age	Gen der	Table A	Table B	Table C	Table D	Total Sum Insured	DateofJoi ning	Location	Remarks
	E020 251	SOWMYA PRASAD	SELF	NA	43 Yr 00 M		0	0	0	300000	300000	5/15/2023 12:00:00 AM		
	E020 252	RAVEESH	SELF	NA	32 Yr 00 M		0	0	0	300000	300000	5/15/2023 12:00:00 AM		
54	E020 253	BHARATHI RAVISHANKAR	SELF	NA	46 Yr 00 M	F	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
	E020 254	RAMESH KUMAR	SELF	NA	37 Yr 00 M		0	0	0	300000	300000	5/15/2023 12:00:00 AM		
	E020 255	MANJUNATH S	SELF	NA	41 Yr 00 M	М	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
	E020 256	SINDHURI S	SELF	NA	36 Yr 00 M	F	0	0	0	300000	300000	5/15/2023 12:00:00 AM		
			•	•	Gran	d Total	0	0	0	1710000 0	17100000			

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