

Accident Suraksha - Policy Schedule

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|----------------------------|---|--|--|
| Policy Servicing Office | Off Code-52, Future Generali India Insurance Co Ltd, 1st Floor, Plot No. C2/2, Renuka Krupa, Opposite Dhool, Motors, Near Tapdiya Kashiwal, Ground, Adalat Road, Aurangabad, Maharashtra, Pincode- 431001, Tel. No. : | | |
| Policy No | LPA-52-23-7477266-00-000 | | |
| Name of Insured / Proposer | Mr MANCHAK MOTIRAM MUDHOL | | |
| Address | WALU MIDC, WALU, , , Aurangabad, MAHARASHTRA, 431136 | | |
| GSTIN Number | FGI GSTIN Number : 27AABCF0191R2Z8 | | |
| Period of Insurance | : From 00.00 hours of 16/06/2023 To Midnight of 15/06/2024 | | |
| Policy Term | : 1 Year | | |
| Intermediary Name/Code | : RONAK SURESH BOTHRA/60087342 | | |
| Telephone (Mob, Off, Hom) | : 9960100955 / 9960100955 / | | |
| Fax No & Email Id | : / MKATARIYA@GMAIL.COM | | |

Details of Insured Persons

| Name of Insured Person's | Age | Gender | Relation of the Insured with the Proposer | Cumulative Bonus (Rs.) | Pre-existing Condition/ deformity | Specific Conditions |
|--------------------------|------|--------|---|------------------------|-----------------------------------|---------------------|
| MANCHAK MOTIRAM MUDHOL | 39 Y | Male | Self | NIL | NIL | NIL |

Nominee Details

| Name of the Insured | Nominee | Nominee Name | Nominee's Relation with insured person | % of Sum Insured | Appointee Name | Appointee Relationship with Nominee |
|------------------------|---------|--------------|--|------------------|----------------|-------------------------------------|
| MANCHAK MOTIRAM MUDHOL | Nominee | MRS MANCHAK | Spouse | 100% | | |

For members other than self, 100% nomination will be to the proposer.

Coverage and Sum Insured:

| Coverage and Sum Insured | Insured No. 1 |
|---|---------------|
| Primary Covers | |
| Accidental Death | 200000 |
| Permanent Partial Disablement | 50000 |
| Permanent Total Disablement | 50000 |
| Temporary Total Disablement | 50000 |
| Additional Covers | |
| Child Education Support | Not opted |
| Life Support Benefit | Not opted |
| Accidental Medical expenses | Not Opted |
| Accidental Hospitalisation | 50000 |
| Hospital cash Allowance | Not opted |
| Loan Protector | Not opted |
| Adaptation Allowance | Not opted |
| Family Transportation Allowance | Not opted |
| Broken Bones | Not opted |
| Road Ambulance Cover | Not opted |
| Air Ambulance Cover | Not opted |
| Adventure Sports Benefit | Not opted |
| Chauffer Plan Benefit | Not opted |
| Repatriation of Remains And Funeral Benefit | Inbuilt cover |

LOADINGS AND DISCOUNT
SCHEDULE OF PREMIUM

| Instalment Loading (%) | Premium / Instalment Premium (Rs.) | 290.00 |
|---------------------------------|---|--------|
| Professional Sports Loading (%) | Goods and Services Tax (for instalment) (Rs.) | 52.2 |

पॉलिसी अनुसूची/Policy Schedule - Personal Accident

Policy Number:

27600422210000151

व्यवसाय स्रोत /Business Source: 038024

विक्रय चैनल कोड /Sales Channel Code:
9000132861

नाम /Name: Mr Gulam Rabhani Khan
Contact Number: 9860840236

सह दलाल कोड / Co Broker Code:

जारीकर्ता कार्यालय/Issuing Office
कार्यालय कोड /Office Code: 270600
कार्यालय पता /Office Address:
AURANGABAD DIVISION Hazari
Chambers, Station Road, Aurangabad,
Maharashtra, - 431005.
State Code: 27, Maharashtra
GSTIN: 27AAACN9867E1Z3
Contact Number: 240 2337569
Mobile Number: 0

कस्टमर केयर टॉल फ्री नंबर/Customer

Care Toll Free Number:

1800 345 0330

ईमेल/

email:customer.support@nic.co.in

ग्राहक का नाम /Customer Name: SHRI VISHAL SURESH
BADERA

पता /Address: PLOT NO.493,R.H.NO.2,'RAJ YOG
APARTMENT,WALUJ, CIDCO MAHANAGAR,AURANGABAD
DIST. : AURANGABAD - MAHARASHTRA, MAHARASHTRA, City:
AURANGABAD - MAHARASHTRA, District: AURANGABAD -
MAHARASHTRA, State: MAHARASHTRA, PIN: 431001.
Cell: 9225305315

ग्राहक आईडी /Customer ID:
9518083470

पैन /PAN:

फोन /Phone:

ई-मेल /E-Mail:

पॉलिसी: 26/08/2022 के 00:00 से 25/08/2023 की मध्य रात्रतक प्रभावी /Policy Effective from 00:00 hours, on 26/08/2022 to
midnight of 25/08/2023

| प्रीमियम/ Premium | ₹ 540.00 | कवर नोट संख्या और तथि / Cover Note Number and Date | लागू नहीं/NA |
|---|----------|---|---|
| CGST | ₹ 49.00 | प्रस्ताव संख्या और तथि/Proposal Number and Date | 88001705123199 Dt. 28/06/2022 |
| SGST/UTGST | ₹ 49.00 | | |
| IGST | ₹ 0.00 | | |
| कम:जीएसटी_टीडीएस / Less:GST_TDS | ₹ 0.00 | | |
| पुनर्प्राप्त योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty | ₹ 0.00 | रसीद संख्या और तथि/Receipt Number and Date | 270600812210001651 Dt. 11/08/2022 |
| कुल /Total Amount | ₹ 638.00 | पछिली पॉलिसी संख्या और समाप्ती तथि/ Previous Policy Number and Expiry Date | 2706004213810000013 and Dt.13/06/2014 270600421710000048 and Dt.11/05/2018 270600421810000132 and Dt.26/07/2019 270600421910000192 and Dt.25/08/2020 270600422010000099 and Dt.25/08/2021 270600422110000116 and Dt.25/08/2022 |

(Rupees Six Hundred Thirty Eight Only.)

Details of the Persons Insured

| Sl No | Name of the Insured Person | Date of Birth Age | Gender | Relation Occupation | Risk Group | Benefits Covered Cover Duration | Med Exp | Capital Sum Insured (₹) | Cumulative Bonus (₹) |
|-------|----------------------------|-------------------|--------|-----------------------|------------|---------------------------------|---------|-------------------------|----------------------|
| 1 | VISHAL SURESH BADERA | 26/07/1979 43 | M | Self All - Occupation | Normal | Table II 24 Hours Coverage | Yes | ₹ 5,00,000.00 | ₹ 1,25,000.00 |

*Table Benefits: Table I - (a) & (g); Table IA - (a) to (d) & (g); Table II - (a) to (e) & (g); Table III - (a) to (g).

Assignment: It is hereby declared and agreed that in the event of death of the insured in the circumstances giving rise to a valid claim under clause (a) of the policy, the Sum insured under the clause shall be payable to Shri / Smt MRS. NILIMA VISHAL BADERA (Wife), in accordance with the legal assignment dated 26/08/2022 duly executed by the insured on the proposal form which is deemed to be incorporated under the policy. Discharge to the company by the said Shri / Smt MRS. NILIMA VISHAL BADERA shall be sufficient and legal binding discharge to the Company for all claims under clause (a) of the policy

खंडों, पृष्ठांकनों एवं वारंटी/ List of Clauses, Endorsements, Warranties

| क्लॉज सं./ Clause No. | विवरण/Description |
|--------------------------|--------------------------|
| 700000081 | Medical Extension Clause |



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नेशनल इन्शोरेंस कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P.No. 033-22831705-06 Fax : 033-22831712
e-mail : website administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".