



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, (0422) 2552286 FAX: EMAIL:

UNI STUDY CARE GROUP POLICY

POLICY NO: 1702004217P113061403

PERIOD OF INSURANCE

From 00:00 Hrs of 28/11/2017

To Midnight of 27/11/2018

Insured

MS AMC ENGINEERING COLLEGE

BANNERGHATTA ROAD

560001

BANGALORE

KARNATAKA

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014

Website: <http://www.uiic.co.in>, Email - info@uiic.co.in

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**UNI STUDY CARE GROUP POLICY
SCHEDULE**

Policy No.	1702004217P113061403		Previous Policy No.	
Insured Details	Customer id	23029389726		
	Name	MS AMC ENGINEERING COLLEGE		
	Tel (O):	Tel (R)	Fax:	
	Email	Mobile:		
	Business / Occupation	None		
Period of Insurance	From	00:00 Hrs of 28/11/2017	To	Midnight of 27/11/2018

CO-INSURANCE DETAILS:

PREMIUM	Four lakhs fifty-six thousand two hundred ninety-eight rupees only			
Policy Period:	1 Yrs.	Total No of Person:	3042	Total Sum Insured: ₹ 1364388714
Special Condition:	SI PA PER STUDENT =2LAKHS, PARENT= 1 LAKH, MEDICAL EXPENSES INCL OPD RS.15000/- BALANCE TUITION FEE REIMBURSEMENT. (MEDICAL EXP REIMBURSEMENT ONLY WITH SUPPORTING DOCUMENTS SUCH AS DISCHARGE SUMMARY, BILLS, PRESCRIPTION, DIGNOSTIC REPORTS ETC) TOTAL TUITION FEE COVERED=RS.45,17,88,714/- COURSE PERIOD-4YRS, POLICY PERIOD-1 YEAR.			

Assignee Details	
Name Of Assignee	Relationship

Loading/Discount	Premium
Group Discount	77,338.70
Any Other Discount	239,749.96

Net Premium:	₹ 456,298.00
GST:	79,853.00
Stamp Duty:	22.00
Total:	₹ 538,432.00
Receipt No:	10117020017113284081
Receipt Date:	13/12/2017
GST Regn. No:	AAACU5552CST001
Agency/Broker Code :	BRC0000923
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: 28/11/2017

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO 2 COIMBATORE 170200 on this 12th day of December 2017 .

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

Affix Policy Stamp here.

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