

To,

Date: 06/07/2023

**NESARA INSTRUMENTS AND SERVICES**

GROUND FLOOR NO.535 KEMPEGOWDA MAIN ROAD  
BHEL LAYOUT, RAJARAJESHWARI NAGAR, PATTANAGERE  
Bangalore, KARNATAKA, INDIA, PIN -560098

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Group Personal Accident Insurance Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy:

- Policy Schedule
- Policy Clauses & Wordings
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

**Your Customer ID : C14675**

**Your Policy Number : 4102230700000030-00**

The Postal Address of your SBI General Branch that will service you in future is:  
Gurugram, 1st Floor,SCO No-7,Sector-14,Gurugram-122001,Haryana-,  
In case of any queries or suggestions, please do not hesitate to get in touch with us.  
You can contact us at [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in) or call our Customer Care Number 1800-102-1111 / 1800-22-1111

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products

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SBI General Insurance Company Ltd., Registered Office & Corporate Office: SBI General Insurance Company Ltd. 9th Floor, A&B Wing, Fulcrum Building, Sahar Road, Andheri East, Mumbai - 400099.

<b>Policy No :</b> 4102230700000030-00	<b>Servicing Branch Office :</b> Gurugram, 1st Floor,SCO No-7,Sector-14,Gurugram-122001,Haryana-	<b>Issue Date :</b> 06/07/2023
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**Intermediary Details:**

<b>Intermediary Name</b>	PolicyBazaar Insurance Brokers Pvt Ltd	
<b>Intermediary Code</b>	0065359	
<b>Intermediary Contact Details</b>	Mobile No.	Landline No.

**Insured Details:**

<b>Name of the Insured/Proposer</b>	NESARA INSTRUMENTS AND SERVICES
<b>Address</b>	GROUND FLOOR NO.535 KEMPEGOWDA MAIN ROAD BHEL LAYOUT, RAJARAJESHWARI NAGAR, PATTANAGERE Bangalore, KARNATAKA - 560098, INDIA
<b>Period of Insurance</b>	26/06/2023 (00:00:00 Hrs) to 25/06/2024 (23:59:59 Hrs)
<b>Previous policy no, if any</b>	-
<b>No of Insured Persons Covered</b>	7 [Commencement of Policy]
<b>Total Sum Insured</b>	Rs.3500000.00/-
<b>Details of Insured Persons</b>	-
<b>Coverage Details</b>	Permanent Total Disability, Accidental Benefit, Permanent Partial Disability, Temporary Total Disability
<b>Add ON'S or Riders Opted</b>	As per Annexure "A"
<b>Deductible</b>	As per annexure attached
<b>Other Policies Details</b>	NA
<b>GST No</b>	29AEOPS9462C1ZV

**GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE**

**UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14**

Attached to and forming part of Group Personal Accident Insurance Policy No 4102230700000030-00

**Additional Conditions :**

Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties :

**Remarks -**

- \* General Terms and Conditions
- \* The rates are to be used for fresh cases only.
- \* Covered- Self Only.
- \* The Policy is on Named basis.
- \* The policy covers only Employer-employee groups.
- \* No. of Lives Minimum 7, maximum 500. The minimum no. of self members should be 7.
- \* Quote validity period shall not be more than 15 days.
- \* The terms and rates shall be subject to quarterly review. The term & rates may get revised in the event of any adverse observations.
- \* These filed rates are in the process of revision and our rates will stand revised once the same are approved.
- \* Maximum SI should not exceed Rs 500000
- \* Total SI under the policy should not exceed Rs 3500000
- \* PPD will be applicable as per the table shared in Annexure I.

**Special Condition -**

- \* Policy Basis - Named Basis
- \* GPA Sum Insured-500000
- \* Accidental Death - 100% of Sum Insured
- \* Permanent Total Disablement - Upto 100% of Sum Insured
- \* Permanent Partial Disablement - Upto 100% of Sum Insured
- \* Temporary Total Disablement - 1% of SI
- \* Accidental Hospitalization-Covered
- \* Medical Extension -Covered
- \* Animal & Snake Bite -Covered
- \* Education Allowance for Children- Not Covered
- \* Family Transportation- Not Covered
- \* Last Rites Expenses- Not Covered
- \* Broken Bones Coverage- Covered

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**UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14**

Attached to and forming part of Group Personal Accident Insurance Policy No 4102230700000030-00  
**Premium Computation**

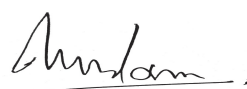
Particulars	Amount ( INR )
Gross Premium	1539.00
IGST :18%	277.02
CGST :9%	0.00
SGST :9%	0.00
Final Premium	1816.02

**Collection Details :**

Receipt No. 4401230700000075, Receipt Date : 06/07/2023

Consolidated Stamp Duty paid Rs. 50.01/- towards Insurance Policy Stamps vide Order No. null of General Stamps Office Mumbai.

P.S. If premium paid through cheque, the policy is void abinitio in case of dishonour of cheque.

Signed at : Mumbai HO	:	For SBI General Insurance Company Limited
Date : 06/07/2023	:	Signatory : 

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Attached to and forming part of Group Personal Accident Insurance Policy No 4102230700000030-00

**Important Note:**

Please examine this Policy including its attached Schedules/Annexure if any. In the event of any discrepancy, contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.

Any claim arising or related to consequences of the pre-existing diseases is excluded from the scope of policy cover unless the same is covered on payment of premium and coverage terms mentioned in the schedule.

This is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorized officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.

All terms, conditions and exclusions as per standard Policy wordings attached with this schedule.

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**Annexure "A"**

Group Name	NESARA INSTRUMENTS AND SERVICES
Covers	Limits
Insured Details	-
Policy Basis	NAME BASED
Territory Restriction	No Territory Restriction
Permanent Total Disability	Upto 100% of Sum Insured
Accidental Benefit	100% of Sum Insured
Permanent Partial Disability	Upto 100% of Sum Insured
Temporary Total Disability	1% of SI

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UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14

Attached to and forming part of Group Personal Accident Insurance Policy No 4102230700000030-00

**GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE**  
**UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14**

Attached to and forming part of Group Personal Accident Insurance Policy No 4102230700000030-00

**INTIMATING A CLAIM**

For Intimating a Claim with us please contact us through the following channels:

Phone: 1800-102-1111/1800-22-1111(Toll Free 8:00 am to 8:00 pm from Monday to Saturday)

E mail - [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in)

Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

**CLAIM SETTLEMENT**

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the Survey Report or the additional Survey Report, as the case may be, in accordance with the provisions of Protection of Policyholders' Interest Regulations 2017.



**GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE**  
**UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14**

Attached to and forming part of Group Personal Accident Insurance Policy No 4102230700000030-00

<b>Branch Office Address :</b> Gurugram 1st Floor,SCO No-7,Sector- 14,Gurugram-122001,Haryana-,	<b>Receipt No:</b>	4401230700000075
	<b>Date:</b>	06/07/2023
	<b>Branch :</b>	00114
	<b>Party/Depositor ID :</b>	

Receipt				
Received with thanks from: NESARA INSTRUMENTS AND SERVICES an amount of Rs. 1816.02/- (ONE THOUSAND EIGHT HUNDRED SIXTEEN RUPEES AND TWO PAISA) EFT/Cheque/DD/Cash No. 100168486 Dated : 26-06-2023				
Party ID	Quote/Policy/CD No.	Name of Party	Amount (Rs.)	
0000000064336704	4201230700000048 /410223070000003 0-00 /C14675	NESARA INSTRUMENTS AND SERVICES	<b>Gross Premium</b>	1539.00
			<b>CGST: 9%</b>	0.00
			<b>SGST: 9%</b>	0.00
			<b>IGST: 18%</b>	277.02
<b>Total</b>				1816.02

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UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14

Attached to and forming part of Group Personal Accident Insurance Policy No 4102230700000030-00

Disclaimer

- 1. Receipt subject to realisation of instrument submitted
- 2. Kindly refer to the policy document for time of commencement of cover

**PAN No. of SBI General: AAMCS8857L**

**GST No: 23AAMCS8857L1ZK**

For and on behalf of SBI General Insurance Co. Ltd.



Authorized Signatory

GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE  
UIN - IRDA/NL-HLT/SBIGI/P-P/V.1/44/13-14

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