

Group Personal Accident Insurance Policy
[UIN: CHOPAGP21420V022021]

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED ADDRESS: TIRUPUR OFFICE NO.9(1)4A GEMINI TOWERS,SABARI SALAI, BINNY COMPLEX, KUMARAN ROAD TIRUPUR H.O CITY: TIRUPUR STATE: TAMIL NADU GSTIN: 33AABCC6633K1ZQ	GST Invoice No.:2839494810526 DATE: 02/02/2024 PAN: AABCC6633K SAC Code: 997133 SAC Description: Accident and health insurance services
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Business Location: TIRUPUR OFFICE	
Policy Number : 2839/00003502/000/00	Customer Code: 1021407686150001

A. Insured Details		
1	Name of Insured	KALAIAGNAR KARUNANIDHI INSTITUTE OF TECHNOLOGY
2	Business / Profession	EDUCATIONAL INSTITUTION
3	Address of Insured	PAPPAMPATTI ROAD,PALLAPALAYAM KANNAMPALAYAM,KANNAMPALAYAM B.O
	City	COIMBATORE
	State	TAMIL NADU
	Pin Code	641402
4	Period of Insurance	From (time) 00:00 31/01/2024 (effective date) To (time) Midnight of 30/01/2025 (expiration date)
6	Premium Receipt	1065315542 Date : 31/01/2024

B. Benefits Covered :	
Accident Death Benefit	Covered
Permanent Total Disability Benefit	Covered
Permanent Partial Disability Benefit	Covered
Accident Medical Reimbursement	Covered

2626 UnNamed Members are covered under this policy (list enclosed)

Conditions / Other Clause
 1. The Insurer's liability in any one incident / accident shall be cumulatively limited to Rs. 50000000/- . 2. As per Annexure Attached.

C. Premium	
Total Sum Insured	: Rs. 525,200,000.00
Premium	: Rs. 172,034.00
CGST (9%)	: Rs. 15,483.00
SGST (9%)	: Rs. 15,483.00
IGST (0%)	: Rs. 0.00
Total Premium	: Rs. 203,000.00

PREMIUM: RUPEES Two Lakh Three Thousand Only

D.Co- Insurance Details :	
Cholamandalam MS General Insurance Co Ltd	100%
It is warranted that in case of dishonour of premium cheque(s), the Insurance Company shall not be liable under the policy and the policy shall be void abinitio (from inception).	
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 and also as per Notification No. 13/2020-CT dated 21-03-2020. This policy schedule shall be in lieu of Tax Invoice and hence no separate GST invoice required In compliance with Rule 54(2) of CGST Rules, 2017.	
Consolidated Stamp Duty Paid Vide G.O. Rt No. 505 ,Commercial Taxes and Registration (j1) Department, Tamil Nadu dated 20/12/2023 .	

Intermediary Name:RAJESH KANNA V	POSP Name:
Code:2016309649680001 Contact No:9942088570	Contact No:

Note: The Certificate of Insurance / Policy Schedule is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.

Place : CHENNAI	Cholamandalam MS General Insurance Co. Ltd.
	Authorised Signatory
Date : 02/02/2024	

Whether tax is payable under reverse charge basis - No.

Regd.&Head Office:Dare House, 2nd Floor, No.2, N.S.C Bose Road, Chennai-600 001, India
CIN: U66030TN2001PLC047977 | IRDAI Reg. No. 123

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