



The New India Assurance Co.Ltd.

BO 311301 NEW ROHTAK ROAD, NEW DELHI (311301)

Tel. No.: //

Email: //nia.311301@newindia.co.in/nia.311301@newindia.co.in

Personal Accident NA

Policy Number: 31130142180100000654

Period of Insurance

From: 24/01/2019 04:12:29 PM

To: 23/01/2020

Policy Holder's Details

CENTRAL UNIVERSITY OF HARYANA

To: JANT PALI VILLAGES MAHENDRAGARH, , PAHLAWAS ,HARYANA, 123035

For Insurance Renewals contact

ADVANCE LIFE INSURANCE BROKERS PRIVATE LIMITED

Tel. No.:// / / 9910164833

Email: info@advancelifeinsurance.in /

For Claims contact Policy Issuing Office

RG CITY CENTRE, LSC, BLOCK B,LAWRENCE ROAD, NEW DELHI -110035

Tel. No.: 01127004512

Email: ch31@newindia.co.in

Tax Invoice No : 31130118P0004186

IRDA Registration Number: 190



Personal Accident Insurance ()
UIN Number -

Insured Name	: CENTRAL UNIVERSITY OF HARYANA		
Insured's Details		Issuing Office Details	
Customer ID	: PO66482813	Office Code	: BO 311301 NEW ROHTAK ROAD, NEW DELHI (311301)
Address	: JANT PALI VILLAGES MAHENDRAGARH PAHLAWAS ,HARYANA, 123035	Address	: 5C/1,2ND FLOOR, OPP. LIBERTY CINEMA, NEW ROHTAK RD, KAROL BAGH ,110005
Phone No	: 8971956033	Phone No	: NA
E-mail/Fax	: HARSHSHARMA@CUH.AC.IN, /	E-mail/Fax	: nia.311301@newindia.co.in /
PAN No	: AAAJC0689F	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 06AAAJC0689F1ZG / NA	GSTIN	: 07AAACN4165C1ZT
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details

Policy Number	: 31130142180100000654	Business Source Code	
Period of Insurance	: From:24/01/2019 04:12:29 PM To: 23/01/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF/POS	: ADVANCE LIFE INSURANCE BROKERS PRIVATE LIMITED - (BR00000213) ADVANCE LIFE INSURANCE BROKERS PRIVATE LIMITED (SI00092340)
Date of Proposal	: 24-Jan-19	Agent/Bancassurance	:
Prev. Policy no.	: PU0	Phone No	: 9910164833 / NA
Client Type	: Corporate	E-mail/Fax	: info@advancelifeinsurance.in, / / /
Staff Discount	: No	Type of Cover	: 24 hours Cover required

Premium:	GST:	Total (₹)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
₹ 373136	₹ 67164	₹ 440300	₹10	RUPEES FOUR LAC FORTY THOUSAND THREE HUNDRED ONLY	3113018118000000 6900 - 25/01/19

Benefits under the Policy: GROUP NAMED

Number of Persons												
Sl. No	Emp ID	Name Of Insured	Age	Cadre	Relation	Risk Group	Excess	Sum Insured	Medical Extension	War & Allied Cover opted		
										Sum Insured	Country	Type of Period
1	180529	AARTI SIROHI	24	STUDENT	Other	Risk Group I	0	200000	Yes	0	NA	NA

Table Details:

Sl.No	Table A		Table B		Table C		Table D	
	Table A	Sum Insured	Table B	Sum Insured	Table C	Sum Insured	Table D	Sum Insured
1	No	0	Yes	200000	No	0	No	0
2								

Sl.No	Special Conditions
1	TABLE B WITH MED EXTENSION SI 2 LACS
2	



Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 373136.00
SGST	0	0
CGST	0	0
IGST	18	67164

The Policy Shall be subject to PERSONAL ACCIDENT INSURANCE () policy clauses attached herewith IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:-
Date:-

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

Stamp Duty under the Policy is ₹

Tax Invoice No : 31130118P0004186

IRDA Registration Number: 190



ADJUSTMENT VOUCHER

Issuing Office : BO 311301 NEW ROHTAK ROAD, NEW DELHI (311301)
Address : 5C/1,2ND FLOOR, OPP. LIBERTY CINEMA, NEW ROHTAK RD, KAROL BAGH
,110005
NEW DELHI
Phone :
Email : nia.311301@newindia.co.in
Fax :
Collection Number : 31130181180000006900
Collection Date : 25/01/2019
Business Source Code : BR00000213
PAN No of Payer : AAAJC0689F

Received with thanks from CENTRAL UNIVERSITY OF HARYANA.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
31130142180100000654	Scroll-311301	440300.00	5081.311301	

Total = ₹ 440300.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Scroll	440300.00	65432	24-JAN-19	STATE BANK OF INDIA	TRANSFER	3113011810015698	0.00

Total = ₹ 440300.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
373136.00	67164.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NA	ADVANCE LIFE INSURANCE BROKERS PRIVATE LIMITED	42

For The New India Assurance Company Limited



Date of Issue: 25/01/2019

Cashier's Initial

Authorized Signatory

Note -

- 1.Please note the Policy Number, Collection Number and date in all future correspondence. .
- 2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No : 31130118P0004186

IRDA Registration Number: 190



Form No.-AC-62(GR)

THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

UIN NO: IRDA/NL-HLT/NIA/P-P/V.I/351/13-14

PERSONAL ACCIDENT INSURANCE POLICY (GROUP)

WHEREAS the Insured named in the Schedule hereto (here in after called the 'Insured') has made and/or caused to be made to the The New India Assurance Company Ltd., (here in after called 'the Company') proposals and/or declaration dated as stated in the Schedule hereto which together with any statements and warranties contained there in shall be the basis of this contract and is/are deemed to be incorporate therein, for the insurance hereinafter set forth in respect of persons detailed in the Schedule of Insured Persons (hereinafter called the ('Insured Persons')).

Now this Policy witness that subject to and in consideration of the payment made to the Company the premium for the period stated in the Schedule or for any further period for which the Company may accept payment for the renewal of this Policy and subject to the terms, provisions, exceptions and conditions herein expressed or contained or hereon endorsed, the Company shall pay to the INSURED to the extent and in the manner hereinafter provided that if any of the Insured Persons shall :

DEFINITIONS

ACCIDENT

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

INJURY

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a MEDICAL PRACTITIONER

MEDICAL PRACTITIONER

A Medical practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

GRACE PERIOD

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods. Coverage is not available for the period for which no premium is received.

RENEWAL:

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

1. Sustain any bodily injury resulting solely directly from accident caused by external, violent and visible means, the sum hereinafter set forth in respect of any of the Insured persons specified in the Schedule.

- (a) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Schedule hereto, applicable to such insured person.
- (b) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
 - i) Sight of both eyes, or of the actual loss by “physical separation” of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Schedule herein applicable to such Insured person.
 - ii) Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Capital Sum Insured stated in the Schedule hereto, applicable to such Insured person.
- (c) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
 - i) the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the Schedule hereto, applicable to such Insured person.
 - ii) total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Schedule hereto, applicable to such Insured person.

NOTE

For the purpose of Clauses (b) and (c) above, physical separation of a hand means separation at or above the wrist and of the foot means at or above the ankle.

- (d) If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured, stated in the Schedule hereto applicable to such insured person.
- (e) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and/or partial irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the Capital Sum Insured applicable to such insured person in the manner indicated below :

	Percentage of Capital Sum Insured %		Percentage of Capital Sum Insured %
i) Loss of toes - all	20	viii) Loss of middle finger	
Great - both phalanges	05	- three phalanges or	06
Great - one phalanx	02	two phalanges or one phalanx	
Other than great, if more than one toe lost each	01	ix) Loss of ring finger	
ii) Loss of hearing - both ears	75	- three phalanges or	05
iii) Loss of hearing - one ear	30	two phalanges or one phalanx	
iv) Loss of four fingers and thumb of one hand	40	x) Loss of little finger	
v) Loss of four fingers	35	- three phalanges or	04
vi) Loss of thumb - both phalanges	25	two phalanges or one phalanx	
- one phalanx	10	xi) Loss of metacarpals	
vii) Loss of index finger		- first or second	03
- three phalanges or	10	third, fourth or fifth (additional)	
two phalanges or one phalanx		xii) Any other permanent partial disablement	
		(Percentage as assessed by the Company's Panel Doctor)	

- (f) If such injury shall be sole and direct cause of temporary total disablement, then so long as the Insured person shall be totally disabled from engaging in any employment or occupation of any description whatsoever, a sum at the rate of one percent (1%) of the Capital Sum Insured stated in the Schedule hereto per week, but in any case not exceeding Rs. _____ per week in all, under all personal accident policies covering such insured person. Provided that the compensation payable under the foregoing Sub-Clause (f) shall not be payable for more than 100 weeks in respect of any one injury calculated from the date of commencement of disablement and in no case shall exceed the Capital Sum Insured applicable to such insured person.

For the purpose of benefits applicable, Table D will cover of above Benefit (a) only, Table C will cover of above Benefit (a) to (d), Table B will cover of above Benefit (a) to (e) and Table A will cover of above Benefit (a) to (f). The applicable benefits with CSI for the same as more specifically described in the shedule will be considered for any liability under the Policy.

SPECIAL FREE BENEFIT

In the event of the death of the Insured person due to accident as defined in the Policy outside his/her residence, the Company shall pay in addition to the amount payable under Sub-Clause (a) (For transportation of Insured person's Dead Body to the place of residence) a lumpsum of 2% of Capital Sum Insured or Rs. 25000/- whichever is less.

EXCEPTIONS

PROVIDED ALWAYS THAT :

The Company shall not be liable under this Policy for :

1. Compensation under more than one of the foregoing Subclauses in respect of the same period of disablement of the Insured person.
2. Any other payment to the same person after a claim under one of the Sub-Clauses (a), (b), or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.
3. Any payment in case of more than one claim in respect of such insured person under the Policy during any one period of insurance by which the maximum liability of the Company specified in the schedule applicable to such Insured person would exceed the sum payable under sub-clause (a) of this Policy to such insured person. However , amount relating to medical expenses and carriage of dead body would be payable in addition if applicable.
4. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
5. Payment of compensation in respect of Death, injury of Disablement of the Insured person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal diseases, aids or insanity, (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.
6. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly of indirectly connected with or traceable to : War, Invasion, Act or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.
7. Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person -
 - (a) directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
 - (b) directly or indirectly caused by or contributed to by or arising from nuclear weapons material.

Provided also that the due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to any thing to be done or not to be done by the Insured and/or Insured person be a condition precedent to any liability of the Company under this Policy.

8. Pregnancy Exclusion Clause : The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

CLAIMS PROCEDURE

CONDITIONS

1. Upon the happening of any event which may give rise to a claim under this Policy, written notice with all particular must be given to the Company immediately. In case of death, written notice also for the death must, unless reasonable cause is shown, be so given before internment cremation, and in any case, within one calendar month after the death, and in the event of loss

of sight or amputation of limbs, written notice thereof must also be given within one Calendar month after such loss of sight or amputation.

2. Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any Medical or other agent of the Company shall be allowed to examine the insured person on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company and in the event of death, to make a postmortem examine of the body of the insured person. Such evidence as the Company may from time to time require shall be furnished and a postmortem examination report, if necessary, be furnished within the space of fourteen days after demand in writing and in the event of a claim in respect of loss of sight the Insured person shall undergo at the Insured's expense such operation or treatment as the Company may reasonably deem desirable provided that all sums payable :-
 - i) In case of death or PTD only after deleting by an endorsement the name of the insured person in respect of whom such sum shall become payable without any refund of premium.
 - ii) In case of PTD only after reducing by an endorsement CSI by amount admissible under the claim in respect of person to whom such sum shall become payable.
 - iii) TTD after termination of such disablement.

No sum payable under this policy shall ordinarily carry interest. In case of any extra ordinary delay on the part of insurer, such claims shall be paid by the insurer as specified in IRDA (Protection of Policyholders' Interest) Regulations 2002 dated 26/04/2002

3. Fraud/Misrepresentation: The Company shall not be liable to make any payment under this policy in respect of any claim, if such claim be in any manner fraudulent or supported by any fraudulent statement or device, whether by the Insured or by any person on behalf of the Insured.
4.
 - (a) The Insured shall give immediate notice to the Company of any change in his business or occupation.
 - (b) The Insured shall be tendering any premium for the renewal of this Policy give notice in writing of the Company of any disease, physical defect or infirmity with which any of the insured person have become affected since payment of last preceding premium.
5. Renewal: This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. The Company shall not however, be bound to give notice that such renewal premium is due.
6. Cancellation :The Company may at any time, by notice in writing, determine this Policy, provided that the Company shall in that case return to the Insured the then last paid premium less a prorata part thereof for the portion of the current insurance period which shall have expired. Such notice shall be deemed sufficiently given if posted and addressed to the Insured at the address last registered in the Company's books and shall be deemed to have been received by the Insured at the time when the same would be delivered in the ordinary course of post.
OR the policy may be canceled at any time by the Insured by a notice in writing under a Certificate of posting or a Regd. A.D. Such notice shall be deemed to be effective from the date of despatch of the same by the Insured.
PROVIDED no claim has arisen under the within mentioned Policy prior to the despatch of such notice by the Insured to the Company, the Insured would be entitled to the return of premium less premium at Company's short period rates for the period the policy has been in force.
7. The Company shall not be bound to take notice or be affected by any notice of any trust, charged, lien, assignment or other dealing with or relating to this Policy but the receipt of the Insured shall in all cases be an effective discharge to the Company.
8. Arbitration: If any dispute or difference shall arise to the quantum to be paid under the policy liability being otherwise admitted such difference shall independently all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to of if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of Law, the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**ENDORSEMENT TO COVER MEDICAL EXPENSES APPLICABLE UPON THE PAYMENT OF EXTRA PREMIUM &
SPECIFIC COVERAGE AS SHOWN IN THE POLICY SCHEDULE**

MEDICAL EXPENSES: Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Injury on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

OPD TREATMENT: OPD treatment is one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner following an accident. The Insured is not admitted as a Day Care or Inpatient. All other medical expenses that does not merit hospitalization or OPD, but necessarily and actually incurred for medical treatment on account of Injury on the advice of a Medical Practitioner

In consideration of the payment of an additional premium as shown in the policy schedule it is hereby agreed and declared that notwithstanding anything in the within written policy contained to the contrary, this insurance is extended to cover the medical expenses necessarily incurred and expended in connection with any accident as specified in the Policy, for which a claim is made by the Insured and admitted by the Company.

The Company shall reimburse to the Insured an amount upto but not exceeding forty percent of the compensation paid in settlement of a valid claim under this Policy or 10% of the relevant sum insured whichever is less. Further, it is a condition precedent to the payment of such medical expenses that the medical attendant's detailed account shall be submitted to and is approved by the Company.

PROVIDED ALWAYS THAT :

1. This insurance shall not apply, in so far as it applies to a female to expenses incurred in respect of any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammary gland, pregnancy childbirth, abortion or miscarriage or any complications and/or sequels arising from the foregoing, unless otherwise provided hereafter.
2. The Company shall not be liable to make any payment under this Policy in respect of :-
 - i) Disease, Injury, Death or Disablement directly or indirectly due to War, Invasion, Act of Foreign Enemy Hostilities or Warlike Operations (whether war be declared to nor) or Civil Commotion or Rebellion Military, Naval or Air Service or Breach of Law of Hunting, steeple-chasing, Revolution, Insurrection, Mutiny, engaging in aviation other than a passenger (fare paying or otherwise) in any licensed Standard Type of Aircraft.
 - ii) Circumcision or Strictures or Vaccination or Inoculation or change of life or beauty treatment of any description or dental or eye treatment or Intentional self injury or insanity or dissipation or Nervous Breakdown (which expression shall cover also general debility "run down" conditions and General "overhaul") or Venereal Disease or intemperance or the use of intoxicating drugs or liquors or any diseases, injury, death or disablement directly or indirectly due to any one or more of them.

Subject otherwise to the terms, exceptions, conditions and limitations of this Policy.

N.B.- IN THE EVENT OF DISHONOUR OF PREMIUM CHEQUE THE POLICY AUTOMATICALLY STANDS CANCELLED AS FROM INCEPTION.