

**Group Accident Guard Policy**  
**Group Policy Schedule****Policyholder Details**Policyholder name : VIDYA PRATISHTHANS KAMALNAYAN BAJAJ INSTITUTE  
OF ENGINEERING & TECHNOLOGY

Policyholder Address : BARAMATI MS PUNE-413133 MAHARASHTRA INDIA

BARAMATI-413133  
MAHARASHTRA  
INDIA

Cust GSTIN number:

Policyholder Contact No.:

Policyholder E-mail id:  
shashank.dandavate@vpkbiet.org

Intermediary code: AIGI7705P

Intermediary Contact No: 9890959001

Intermediary Name: NANDINI PRASHANT TEKALE

Policy Number 0239249431  
Renewal Number: 04  
Endorsement Number:  
Place of Supply: MAHARASHTRA  
State Code: 27

Business Description: Service Industry

Number of Lives Covered: 219

Territory Limit: Worldwide

Operative Time:: 24 Hrs

Relationship Type: Employer Employee

Sum Insured Basis: Fixed

Loan Type:

Sum Insured Type: Fixed

Total Sum Insured: INR 219000000

Maximum Sum Insured: INR 1000000

Aggregate limit for any one accident: INR 0

Aggregate limit for any one year: INR 0

Age Group: 18 years to 70 years

Payment frequency: Annual

Policy Period: From 28/01/2026 00:01 Hrs To 27/01/2027 23:59 Hrs

| Premium details    |          |
|--------------------|----------|
| Net Premium (Rs):  | 1,02,168 |
| UGST/SGST 9% (Rs.) | 9,195    |
| CGST 9% (Rs.)      | 9,195    |
| Gross Premium (Rs) | 1,20,558 |

GSTIN: 27AABCT3518Q1ZW-MAHARASHTRA, Service Accounting Code: 997133

Insured Description: Service Industry

| Sr. No. | Category Description | No. of Insured | AD        | DM        | PTD       | PPD       | Fixed Medex OPD | Fixed Medex IPD | Fixed Medex OPD and IPD | Variable Medex | Remarks |
|---------|----------------------|----------------|-----------|-----------|-----------|-----------|-----------------|-----------------|-------------------------|----------------|---------|
| 1       | Category_1           | 219            | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 |                 |                 | 200,000                 |                |         |

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions , please read sales brochure carefully, before concluding a sale.

**TATA AIG General Insurance Company Limited**

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.

24\*7 Customer Support No.: 022 6489 8282 or 18002671955 (For Senior Citizens) | Email: customersupport@tataaig.com

IRDA of India Registration No: 108 | Website: www.tataaig.com | CIN: U85110MH2000PLC128425 | UIN: TATPAGP23093V032223

**Coverage Details:**

| Sr No. | Coverages  | Average SI Per Person | Deductible | Co pay(%) | Remarks   |
|--------|--|-----------------------|------------|-----------|---|
| 1      | Funeral Benefits                                 | 10000                 |            |           | Rs 10000  |
| 2      | Permanent Total Disability                       | 1000000               |            |           | Covered   |
| 3      | Temporary Total Disability                       | 5000                  |            |           | 1% of AD SI or INR 5000 or actual weekly salary for 104 Weeks whichever is less   |
| 4      | Education Benefit                                | 10000                 |            |           | 10% of Principal SI or up to Rs 10000 or Actuals, whichever is lower for a maximum of 2 eligible children.                      |
| 5      | Coma   | 10000                 |            |           | Rs. 10000   |
| 6      | Terrorism  | 1000000               |            |           | Covered   |
| 7      | Permanent Partial Disability                     | 1000000               |            |           | Covered   |
| 8      | Accidental Death                                 | 1000000               |            |           | Only Permanent Employees of the company are covered, the coverage of contractual employees will be limited to during work hours |
| 9      | Accidental Dismemberment and Paralysis           | 1000000               |            |           | Covered   |
| 10     | Repatriation Of Remains                          | 10000                 |            |           | Upto Rs 10000 or Actuals, whichever is lower.   |
| 11     | Fractures/Dislocation/Burns                      | 10000                 |            |           | Rs. 10000   |
| 12     | Home Alteration and Vehicle Modification Benefit | 10000                 |            |           | Rs. 10000   |
| 13     | Family Transportation Benefit                    | 10000                 |            |           | Upto Rs. 10000 or Actuals, whichever is lower   |
| 14     | Accidental Medical Expenses                      | 200000                |            |           | Fixed INR 200000 for IPD with Sublimit of INR 100000 for OPD or actual claims, whichever is lower                               |
| 15     | Ambulance Services                               | 3000                  |            |           | Rs.3000   |

**Conditions if any :-**

- In consideration of additional premium, Point No. 10 under Section 3- General Exclusions pertaining to Act of Terrorism stands deleted.
- Under Temporary Total Disability, such period of disability commences within <<30 Days>> after the date of the Accident causing such Injury.
- The Benefits which are mentioned in this Schedule shall only be available under the Policy.

**Important Exclusions:**

The Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, in respect of:

- Any Pre-existing Condition, any complication arising from it;
- Any claim of Insured Person arising from:
  - suicide or attempted suicide
  - wilful self-inflicted illness or injury except injury in self-defence or to save life; or
- Being under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.
- Participation in an actual or attempted felony, riot, crime, misdemeanor (excluding traffic violations) or civil commotion

*This is only a summary of the product features/terms/conditions/exclusions. For more details, please refer our website [www.tataaig.com](http://www.tataaig.com).*

- Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.
- Stamp Duty of Rs.200/- is paid as provided under Article 47-C of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. LOAENF1/CSD/108/2025/4088 Validity Period Dt.17/10/2025 To Dt.09/11/2028/4088 Date:13/10/2025

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**General Conditions:**

- You have a period of 15 Days from the date of receipt of the **Policy** document to review the terms and conditions of this **Policy** and if you have any objections you have the option of cancelling the **Policy** stating the reasons for cancellation and the premium paid after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium shall be refunded.
- There will be no premium refund in case of cancellation due to non-disclosure of material facts, mis-representation or fraud. In case of non-cooperation, premium shall be refunded on short rate table basis as specified in the policy.
- Any product revision/modification/future withdrawal will be done with the approval of Insurance Regulatory & Development Authority of India and will be intimated to you at least 3 months in advance. In case of withdrawal, you have an option to migrate to our similar health insurance product.
- This Policy Schedule in original must be surrendered to the Company in case of cancellation of the Policy Schedule.

**Claims Administrator Detail:** Insured Person(s) can notify a **Claim** by sending an SMS **CLAIMS** to **5616181** or by calling **The Company's** 24\*7 Customer Support No. **022 6489 8282** or **18002671955** (only for **senior citizen Policy** holders). Please use the **Claim** Intimation Form for intimation of a claim.

**Policy Servicing/Grievances/Complaints:**

- The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint / claim, please feel free to call our 24\*7 Customer Support No.: 022 6489 8282 or you may email to the customer service desk at [customersupport@tataaig.com](mailto:customersupport@tataaig.com). Senior citizens can call our dedicated line at 1800-22-9966. Please refer The Company's Website for the grievance redressal policy.

**Prohibition of Rebates – Section 41 of Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015:**

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Date: 28/01/2026  
Place: PUNE

For Policy wordings, please scan the below QR code :



**For TATA AIG General Insurance Company Limited**

**Policy Servicing Address**

Peninsula Business Park, Tower A, 15th Floor, Ganpatrao Kadam Marg, Lower Parel, MUMBAI, MAHARASHTRA-400013

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RECEIPT

Receipt No. : 102101127330349

Receipt Date : 23/01/2026

Policy No : 0239249431

Received with thanks from VIDYA PRATISHTHANS KAMALNAYAN BAJAJ INSTITUTE OF ENGINEERING & TECHNOLOGY a sum of Rs. 120558 (Rupees One Lakh Twenty Thousand Five Hundred Fifty-Eight And Paise Zero Only only) Cash Deposit, Bank Name - , towards.

| Sr. No. | Policy Number | Total Premium | Utilized from the receipt for policy | Balance |
|---------|---------------|---------------|--------------------------------------|---------|
| 1       | 0239249431    | 120558        | 120558                               | 0       |

Note:

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
3. Amounts received by cheque shall be subject to realisation.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

**GSTIN : 27AABCT3518Q1ZW-MAHARASHTRA Service Accounting Code : 997133**

Revenue (consolidated) Stamp Duty duly paid vide challan No. date for applicable cases.

### Annexure 3

#### Accidental Dismemberment And Paralysis

"The Percentage (%) of Sum Insured under (B2) Accidental Dismemberment and Paralysis as mentioned below shall supersede the policy wordings.

| Nature of Losses  | Up to Percentage(%) of Sum Insured |
|---|------------------------------------|
| Both Hands or Both Feet   | 100                                |
| Sight of Both Eyes  | 100                                |
| One Hand and One Foot   | 100                                |
| Either Hand or Foot and Sight of One Eye  | 100                                |
| Speech and Hearing in Both Ears   | 100                                |
| Permanent and incurable insanity  | 100                                |
| Permanent Total Loss of the Central Nervous System or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance | 100                                |
| Either Hand or Foot   | 50                                 |
| Sight of One Eye  | 50                                 |
| Speech or Hearing in Both Ears  | 50                                 |
| Hearing in One Ear  | 25                                 |
| Thumb and Index Finger of Same Hand   | 25                                 |
| Quadriplegia  | 100                                |
| Paraplegia  | 50                                 |
| Hemiplegia  | 50                                 |
| Uniplegia   | 25                                 |
| Permanent Total Loss of Mastication   | 100                                |

#### Permanent Partial Disability

"The Percentage (%) of Sum Insured under (B2) Accidental Dismemberment and Paralysis as mentioned below shall supersede the policy wordings.

| Nature of Losses                                    | Up to Percentage(%) of Sum Insured |
|---|------------------------------------|
| Loss of toes all                                    | 20                                 |
| Great Toe   | 5                                  |
| other than great toe if more than one toe lost each | 1                                  |
| Loss of ring finger                                 | 5                                  |
| Loss of middle finger                               | 6                                  |
| Loss of index finger                                | 10                                 |
| Loss of thumb                                       | 15                                 |
| Loss of four fingers                                | 25                                 |
| Loss of four fingers and thumb of one hand          | 40                                 |
| Loss of hearing one ear                             | 25                                 |
| Loss of hearing both ears                           | 50                                 |
| Loss of little finger                               | 4                                  |

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