



POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

UIN NUMBER - IRDAN190P0004201314

Insured's Name	: KVT POLYTECHNIC		
Insured's Details		Issuing Office Details	
Customer ID	: PO64166966	Office Code	: NIA R.T.NAGAR BRANCH (672102)
Address	: CVV CAMPUS, NEAR CHOKKAHALLI B B ROAD, CHICKBALLAPUR CHIKBALLAPUR ,KARNATAKA, 562101	Address	: NO. 374, 1ST FLOOR, SRI KRISHNA RUKMINI COMPLEX, 5TH CROSS, 9TH MAIN, OPP. HMT, PLAY GROUND, NEAR GANGANAGARA BUS STAND, RT NAGARA BANGALORE 560032. .560032
Phone No	:	Phone No	: 08023333610 / 08023333611
E-mail/Fax	: /	E-mail/Fax	: nia.672102@newindia.co.in / 08023338221
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 29AAACN4165C2ZM
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 67210248242300000001	Business Source Code	
Period of Insurance	: From: 17/02/2025 05:25:13 PM To: 16/02/2026 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (1D7821823)
Date of Proposal	: 17-Feb-25	Agent/Bancassurance/S pecified Person	: Mr. N VENKATESH MURTHY (NIA1D7821351) AGENT_SITE_28274 (1D7828125)
Prev. Policy no.	: 67210248232300000001	Phone No	: 9448019386 / 08023333610, 08023333611, 9449365276
Client Type	: Non-Corporate	E-mail/Fax	: / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ In words)	Receipt No. & Date
61,245	11,024	72,269	RUPEES SEVENTY-TWO THOUSAND TWO HUNDRED SIXTY-NINE ONLY	6721028124000000373 5 - 17/02/25

No of Students	571	Medical Expenses per student (Inclusive of OPD)	10000
Limit per student	100000	Special conditions	AS PER STUDENT SAFETY POLICY
Limit per accident	100000		

No of parents	571		
Total SI of Parents or Guardian for payment of Tuition and Hostel fees	57100000	Payment of tuition and hostel fee for remaining semesters in the students account with the Institute in case the Parent/Guardian dies due to accident	100000

This policy shall be subject to STUDENTS SAFETY PACKAGE INSURANCE policy clauses attached herewith..

Premium and GST Details

Premium	Rate of Tax	Amount in INR
SGST	9	₹ 61,245
CGST	9	5512

Signature valid

Digitally signed
by: HIR
KUNDE
Date: 2025.02.17

Policy No. : 67210248242300000001 Document generated by AG_7821351 at 17/02/2025 17:25:15 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 the following:





IGST

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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 17th day of February, 2025.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 17/02/2025

(Mrs. SUGUNA RAMESH)
[Branch Manager]



Duly Constituted Attorney(s)

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

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 : 67210224E0004876

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C