



UNITED INDIA INSURANCE COMPANY LIMITED

170200
DO 2 COIMBATORE, AMI MID TOWN, 25 A 2ND FLOOR, D.B.ROAD R.S.PURAM
COIMBATORE TAMIL NADU
COIMBATORE - 641002 TAMIL NADU
PH: (0422) 2552193 FAX: EMAIL:

UNI STUDY CARE GROUP POLICY
POLICY NO:1702004216P114492796

PERIOD OF INSURANCE
From 00:00 Hrs of
21/11/2016
To Midnight of
20/11/2020

Insured
MS AMC ENGINEERING COLLEGE
BANNERGHATTA ROAD
560001
BANGALORE
KARNATAKA

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014
Website: <http://www.uic.co.in>, Email - info@uic.co.in
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UNI STUDY CARE GROUP POLICY SCHEDULE

Policy No.	1702004216P114492796	Previous Policy No.	
Customer id	23029389726	Name	MS AMC ENGINEERING COLLEGE
Insured Details	Tel (O): Business / Occupation Mobile: None	Tel (R): Fax:	
Period of Insurance	From 00:00 Hrs of 21/11/2016	To	Midnight of 20/11/2020

CO-INSURANCE DETAILS:

PREMIUM Policy Period:	Five lakhs one thousand one hundred thirty-two rupees only	Total No of Insured:	144570291
4 Yrs.	3223		
Special Condition:	SI PA PER STUDENT =2LAKHS, PARENT= 1 LAKH, MEDICAL EXPENSES INCL OPD RS.15000/- BALANCE TUTION FEE REIMBURSEMENT (MEDICAL EXP REIMBURSEMENT ONLY WITH SUPPORTING DOCUMENTS SUCH AS DISCHARGE SUMMARY, BILLS, PRESCRIPTION, DIAGNOSTIC REPORTS ETC) TOTAL TUITION FEE COVERED=RS.47,86,73,140/-		

Assignee Details	
Name Of Assignee	Relationship

Loading /Discount	Premium
Long term Discount	242,483.39
Group Discount	323,311.18
Any Other Discount	2,166,184.93

Net Premium:	501,132.00
Service Tax:	70,158.00
Stamp Duty:	22.00
Total:	576,302.00
Receipt No:	10117020016114890443
Receipt Date:	30/01/2017
Service Tax Regn. No:	AAACU552CST001
Agency/Broker Code :	AGNI001914
Dev officer code :	

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.

Date of Proposal and Declaration: 21/11/2016
IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO 2 COIMBATORE 170200 on this 27th day of January 2017.

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

[Signature]
Duly Constituted Attorney(s)
Underwritten By - SAT28849 (DO UW CUM CASHIER)

