

Ref No.: GEN/WEL/SG/0008.3/1856372700

Date: 27/11/2021

To, Sri Balaji Educational Society D NO. - 18-335 NEERUGUNTI STREET Anantapur - 515001 District: ANANTHAPUR ANDHRA PRADESH, India Contact Details 8688810055



Policy number: 1856372700

Subject: Risk assumption for Kotak Group Accident Protect

Dear Sri Balaji Educational Society,

We welcome you to Kotak Mahindra General Insurance Company Limited and thank you for choosing us as your preferred service provider.

This is with reference to your above mentioned Policy issued under Kotak Group Accident Protect .

Enclosed please find the Policy Schedule outlining the details of your policy. Kindly note that the proposal is underwritten and policy is issued based on the information submitted to us by you, as well as acceptance of the terms and conditions. Policy schedule must be read in conjunction with the product brochure and policy wordings. Please visit https://www.kotakgeneralinsurance.com/customer-support/downloads or scan above QR code for detailed policy wording.

We request you to carefully go through the same once again and in case of any disagreement, discrepancy or clarifications, please call us on our toll free number 1800 266 4545 or write to us at care@kotak.com within 15 days from the date of this letter. Alternatively, you can also write to us at 8th Floor, Zone IV, Kotak Infiniti, Bldg.No. 21, Infinity IT Park, Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad(E), Mumbai – 400 097, India.

Please note that the information provided by you will be verified at the time of claim and the captioned Policy shall be treated as void in case of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any form whatsoever made by you or by your agent, on your behalf, at any stage.

In case where premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

As a valued customer, we would like to provide regular updates on your policy through email and SMS. We therefore request you to keep us updated of any change in your contact details.

Assuring you of our best services at all times.

Thanking you,

Yours sincerely,

For Kotak Mahindra General Insurance Company Limited

Authorised Signatory

PRINCIPAL

Balaji College of Pharmacy
Rudrampeta, Alamuru Post
ANANTHAPURAMU.



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Kotak Group Accident Protect

For any assistance please call 1800 266 4545, please save the number for your reference FOR RENEWALS: Visit www.kotakgeneralinsurance.com Call 1800 266 4545



POLICY SCHEDULE

DETAIL	S OF GROUP/MASIER F	OLICI HOLDER				
Policy N	0.	1856372700			Issuance Date	27/11/2021
Issued a	t	1St Floor D No. 29-	9-4-19 Kodanda Rami Reddy Street Vijayawada Andhra Pradesh 520002.			
Policy Ty				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Previous Policy No.	1402068000
	icy Type New					
Name of	the Proposer/ Policy Hole				GSTIN	37AABAS8439D1ZD
Mailing a	address of the Policy Hold	ler D NO 18-335 NE	ERUGUNTI ST	TREET Anantapur - 515001 District: ANAN	THAPUR ANDHRA PRA	ADESH(37), India
Place of	Supply:	ANDHRA PRADES	Н		Supply State Code:	37
Contact	Details of the policy Hold	er Mobile No. 86888	10055	Email ID MR@SBESATP.ORG	Sum Insured B	asis Fixed
Policy Pe	eriod F	rom: Time: 12:00 AM D	ate: 29/11/20	21 To: Midnight of 28/11/2022	Instalment (Option No
Instalme	nt Frequency NA		Tot	al no. of Lives Insured 30783	Total Sum Insu	red 3906509500
Proposal	I Category Non	Employer-Employee				
INTERMI	EDIARY DETAILS					
Interm	nediary Code	Intermediary Nam	e	Intermediary's Landline No.	Intermedia	ary's Mobile No.
D	DIRECT	DIRECT BUSINES	SS	1800 266 4545		
COVERA	AGE DETAILS					
	nployee Category/ Loan	Type: Students				
Sr. No.		ge Opted		Description/ Sum I	nsured Limits	
	- Benefits	J p. 1 - 1		,		
1	Accidental Death		INR 100,0	000		
2	Permanent Total Disa	ablement	INR 100,000			
3	Permanent Partial Di	sablement	INR 100,0	000		
	B - Benefits			0.500		
1 Funeral Expenses		Upto INR				
2 Section C	Carriage of Dead Boo	ıy	Upto INR	2,500		
1	Accidental Hospitaliz	ation Inpatient	Upto INR	25 000		
2	OPD Treatment	adon inpadoni	Upto INR 10,000			
3	Ambulance Charges		Upto INR 1,500			
	nployee Category/ Loan	Type: Earning Parents	Opto mark	1,000		
Sr. No.		ge Opted		Description/ Sum I	nsured Limits	
Section A	- Benefits					
1	Accidental Death		INR 100,0	000		
2	Permanent Total Disa		INR 100,000			
Section B	Permanent Partial Di	sablement	INR 100,0	000		
Section B	Funeral Expenses		Into IND	2 500		
2	Carriage of Dead Boo	lv	Upto INR 2,500 Upto INR 2,500			
	- Benefits	·)	J SPIO II VIII	_,		
1	Ambulance Charges		Upto INR	1,500		
Member/ En	nployee Category/ Loan	Type: Staff				
Sr. No.		ge Opted		Description/ Sum I	nsured Limits	
	- Benefits		IND 400.0	000		
1	Accidental Death	phlomont	INR 100,0			<u> </u>
3	Permanent Total Disa		INR 100,0			// //
4						
	Temporary Total Disa B - Benefits	wement	1 % 01 Sur	ii iiisureu or iivik 5,000/- per week whichev		RINCIPAL
1	Funeral Expenses		Upto INR	2.500	Poloji Č	Mage of Pharmac
2	Carriage of Dead Boo	ly	Upto INR		Rudrami	peta, Alamuru Pos
	: - Benefits	•	1		ΔΝΔ	WIHAPURAMU.



1 Accidental Hospitalization Inpatient		Upto INR 25,000
2	OPD Treatment	Upto INR 10,000
3	Ambulance Charges	Upto INR 1,500

Important Condition

Sr. No	Condition Description
1	Policy Construct : Non Employeer - Employee (Students, Staff, Earning parents)
2	Policy Type : Individual
3	Age Band – 18 Years – 80 Years.
4	If Premium is paid by Cheque, the Policy is void ab-initio in case of dishonor of Cheque.
5	Scope of cover as per Policy Wordings attached
6	Additions and deletions of Students, Earning Parents, Staffs will be done on prorate basis from day 1 for additions subject to sufficient balance being maintained. Addition of an Students, Earning Parents, Staff must be intimated within 30 days from the date of joining. No refund for person if claim has been registered.
7	• Since the cover will be on unnamed basis, the entire strength of Students, Earning Parents, Staffs in the Organisation has to be covered. No selectivity will be allowed. The insured must maintain daily attendance records and make the same available on request. If at the time of the claim it is discovered that Students, Earning Parents, Staff are more than the group strength covered under the policy, the claim shall be repudiated. Regular Endorsement request has to be made with Insurer for addition & deletion of lives.
8	OPD treatment* - Deductible of INR 500 per claim is applicable.
9	The premium is paid by School and is free of cost to the Students and Staff Members
10	No additional communication / certificate to be issued by Insurer.
11	Claims settlement will be made to the Insured Person.
12	Inclusion / deletion will be made on pro-rata basis Refund will be provided only for persons who have not made any claims.

PREMIUM DETAILS

Taxable value of Services (₹)	CGST @ 9%	SGST @ 9%	Total Amount (₹)
4,91,525.00	44,237.25	44,237.25	5,80,000.00

DISCLAIMER

This Policy Schedule shall be read together with the Policy Wordings (which are also available on the Company website i.e. www.kotakgeneralinsurance.com). Any word or expression to which a specific meaning has been assigned in any part of the policy or this schedule shall bear the same meaning wherever it may appear.

TAX DETAILS

GST Registration No.	3 7 A A F C K 7 0 1 6 C 1 Z S	Category : General Insurance Services
SAC Code	997134	Description Accident and health insurance services
Invoice Number	1856372700	

IN THE EVENT OF CLAIM

Please send the relevant documents to:

Kotak Mahindra General Insurance Company Limited 8th Floor, Zone IV, Kotak Infiniti, Bldg.No. 21, Infinity IT Park, Off WEH,Gen. AK Vaidya Marg, Dindoshi, Malad(E), Mumbai – 400 097, India.

8 AM to 8 PM TOLL FREE NUMBER: 1800 266 4545

Email ID: care@kotak.com

The stamp duty of ₹ 12.08 paid in cash or by demand draft or by pay order, Vide Receipt / Challan No.

CSD1142021295521 Dated 0 5 0 8 2 0 2 1

In Witness whereof this Policy has been signed for and behalf of 1St Floor D No. 29-4-19 Kodanda Rami Reddy Street Vijayawada Andhra Pradesh 520002. at Mumbai this 27 day of November of 2021

For Kotak Mahindra General Insurance Company Limited

Swesh Shaka

PRINCIPAL

Balaji College of Pharmacy
Rudrampeta, Alamuru Post
ANANTHAPURAMU.

Cotak Group Accident Protect UIN: KOTPAGP2



Authorised Signatory

This document is digitally signed, hence counter signature / stamp is not required.

PRINCIPAL

Balaji College of Pharmacy
Rudrampeta, Alamuru Post
ANANTHAPURAMU.





TAX INVOICE



Details of Receiver (Billed To)		Details of Supplier (billed by)			
GSTIN/UIN		Name :	Kotak Mahindra General Insurance Company Limited		
Customer ID	1002757051	GSTIN:	37AAFCK7016C1ZS		
Customer Name	SRI BALAJI EDUCATIONAL SOCIETY	Pan Number :	AAFCK7016C		
Email ID	MR@SBESATP.ORG	CIN:	U85110MH2000PLC128425		
Contact No	8688810055	Address:	1St FloorD No. 29-4-19Kodanda Rami Reddy StreetVijayawada Andhra Pradesh 520002.		
Address	D NO 18-335, NEERUGUNTI STREET, ANANTHAPUR, 515001, ANDHRA PRADESH, India	Date of Invoice	27/11/2021		
IMD Code	4183360000	Invoice No			
Receipt No	1202200663125	Proposal No	202111270014107		
-		Partner Application No	1402068000		
State Code	37	State Code:	37		
Place Of Supply Name	ANDHRA PRADESH - 37	State Name	ANDHRA PRADESH		
• • •		IRN			

HSN/SAC Description	HSN / SAC Code	Total Value of Supply (Rs.)	Taxable value of Supply (Rs.)	CGST Rate	CGST Amt (Rs.)	SGST Rate	SGST Amt (Rs.)
Accident and health insurance services	997134	491525	491525	9%	44,237.25	9%	44,237.25
Total		491525	491525		44237.25		44237.25
Total Invoice Value (In Figure) 5,80,000.0							5,80,000.00
Total Invoice Value (In Words) Five Lakh Eighty Thousand							ty Thousand
Whether Tax Payable on a Re	everse Basis o					No	

For : Kotak Mahindra General Insurance Company Limited

Authorized Signatory