

GPA - NAMED POLICY SCHEDULE
IRDA/NL-HLT/OIC/P-P/V.1/457/13-14

Policy No. : 132000/48/2021/3137	Prev.Policy No. : 132000/48/2020/2074
Cover Note No. : -	Cover Note Date : -
Insured's Code : 88762980	Issue Office code : 132000
Insured's Name : SAINIK SCHOOL TILAIYA OLD BOYS ASSOCIATION (GSTIN: 0)	Issue Office Name : DO JOGESHWARI (GSTIN: 27AAACT0627R4ZW)
Address : ALUMNI ASSOCIATION, C-32, REMI BIZCORT, NEAR SHAH INDUSTRIAL ESTATE, OFF VEERA DESAI ROAD, ANDHERI MUMBAI 400053	Address : DO JOGESHWARI ,103/104 , 1ST FLOOR FAIZAN APTS,ABOVE SYNDICATE BANK SV ROAD ,JOGESHWARI (W) MUMBAI MAHARASHTRA 400102 MUMBAI MAHARASHTRA 400102
Tel. /Fax /Email : / / 0 / NA	Tel. /Fax /Email : 022-26797856,9167072502 / 022-26793983 / stutijaiswal@orientalinsurance.co.in;132000@orientalinsurance.co.i

Agent/Broker Details

Dev.Off.Code :
Agent/Broker : LC0000000036 1217
Address : 205, SECOND FLOOR, VIRESHWAR CHAMBERS,MG ROAD, VILE PARLE (E),MUMBAI 400057 DB 219/03 Registration No 217,MUMBAI,MAHARASHTRA,400057
Tel/Fax/Email : 022-67390900/9167980501/66202665/

Period of Insurance : FROM 00:00 ON 03/08/2020 TO MIDNIGHT OF 02/08/2021
Collection No & Dt : DC_I_IND 1047802529 - 04/08/2020 **GST INVOICE NO** :2719292856 **UIN** :0
Gross Premium : 1,82,400 **GST** : 32832 **Stamp Duty** : 2500 **Total** : 2,15,232
Co-insurance Details : NIL

Number of persons covered : 1
Total Sum Insured : 304000000
AOA Limit : 50000000

Details of Insured Persons :

Sr. No.	Emp No./ ID No.	Name	Age	Sex	Section/Cover	Sum Insured	Additional Covers
1	1	380 Lives as per list attached	67	M	Table of benefits I Table of benefits IA Table of benefits III Table of benefits II	19,00,00,000 11,40,00,000	Medical Expenses Loading NIL

Place : MUMBAI
Date : 03/08/2020



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

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Place : MUMBAI
Date : 03/08/2020



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Authorised Signatory

Additional Details of Insured Persons

Sr.No.	Name	Occupation	Pre-existing Disabilities	Risk Group	Assignee Name	Share %	
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Total Sum Insured in words : Indian Rupees Thirty Crores Forty Lakhs Only

Total Premium in words : Indian Rupees Two Lakhs Fifteen Thousand Two Hundred Thirty-Two Only

Term of Insurance: As per the Clauses written hereunder and/or attached herewith

In case of any single accident, the liability under this policy shall be restricted to the AOA Limit specified in the Schedule.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

Coverage per person is Rs 8,00,000/- (Table III as Rs 5 lakh and Table II as Rs 3 lakh each.)

Excess : NIL

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at DO JOGESHWARI (GSTIN: 27AAACT0627R4ZW) on 03RD DAY OF AUGUST 2020

Entered By : Mrs.Anuradha Gopakumar

Examined By : STUTI JAISWAL

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : 506613

IP :

Policy Printed On : 04-AUG-20 13:03:43

MAC :

Authorised Signatory

Place : MUMBAI

Date : 03/08/2020



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Relationship

1 380 Lives as RETIRED NORMAL RISK
per list
attached

Place : MUMBAI
Date : 03/08/2020



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