



SINDHI COLLEGE

#33/2B, Kempapura, Hebbal, Bengaluru - 560024
Permanently Affiliated to Bengaluru City University
Approved by AICTE, NAAC Re-accredited

Ph.no: 080-23637544 E-mail: mail@sindhicollege.com

General Insurance

- **General Explanation:** "Our college offers Insurance, which provides coverage for employees at a lower cost due to the collective bargaining power of the group."
- **Highlighting Benefits:** "As part of our employee benefits package, we offer insurance that covers medical care, making it easier and more affordable for employee to stay healthy."
- **Informative:** "Insurance plans typically offer better rates and broader coverage compared to individual insurance, and since it's offered through the organization, employee can enjoy more affordable premiums."



POLICY SCHEDULE
STANDARD GROUP MEDICLAIM POLICY 2007 (Hospitalisation Benefit Policy)
UIN:NIAHLGP21283V022021

Insured's Name	: SINDHI SEVA SAMITHI - UNIT SINDHI COLLEGE, HEBBAL, KEMPAPURA		
Insured's Details		Issuing Office Details	
Customer ID	: PO43474979	Office Code	: MALLESWARAM BRANCH (671601)
Address	: NO. 33/2B, HEBBAL, KEMPAPURA BANGALORE. BANGALORE ,KARNATAKA, 560024	Address	: NO.124, 2ND FLOOR,GANESH TOWERS, BETWEEN 10TH & 11TH CROSS, MARGOSA ROAD, MALLESHWARAM,,560003
Phone No	: //	Phone No	: 08023440607 / 08023469336
Fax	:	Fax	: 08023346367
E-mail/Fax	: /	E-mail/Fax	: nia.671601@newindia.co.in / 08023346367
PAN No	: AAATS3578D	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 29AAACN4165C2ZM
		SAC	: 997133 (Accident and health insurance services)

Policy Details		Business Source Code	
Policy Number	: 67160134240200000001	Dev.Off. level/Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (1D7821577)
Period of Insurance	: From:10/08/2024 12:00:01 AM To: 09/08/2025 11:59:59 PM	Agent/Bancassurance/Specialised Person	: Mr. NIRANJAN R (NIA1D7820382) AGENT_SITE_87695 (1D7827156)
Date of Proposal	: 10/08/2024	Phone No	: 8861885631 / 23440607, 23469336,
Prev. Policy no.	: 67160134230200000003	E-mail/Fax	: niranjangera@gmail.com, / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹216046	₹ 38,888	₹ 2,54,934 (RUPEES TWO LAC FIFTY-FOUR THOUSAND NINE HUNDRED THIRTY-FOUR ONLY)	67160181240000001813 01/08/2024

Details of TPA			
Name	: MEDI ASSIST INSURANCE TPA PVT. LTD.	Telephone	: NA
Address	: MEDI ASSIST INDIA TPA PVT. LTD., TOWER D, FOURTH FLOOR,,IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD,,BANGALORE	Fax	: 18004259559
	IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD,	Email	:
	BANGALORE	Toll Free No	: NA

No. of persons covered	: 59	Zone Opted	: II (Delhi and Bangalore)
Maternity Benefits Opted	: No		

Premium Schedule					
Total Basic Premium (in ₹)	Loading for Maternity Extension	Loading for Adverse claims (%)	Group Discount	Discount for favourable claims (%)	Gross Total Premium (in ₹)
0	0	0	0	0	216046.00

* This Policy is subject to Group Mediclaim Policy (2007) Clause as attached
In the event of death of the insured person(s) due to an insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the Nominee declared in the proposal (incorporated herein as the Schedule) and the Nominee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.

Signature Not Verified
Digitally signed by DHIRAJ KUMAR
Date: 2024.08.01

Policy No. : 67160134240200000001 Document generated by 39079 at 01/08/2024 15:47:16 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism, you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 2,16,046
SGST	9	19444
CGST	9	19444
IGST	0	0

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this _____ day of _____ 20__.

For and on behalf of
The New India Assurance Company
Limited

Date of Issue: 01/08/2024

Duly Constituted Attorney(s)

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

Stamp Duty under the Policy is ₹1/-.

IMPORTANT

This policy is subject to the terms and conditions contained in the policy document (Clauses).

This policy is governed by Health Insurance Regulations 2016 issued by Insurance Regulatory Development Authority of India on 12.07.2016.

This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2017.

This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.

Health Insurance Regulation 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 are available on the website of IRDAI.

Beware of spurious calls offering alluring benefits. Never share any policy details with unknown callers. Call 1800-209-1415 for any enquiry or contact the nearest operating office of New India Assurance Co Ltd.



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.

Tax Invoice No : 67160124E0003120

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

