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27/1/22

POLICY SCHEDULE FOR INFORMATION TECHNOLOGY ERRORS AND OMISSIONS LIABILITY INSURANCE

UIN NUMBER - IRDAN190P0080100001

Insured's Name	SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL		
Insured's Details		Issuing Office Details	
Customer ID	PO97345055	Office Code	PURASAWALKAM (710900)
Address	KALITHEERTHALKUPPAM, PUDUCHERRY 605107  PONDICHERY, PONDICHERY, 605013	Address	C.D.U IX Garden Apartments 68, Purasawalkam Chennai - 60000  600007
Phone No	XXXXXX0409	Phone No	23456802 / 23456800
E-mail/Fax	sao@smvmch.ac.in, /	E-mail/Fax	nia.710900@newindia.co.in / 23456801
PAN No	AAATM95998	S.Tax Regn. No	AAACN4165CST178
GSTIN/UIN	NA / NA	GSTIN	33AAACN4165C4ZV
		SAC	997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	71090036221200000001	Business Source Code	
Period of Insurance	From: 02/06/2022 12:00:01 AM To: 01/06/2023 11:59:59 PM	Dev. Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	Mr. MR. ANDREWS KIRUBAKARAN - (DM3047745)
Date of Proposal	02-Jun-22	Agent/Bancassurance/S pecified Person	Mrs. N.V. SUMATHI (NIAAG00004201) AGENT_SITE_331709 (SI00009434)
Prev. Policy no.		Phone No	04442661968, 9884032119 / NA
Client Type	Corporate	E-mail/Fax	/ /

Premium(₹)	GST(₹)	Total(₹)	Total (₹ In words)	Receipt No. & Date
212000	38160	250160	RUPEES TWO LAC FIFTY THOUSAND ONE HUNDRED SIXTY ONLY	7109008122000000114 2 - 01/06/22

Details of risk covered under current year policy:

Retroactive Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Deductibles	Worldwide including USA & Canada
02/06/2021	India	India	50000000	1:1	50000000	AMT	250000	0	0

Retroactive Dates

Retroactive Date Details	Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Deductibles	Worldwide including USA & Canada
RETROACTIVE DATE 1	02/06/2021	India	India	50000000	1:1	50000000	Amount	250000	0	0

RETRO-DATE IS SUBJECT TO LESSER OF LIMITS - NARROWER OF COVER.

TRUE COPY ATTESTED

Signature valid

Digitally signed by SRI MANAKULA VINAYAGAR Date: 2022.06.06 16:17:04 IST

Policy No. : 71090036221200000001 Document generated by 2022-06-06 16:16:59 Hours.

Regd. & Head Office: New India Assurance Bldg., 87, M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

तमिलनाडु द्वारा जारी सरकारी ऑर्डर (आर.सी. संख्या 395 दिनांक 06.09.2022 के तहत समेकित स्टाम्प ड्यूटी का भुगतान किया गया। Consolidated Stamp duty paid via G.O. (Rt.) No. 395 Dated 06.09.2022 valid upto 31-05-2023 issued by the Govt. of Tamil Nadu





Extensions under the Policy

Name of the Extension	Sub limit of the Extension	Deductibles of the Extension
IP/OP	₹5000000	₹250000
Dishonesty of Employees	₹5000000	As Per Policy Deductible
Loss of documents	₹5000000	As Per Policy Deductible
RADIOACTIVE	₹5000000	₹250000
NON MEDICAL STAFF, MEDICAL ESTABLISHMENT ENDORSEMENTS	₹5000000	₹250000
LIBEL AND SLANDER, BREACH OF CONFIDENTIALITY	₹5000000	₹250000

Type Of Risk	: IT ERRORS, OMISSIONS LIABILITY
Details of Products/Services	MEDICAL SERVICES, INCLUDING SURGERY, MEDICAL LAB, RADIOLOGY, ICU/ICCU, BIOCHEMISTRY MICROBIOLOGY HISTOPATHOLOGY

Special Conditions	THE POLICY SHALL BE SUBJECT TO MEDICAL ESTABLISHMENTS ERRORS AND OMISSIONS INSURANCE CLAUSE DEDUCTIBLE-₹2,50,000/-each claim IP/OP PATIENTS, RADIOACTIVITY, NON MED STAFF INCLUDED, PREMIUM FOR THE SAME HAS BEEN COLLECTED
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Special Exclusions	NA
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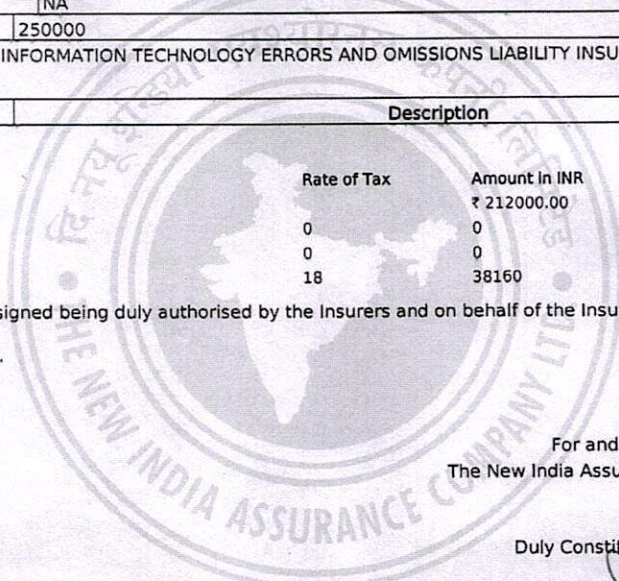
Special Excess/Deductible	250000
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This Policy shall be subject to INFORMATION TECHNOLOGY ERRORS AND OMISSIONS LIABILITY INSURANCE policy clauses attached herewith

Clauses	Description
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Premium and GST Details		
	Rate of Tax	Amount in INR
Premium		₹ 212000.00
SGST	0	0
CGST	0	0
IGST	18	38160

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 06th day of June, 2022.



For and on behalf of  
The New India Assurance Company Limited  
*[Signature]*  
Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1/-.

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

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

TRUE COPY ATTESTED



DEAN  
SRI MANAKULA VINAYAGAR  
POLICY No. : 71090036221200000001 Document generated by 29934 at 06/06/2022 16:16:59 Hours.  
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001, TEL: 58557 No. 1 800 209 1415.  
MADRAS OFFICE, 109, CHENNAI ROAD



### COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : PURASAWALKAM (710900)  
Address : C.D.U IX Garden Appartments 68, Purasawalkam Chennai - 60000  
600007  
CHENNAI  
Insured Pan Number : AAATM95998  
Phone : 23456802  
Email : nia.710900@newindia.co.in  
Fax : 23456801  
Collection Number : 7109008122000001142  
Collection Date : 01/06/2022  
Business Source Code : DM3047745  
PAN No of Payer : AAATM95998

Received with thanks from SRI MANAKULA VINAYAGAR MEDICAL COLLAGE AND HOSPITAL.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
71090036221200000001	Bank-710900	250160.00	9100.710900	BA00000105-710900-9100

Total = ₹ 250160.00

Your Payment/Adjustment Details are as under -

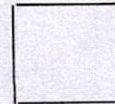
Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
RTGS	250160.00	01062022	01-JUN-22	STATE BANK OF INDIA	CH	7109002210005720	N.A.

Total = ₹ 250160.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
212000.00	38160.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00004201	N.V. SUMATHI ,	36

For The New India Assurance Company Limited  
Revenue Stamp



Date of Issue: 01/06/2022

Cashier's Initial

Authorized Signatory

Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence. .
2. NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No : 71090022P0002404

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

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Signature valid

Digitally signed  
by SRINIVASAN  
VADESVARAN  
Date: 2022.06.01  
18:31:31 IST

Policy No. : 71090036221200000001 Document generated by 35854 at 01/06/2022 18:31:30 Hours.  
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.  
MADAGADIPET, PUDUCHERRY - 605 107.



## THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

### MEDICAL ESTABLISHMENT - PROFESSIONAL NEGLIGENCE ERRORS & OMISSIONS INSURANCE POLICY

#### 1. OPERATIVE CLAUSE:

WHEREAS the insured named in the Schedule hereto and carrying on the business/profession described in the said Schedule has applied to THE NEW INDIA ASSURANCE COMPANY LIMITED (hereinafter called 'the COMPANY') for the indemnity hereinafter contained and has made a written proposal and declaration which shall be the basis of this contract and is deemed to be incorporated herein and has paid the premium as consideration for or on account of such indemnity.

NOW THIS POLICY WITNESSETH that subject to the terms exceptions and conditions contained herein or endorsed hereon the Company will indemnify the Insured against their legal liability to pay compensation including defence costs, fees and expenses anywhere in India in accordance with Indian Law.

#### 2. INDEMNITY

The Indemnity applies only to claims arising out of bodily injury and/or death of any patient caused by or alleged to have been caused by error, omission or negligence in professional service rendered or which should have been rendered by the Insured or qualified assistants named in the Schedule or any nurse or technician employed by the Insured (hereinafter referred to as the 'Act').

PROVIDED ALWAYS THAT

there shall be no liability hereunder for any claim made against the insured for act committed or alleged to have been committed prior to the Retroactive Date specified in the Schedule.

For the purpose of determining the Indemnity granted

- (a) 'Policy Period' means the period commencing from the effective date and hour shown in the Policy Schedule and terminating at midnight on the expiry date as shown in the Policy Schedule.
- (b) 'Period of Insurance' means the period commencing from the retroactive date and terminating on the expiry date as shown in the Policy Schedule.
- (c) 'Bodily Injury' means death, injury, illness or disease of or to any person.

#### 3. LIMIT OF INDEMNITY

Irrespective of the number of persons or entities named as insured in the Schedule or added by endorsement, the total liability of the Company hereunder for damages inclusive of

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DEAN  
SRI MANAKULA VINAYAGAR  
MEDICAL COLLEGE & HOSPITAL  
KALITREERTHAKUPPAM,  
MADAGADIPET, PUDUCHERRY-605 107.



defence costs (as hereinafter defined) shall not exceed the limit of indemnity set out in the Schedule for Any One Act (AOA) in respect of any or all claims made against the insured arising out of Any One Act (AOA).

The indemnity limit for Any One Year as set out in the Schedule, shall represent the aggregate amount of Company's liability during the policy period, arising out of all Acts.

4. DEFENCE COSTS

The Company will pay all costs, fees and expenses incurred with their prior consent in the investigation, defence or settlement of any claim made against the Insured and the costs of representation at any inquest, inquiry or other proceedings in respect of matters which have a direct relevance to any claim made or which might be made against the Insured, provided such claim or claims are the subject of indemnity by the Policy whether liability ultimately attaches to the policy or not. Such costs, fees and expenses are called 'Defence Costs'.

5. (a) NOTIFICATION EXTENSION CLAUSE

Should the Insured notify the Company during the Policy Period in accordance with General Condition No. 10.1 of any specific event or circumstance which the company accepts may give rise to a claim or claims which form the subject of indemnity by this policy, then the acceptance of such notification means that the Company will deal with such claim or claims as if they had first been made against the Insured during the Policy period. The extension under the Clause will be subject to the maximum time limit laid down under the Indian Limitation Act in force from time to time.

(b) EXTENDED CLAIM REPORTING CLAUSE

In the event of non-renewal or cancellation of this Policy either by the Company or by the Insured, the Company will allow a time limit not exceeding 90 days from the date of expiry or cancellation of the policy, provided no insurance is in force during this extended reporting period for the same interest, for notification of claims for accidents which had taken place during the period of insurance but could not be made during the Policy Period, provided however, all claims made during the extended reporting period shall be handled as if they were made on the last day of the expiring policy period and are subject to the limits of indemnity and the terms, conditions and exceptions of the policy.

6. CLAIMS SERIES CLAUSE

For the purpose of this policy where a series of losses and/or bodily injuries and/or deaths are attributable directly or indirectly to the same cause or error or omission relating to discharge of professional services all such losses and/or bodily injuries and/or death claims shall be added together and all such losses and/or bodily injuries and/or death shall be treated as one claim and such claim

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SRI SANKULA VINAYAGAR  
MADRAS COLLEGE & HOSPITAL  
KADITHAL KUPPAM,  
MADRAS, PUDUCHERRY-605 107.



shall be deemed to have been made at the point in time when the first of the claims was made in writing. There shall, however, be no coverage for claims made arising from one specific cause which are made later than 3 years after the first claim of the series.

7. COMPULSORY EXCESS

The Insured shall bear for each and every claim a compulsory Excess of 0.25 pct of the Indemnity limit shown in the schedule subject to minimum of Rs. 1000/- and maximum of Rs. 1 lac.

8. VOLUNTARY EXCESS

In the event of the Insured opting the policy shall be subject to a voluntary excess as mentioned in the schedule. This voluntary excess shall be applicable to each and every claim. The Company's liability shall attach for the claim in excess of such compulsory and Voluntary excess.

9. EXCLUSIONS

1. No liability shall attach to the Company in respect of
  - (a) any criminal not or any act committed in violation of any law or ordinance
  - (b) services rendered while under the influence of intoxicants or narcotics
  - (c) Third Party Public Liability
  - (d) Claims made against the insured arising from the performance of cosmetic plastic surgery, hair transplants, punch grafts, flap rotations and the like (hereinafter referred to as cosmesis) it being understood that the following shall not be deemed to be cosmesis :
    - 1) Anaesthetic x-ray or other medical nursing or laboratory services provided in connection with the performance of cosmesis.
    - 2) Plastic surgical repair of scar tissue being the result of previous surgery unrelated to cosmesis performed by the Insured.
    - 3) Plastic surgery in connection with burns or other traumatic injury.
  - (e) claims arising from any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (HTLV 111) or LYMPHADENOPATHY ASSOCIATED VIRUS (LAV) or the mutants derivatives or variations thereof or in any way related to Acquired Immune Deficiency Syndrome or any Syndrome or condition of a similar kind howsoever it may be named.

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MEDICAL COLLEGE & HOSPITAL  
KALITHEERTHA, KUPPAM,  
MADAGADIPET, PUDUCHERRY-605 107.



2. This Policy does not cover liability

- (i) assumed by the Insured by agreement and which would not have attached in the absence of such agreement.
- (ii) arising out of deliberate, wilful or intentional non-compliance of any Statutory provision.
- (iii) arising out of loss of pure financial nature such as loss of goodwill, loss of market etc.
- (iv) arising out of all personal injuries such as libel, slander, false arrest, wrongful eviction, wrongful detention, defamation, etc. and mental injury, anguish or shock.
- (v) arising out of fines, penalties, punitive or exemplary damages.
- (vi) directly or indirectly occasioned by happening through or in consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
- (vii) directly or indirectly caused by or contributed by
  - i) ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
  - ii) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
- (viii) arising out of genetic injuries caused by x-ray treatment/diagnostic or treatment/diagnosis with radioactive substances.
- (ix) In respect of professional services rendered by the Insured prior to the Retroactive Date in the Schedule.
- (x) the deliberate conscious or intentional disregard of the insured's technical or administrative management of the need to take all reasonable steps to prevent claims.
- (xi) injury to any person under the contract of employment or apprenticeship with the Insured their contractor(s) and/or Sub-Contractor(s) when such injury arises out of the execution of such contract.

10. CONDITIONS

10.1 The Insured shall give written notice to the Company as soon as reasonably practicable of any claims made against the

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DR. N. VINAYAGAR  
SRI MANARANGA VINAYAGAR  
MEDICAL COLLEGE & HOSPITAL  
KALITREKTHALKUPPAM,  
MADAGADIPET, PUDUCHERRY-605 107.



Insured (or any specific event or circumstances that may give rise to a claim being made against the Insured) and which forms the subject of indemnity under this policy and shall give all such additional information as the Company may require. Every claim, writ, summons or process and all documents relating to the event shall be forwarded to the Company immediately they are received by the Insured.

- 10.2 No admission offer promise or payment shall be made or given by or on behalf of the Insured without the written consent of the Company.
- 10.3 The Company will have the right but in no case the obligation, to take over and conduct in the name of the insured the defence of any claims and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defence of any claim may relinquish the same. All amounts expended by the Company in the defence, settlement or payment of any claim will reduce the limits of indemnity specified in the Schedule of the Policy.
- In the event that the Company, in its sole discretion chooses to exercise its right pursuant to this condition, no action taken by the company in the exercise of such right will serve to modify or expand in any manner, the company's liability or obligations under this policy beyond what the company's liability or obligations would have been had it not exercised its rights under this condition.
- 10.4 The Insured shall give all such information and assistance as the Company may reasonably required.
- 10.5 The Insured shall give notice as soon as reasonably practicable of any fact, event or circumstance which materially changes the information supplied to the Company at the time when this policy was effected and the Company may amend the terms of this policy.
- 10.6 The Company may at any time pay to the Insured in connection with any claim or series of claims under this policy to which an indemnity limit applies the amount of such limit (after deduction of any sums already paid) or any lesser amount for which such claims can be settled and upon such payment being made the Company shall relinquish the conduct and control of and be under no further liability in connection with such claims.
- 10.7 The Policy and the Schedule shall be read together as one contract and any word or expression to which a specific meaning had been attached in any part of this policy or the Schedule shall bear such specific meaning wherever it may appear. The terms and exclusions of this policy (and any phrase or word contained therein) shall be interpreted in accordance with the Indian Law.
- 10.8 If at the time of happening of any event resulting into a liability under this policy, there be any other liability insurance or insurances effected by the Insured or by any other person covering the same liability, then the Company shall not be liable to pay or contribute more than its rateable proportion of such liability.
- 10.9 This Policy does not cover liability which at the time of happening of any event resulting into such liability, be insured by or would but for the existence of this policy, be

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DR. SRI MANJUNATHA VINAYAGAR  
MEDICAL COLLEGE & HOSPITAL  
BALI NEERU PALKUPPAM,  
MADADADI PET, PUDUCHERRY-605 107.



insured by, any other policy (but not a liability policy) or policies, except in respect of any excess beyond the amount which could have been payable under such policy/policies had this insurance not been effected.

10.10 The Company may cancel this Policy by giving thirty days' notice in writing of such cancellation to the Insured's last known address and in such an event the company will return a pro-rata portion of the premium (subject to a minimum retention of 25 per cent of the annual premium) for the unexpired part of the Insurance.

This Policy may also be cancelled by the Insured by giving thirty days' notice in writing to the Company in which event the Company will retain premium at short period scale provided there is not claim under the Policy during the period of Insurance. In case of any claim under the policy, no refund of premium shall be allowed.

10.11 In the event of Liability arising under the Policy or the payment of a claim under this Policy, the limit of indemnity per any one year under the policy shall get reduced to the extent of quantum of liability to be paid or actual payment of such claim. Under not circumstance it shall be permissible to reinstate the aggregate limit of indemnity to the original level even on payment of extra premium.

10.12 It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of suit in a court of Law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

10.13 The Company shall not be liable make any payment under this Policy in respect of any claim if such claim shall be in any manner fraudulent or supported by any statement or device whether by Insured or by any person on behalf of the Insured and/or if the insurance has been continued in consequence of any material mis-statement or the non-disclosure of any material information by or on behalf of the Insured.

10.14 Policy disputes Clause

Any dispute concerning the interpretation of the terms conditions limitations and/or exclusions contained herein is understood and agreed to by both the Insured and Company to be subject to Indian Law. Each party agree to submit to the jurisdiction of any Court of competent jurisdiction within India and to comply with all requirements necessary to give such Court of jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

**N.B: In the event of dishonour of premium cheque policy automatically stands cancelled as from inception.**

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DEAN  
BRI MANAKUN VINAYAGAR  
MEDICAL COLLEGE & HOSPITAL  
KALITHEER WALKUPPAM,  
MADAGADIPET, PUDUCHERRY-605 107.





**Bajaj Allianz General Insurance Company Ltd.**  
**Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006**  
**PROFESSIONAL INDEMNITY INSURANCE POLICY POLICY SCHEDULE**  
**UIN: IRDAN113RP0031V01200102**

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc. : 87-91, LA Complex, Villupuram Main Road, Nr Indira Gandhi Square, .. PONDICHERRY-605005 Phone No :0413-2206749

Policy No. **OG-22-1516-3305-00000004**  
 Product **PROFESSIONAL INDEMNITY INSURANCE POLICY**  
 Period of Insurance **From 00:00:00 02-JUN-21 To 01-JUN-22 Midnight** Policy Issued On **05-JUN-21**  
 Co-Insurance Details **Own Share: 100%**  
 Insured Name **SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL**  
 Insured Address **NO 23 MARIAMMAN KOIL STREET, MADAGADIPET, , PO Area - - , PUDUCHERRY, PONDICHERRY - 605107**  
 Bank Details : **No Details** No Details  
 GSTIN / UIN **NA** Place of Supply/State **34 - Pondicherry**  
 Code/Name  
 Company GST No : **34AABC5730G1Z2** Invoice No : **278710909/1**  
 Company PAN : **AABC5730G**

Description	Sum Insured (Rs)
Aggregate limit of Indemnity during the policy period	5,00,00,000.00
Additional** Loading @	0 %
Additional Discount@	0 %
Base Premium	2,50,000.00
Special Discount	0
Net Premium	2,50,000.00
Terrorism** Surcharge	0
Stamp Duty	
State GST (9%)	22,500.00
Central GST (9%)	22,500.00
Final Premium	2,95,000.00

\*\*\* All Premium figures are in Rupee.

On specific request and subject to terms and conditions, record of information exchange will be made available.

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

Scope of Cover As per the policy wording attached.  
 Risk Covered Professional Indemnity Insurance For Medical Establishment [Claim Made Basis]  
 Special Perils Extensions:-Medical Establishment Endorsement, Loss of Documents including computer records, viz medical records Breach of Confidentiality viz personal information, Dishonesty of Employee viz fraud and dishonesty of employee, Libel & Slander Defamation written or verbal defamation .  
 Special Exclusions Communicable Disease Exclusion, Others as per wordings  
 Subject to Clauses Insureds Retained Amount:- INR 250,000 for each & every claim  
 Warranties Limit of Liability:- AGGREGATE LIMIT OF INDEMNITY DURING THE POLICY PERIOD: INR 50,000,000, Limit of Indemnity: INR 50,000,000 per claim and in aggregate.  
 Special Conditions Territory & Jurisdiction:- India, Retroactive date:- 03-Jun-2021, Estimated Revenue:- INR 300,000,000.  
 Comments Nature of project:- Hospital & Medical College  
 Bank RM Employee Code : Y

Agency Code <b>BAG10025937</b>	Channel Name : <b>ML</b>
Agency Name : <b>J SUNDAR</b>	
Contact No : <b>9786693536/9786693536</b>	
Email - <b>shivanicars2013@gmail.com</b>	

Premium Collection Details [Receipt No/Collection No/Amount] 1516-00135682 / 275978828 / Rs. 2,95,000.00 ,

\*\*\* If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

\*\*\* This policy is subject to the standard policy wordings, warranties and conditions applicable for this product in addition to any specific warranty or condition attached

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DEAN  
 SRI MANAKULA VINAYAGAR  
 MEDICAL COLLEGE & HOSPITAL  
 KALITHEERTHALKUPPAM,  
 MADAGADIPET, PUDUCHERRY-605 107.



For & On Behalf of Bajaj Allianz General Insurance Company Ltd.

*[Handwritten Signature]*

Authorized Signatory  
Printed, Signed and Executed at Pune



This document is digitally signed, hence counter signature / stamp is not required

Regd Office : Bajaj Allianz House, Airport Road, Yerwada Pune-411006 (India), A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India (IRDA) vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.  
Consolidated Stamp Duty of Rs.0.5/- paid towards Insurance Stamps vide Challan No. MH014271630202021M Defaced No. 0000144047202122 dated 12-APR-21 timing 13:29:05 of General Stamp Office, Mumbai, India.  
Principal Location : 87-91, LA Complex, Villupuram Main Road, Nr Indira Gandhi Square, PONDICHERRY - 605005 PH:0413-2206749 | Services Accounting Code : 997139 - Other non-life insurance services (excluding reinsurance services). No reverse charge is payable on these services.

In case of any claim, please contact our 24 Hour Call centre at 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'Bagichelp@bajajallianz.co.in'.  
275978828/-10025937/0/-

Prefix your area code if you are calling from a Mobile Device.  
A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India (IRDA) vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.

Generated by yuvraj raut

Quotation No : QU-22-1516-3305-00000004

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*[Handwritten Signature]*  
DEAN  
SRI MANAKLAK VINAYAGAR  
MEDICAL COLLEGE & HOSPITAL  
KALITHEERTHALKUPPAM,  
MADAGADIPET, PUDUCHERRY-605 107.



**Bajaj Allianz General Insurance Company Ltd.**  
**Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006**  
**PROFESSIONAL INDEMNITY INSURANCE POLICY SCHEDULE**  
**UIN: IRDAN113RP0031V01200102**

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc. : 87-91, LA Complex, Villupuram Main Road, Nr Indira Gandhi Square, PONDICHERRY-605005 Phone No :0413-2206749

**Policy No.** OG-22-1516-3305-00000004  
**Product** PROFESSIONAL INDEMNITY INSURANCE POLICY  
**Period of Insurance** From 00:00:00 02-JUN-21 To 01-JUN-22 Midnight **Policy Issued On** 05-JUN-21  
**Co-Insurance Details** Own Share: 100%  
**Insured Name** SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL  
**Insured Address** NO 23 MARIAMMAN KOIL STREET, MADAGADIPET, PO Area --, PUDUCHERRY, PONDICHERRY - 605107  
**Bank Details :** No Details  
**GSTIN / UIN** NA **Place of Supply/State Code/Name** 34 - Pondicherry  
**Company GST No :** 34AABC5730G1Z2 **Invoice No :** 278710909/1  
**Company PAN :** AABC5730G

Description	Sum Insured (Rs)
Aggregate limit of Indemnity during the policy period	5,00,00,000.00
Additional** Loading @	0 %
Additional Discount@	0 %
Base Premium	2,50,000.00
Special Discount	0
Net Premium	2,50,000.00
Terrorism** Surcharge	0
Stamp Duty	
State GST (9%)	22,500.00
Central GST (9%)	22,500.00
Final Premium	2,95,000.00

\*\*\* All Premium figures are in Rupee.

On specific request and subject to terms and conditions, record of information exchange will be made available.

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

**Scope of Cover** As per the policy wording attached.  
**Risk Covered** Professional Indemnity Insurance For Medical Establishment [Claim Made Basis]  
**Special Perils** Extensions:-Medical Establishment Endorsement, Loss of Documents including computer records, viz medical records Breach of Confidentiality viz personal information, Dishonesty of Employee viz fraud and dishonesty of employee, Libel & Slander Defamation written or verbal defamation .  
**Special Exclusions** Communicable Disease Exclusion, Others as per wordings  
**Subject to Clauses** Insureds Retained Amount:- INR 250,000 for each & every claim  
**Warranties** Limit of Liability:- AGGREGATE LIMIT OF INDEMNITY DURING THE POLICY PERIOD: INR 50,000,000, Limit of Indemnity: INR 50,000,000 per claim and in aggregate.  
**Special Conditions** Territory & Jurisdiction:- India, Retroactive date:- 03-Jun-2021, Estimated Revenue:- INR 300,000,000.  
**Comments** Nature of project:- Hospital & Medical College  
**Bank RM Employee Code :** Y

<b>Agency Code</b> BAG10025937	<b>Channel Name :</b> ML
<b>Agency Name :</b> J SUNDAR	
<b>Contact No :</b> 9786693536/9786693536	
<b>Email -</b> shivanicars2013@gmail.com	

**Premium Collection Details** [Receipt No/Collection No/Amount] 1516-00135682 / 275978828 / Rs. 2,95,000.00 ,

\*\*\* If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

\*\*\* This policy is subject to the standard policy wordings, warranties and conditions applicable for this product in addition to any specific warranty or condition attached



For & On Behalf of Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory  
Printed, Signed and Executed at Pune



This document is digitally signed, hence counter signature / stamp is not required

Regd Office : Bajaj Allianz House, Airport Road, Yerwada Pune-411006 (India), A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.  
Consolidated Stamp Duty of Rs.0.5/- paid towards Insurance Stamps vide Challan No. MH014271630202021M Defaced No. 0000144047202122 dated 12-APR-21 timing 13:29:05 of General Stamp Office, Mumbai, India.

Principal Location : 87-91, LA Complex, Villupuram Main Road, Nr Indira Gandhi Square, PONDICHERRY - 605005 PH:0413-2206749 | Services Accounting Code : 997139 - Other non-life insurance services (excluding reinsurance services). No reverse charge is payable on these services.

In case of any claim, please contact our 24 Hour Call centre at 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'Bagichelp@bajajallianz.co.in'.

275978828/-10025937/0/-

Prefix your area code if you are calling from a Mobile Device.

A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.

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Quotation No : QU-22-1516-3305-00000004