

## Kotak Group Accident Protect

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



# POLICY SCHEDULE

Policy No.		2665444100	2665444100			Issuance Date	01/11/2022	
ssued at	1St Floor D	1St Floor D No. 29-4-19 Kodanda Rami Reddy Street Vijayawada Andhra Pradesh 520002.						
Policy Type  Name of the Proposer/ Policy Holder  Mailing address of the Policy Holder		New Sri Balaji Educational Society				Previous Policy No.	1856372700 37AABAS8439D1ZE	
						GSTIN		
		1	D NO 18-335 NEERUGUNTI STREET Anantapur - 515001 District: ANANTHAPUR ANDHRA PRADESH(37), India					
Place of Supply:		ANDHRA PRADESH			Supply State Code: 37			
Contact Details of the policy Holder		Mobile No. 8688810055 Email ID MR@SBESATP.ORG			Sum Insured Basis Fixed			
Policy Period		n: Time: 12:0	O AM Date: 29	/11/202	22 To: Midnight of 28/11/2023	Instalment (	Option No	
Instalment Frequency	NA			Tota	al no. of Lives Insured 30783	Total Sum Insu	red 4046594500	
Proposal Category	Non Em	ployer-Employ	ree					
INTERMEDIARY DETAILS	8					Marchael Charles and Assess		
Intermediary Code		Intermediar	y Name		Intermediary's Landline No.	Intermedia	ry's Mobile No.	
DIRECT	D	IRECT BU	PERMIS		1800 266 4545			

Sr. No.	ployee Category/ Loan Type: Students  Coverage Opted	Description/ Sum Insured Limits	
Section A			
1	Accidental Death	INR 1,00,000	
2	Permanent Total Disablement	INR 1,00,000	
3	Permanent Partial Disablement	INR 1,00,000	
Section B	- Benefits		
1	Funeral Expenses	Upto INR 25,000	
2	Carriage of Dead Body	Upto INR 25,000	
Section C			
1	Accidental Hospitalization Inpatient	Upto INR 25,000	
2	OPD Treatment	Upto INR 10,000	
3	Ambulance Charges	Upto INR 1,500	
lember/ En	nployee Category/ Loan Type: Earning Parent	S	
Sr. No.	Coverage Opted	Description/ Sum Insured Limits	
	- Benefits		
1	Accidental Death	INR 1,00,000	
2	Permanent Total Disablement	INR 1,00,000	
3	Permanent Partial Disablement	INR 1,00,000	
Section B	- Benefits		
1	Funeral Expenses	Upto INR 2,500	
2	Carriage of Dead Body	Upto INR 2,500	
Section C	- Benefits		
1	Ambulance Charges	Upto INR 1,500	
1ember/Er	nployee Category/ Loan Type: Staff		
Sr. No.	Coverage Opted	Description/ Sum Insured Limits	
Section A	A - Benefits		
1	Accidental Death	INR 1,00,000	
2	Permanent Total Disablement	INR 1,00,000	
3	Permanent Partial Disablement	INR 1,00,000	
4	Temporary Total Disablement	Upto 1% of Sum Insured or INR 5,000 per week whichever is less for max 100 weeks	
Section E	3 - Benefits		
1	Funeral Expenses	Upto INR 2,500	
2	Carriage of Dead Body	Upto INR 2,500	

Kotak Mahindra General Insurance Company Limited

CIN: U66000MH2014PLC260291, Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai - 400051. Maharashtra, India.

Office: 8th Floor, Zone IV, Kotak Infinity, Building No.21, Infinity IT Park, Off Western Express Highway, General AK Vaidya Marg, Dindoshi, Malad(E), Mumbai - 400097. India.







1	Accidental Hospitalization Inpatient	List Nip or an	
2	OPD Treatment	Upto INR 25,000	
0		Upto INR 10,000	
3	Ambulance Charges	Upto INR 1,500	

# **Important Condition**

Sr. No	Condition Description
1	Policy Construct : Non Employeer - Employee
2	Age Band – 1 Years – 60 Years.
3	If Premium is paid by Cheque, the Policy is void ab-initio in case of dishonor of Cheque.
4	Scope of cover as per Policy Wordings attached
5	Since the cover will be on unnamed basis, the entire strength of Students in the Organization 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 an addition & deletion of lives
6	The premium is paid by School and is free of cost to the Students and Staff Members
7	No additional communication / certificate to be issued by Insurer
8	Claims settlement will be made to the Insured Person
9	Inclusion / deletion will be made on pro-rate basis Refund will be
10	Inclusion / deletion will be made on pro-rata basis Refund will be provided only for persons who have not made any claims.  OPD treatment* - Deductible of INR 500 per claim is applicable

#### PREMIUM DETAILS

Taxable value of Services (₹)			A STATE OF THE PARTY OF THE PAR	
4,91,525.00	CGST @ 9%	SGST @ 9%	Total Amount (₹)	
7,31,323.00	44,237.25			
SCLAIMER	44,237.25	5,80,000.00		

This Policy Schedule shall be read together with the Policy Wordings (which are also available on the Company website i.e. www.kotakgeneral.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		
SAC Code	997134	Category	: General Insurance Services
Invaire N	007104	Description	Accident and health insurance services
Invoice Number	2665444100		The state of the s
IN THE EVENT OF CLAIM	AND THE RESIDENCE AND ADDRESS OF THE PARTY O		

Please send the relevant documents to:

Kotak Mahindra General Insurance Company Limited 8th Floor, Kotak Infinity, Building No. 21 Infinity Park, Off Western Express HighwayGeneral AK Vaidya Marg, Malad (E) Mumbai - 400 097, India.

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

Email ID: care@kotak.com

Stamp Duty of ₹ 5.00 is paid as provided under Article 47(B) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. (LOA/CSD/459/2022/2021/Validity

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 01 day of November of 2022

For Kotak Mahindra General Insurance Company Limited

**Authorised Signatory** 

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

ICIPAL P.V.K.K. Institute of Technology Alumur Road, ANANTHAPURAMU - 518 002

Kotak Mahindra General Insurance Company Limited

CIN: U66000MH2014PLC260291, Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai - 400051. Maharashtra, India. Office: 8th Floor, Zone IV, Kotak Infinity, Building No.21, Infinity IT Park, Off Western Express Highway, General AK Vaidya Marg, Dindoshi, Malad(E). Mumbai - 400097. India.



### TAX INVOICE



Details of Receiver (Bille	d To)	Details of Supplier (billed by)		
GSTIN/UIN	37AABAS8439D1ZD	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:	U66000MH2014PLC260291	
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	01/11/2022	
IMD Code	4183360000	Invoice No	2665444100	
Receipt No	1202300972001	Proposal No	202211010066463	
		Partner Application No		
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)							5.80,000.00
Total Invoice Value (In Words)					Five	Lakh Eigh	ty Thousand
Whether Tax Payable on a Re	verse Basis o	or Not				9	No

For : Kotak Mahindra General Insurance Company Limited

Authorized Signatory

"I/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."

