Office Copy

UNITED INDIA INSURANCE COMPANY LIMITED

DIVISIONAL OFFICE 7,NO. 134, SILINGI BUILDINGS, FIRST FLOOR,GREAMS ROAD
CHENNAI - 600006 TAMIL NADU
PHONE: (44) 28290845 FAX: EMAIL:

ERRORS AND OMISSIONS POLICY
POLICY NO.:0107002719P102783927

PERIOD OF INSURANCE
From 00:00 Hrs of 12/05/2019
To Midnight of 11/05/2020

Insured

M/S KARPAGA VINAYAGA INSTITUTE OF MEDICAL SCIENCES & RC
- GST ROAD, CHINNAKOLAMBAKKAM,
MADURANTHAGAM
KANCHIPURAM
603308
TAMIL NADU

Agent Name	: N THIYAGARAJAN
Agent Code	: AGD0001110
Mobile/Landline Number/Email	: 9840929299 uiicthiyagu2001@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in

For any Information, Service Requests, Claim intimation and Grievances please write to 010700@uiic.co.in

Regd Office: 24 Whites Road, Chennai-600014,Head Office: No.19,Lane IV,Nungambakkam High Road, Chennai-600034.
Website: http://www.uiic.co.in
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PRINCIPAL
KARPAGA VINAYAGA INST
OF MEDICAL SCIENC
G.S.T. Road, Chinnakolamb
Palayanoor Po, Maduranthaga

KARPAGA VINAYAGA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE

GST Road, Chinnakolambakkam, Madhuranthagam, Tamilnadu -603308

Ph.no: 044-27598484/27565195; **Fax:** 044-27565170; **E-mail:**kims.medical@yahoo.com; Website: www.kveg.in

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ERRORS AND OMISSIONS POLICY SCHEDULE

Policy No.	0107002719P102783927	Prev. Pol. No.	0107002718P101874110		
Name Of Insured/ID	M/s KARPAGA VINAYAGA INSTITUTE OF MEDICAL SCIENCES & RC/23014760556				
Tel.(O)		Fax		Tel.(R)	Mobile
Business/Occupation	None			Email	
Period of Insurance	From	00:00 Hrs of 12/05/2019		To	Midnight of 11/05/2020
Retroactive date	12/05/2017,12/05/2019				

CO-INSURANCE DETAILS: UIIC 010700 : 100%

Net Premium: One lakh thirty-four thousand seventeen rupees only

Territory(Geographical Limits):-ANYWHERE IN INDIA **Jurisdiction:**- INDIA

Subsidiaries:-

Details Of Business:	MEDICAL SCIENCES & RC
AOA(₹):	20000000
AOY(₹):	20000000

Cover Details:-

Cover	Sum Insured(₹)	Premium(₹)
IndemnityCover	20,000,000.00	90,200.00
ErrorsAndOmissionsBasicCover	20,000,000.00	26,886.00

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OF MEDICAL SCIENCES
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GST Road, Chinnakolambakkam, Madhuranthagam, Tamilnadu -603308

Ph.no: 044-27598484/27565195; **Fax:** 044-27565170; **E-mail:**kims.medical@yahoo.com; Website: www.kveg.in

No of unqualified employees in Medical Establishments	No of In Patients	No of Out Patients
10	1290	20436

Indemnity Premium:	₹ 90,200.00
In Patient Premium :	₹ 6,450.00
Out Patient Premium :	₹ 20,436.00
Gross premium:	₹ 134,017.00

Underwriting Remarks	EXCESS : Rs. 1,00,000 FOR EACH & EVERY CLAIM

Net Premium	₹	134,017.00
CGST(9%)	₹	12,062.00
SGST(9%)	₹	12,062.00
Stamp Duty	₹	1.00
Total	₹	158,141.00
Receipt No.		101010700191031075 22
Receipt Date:		29/05/2019

Agency/Broker Code:	AGD0001110
Dev.Officer Code:	

stomer GST/UIN No.:		**Office GST No.:**	33AAACU5552C1ZQ
SAC Code:	9971	**Invoice No. & Date:**	27191102783927 & 29/05/2019
Amount Subject to Reverse Charges-NIL			

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

Integrity - A way of Life .Please take pledge through the link https://pledge.cvc.nic.in.

Date of Proposal and Declaration: 12/05/2019
IN WITNESS WHEREOF,the undersigned being duly authorised has hereunto set his/her hand at DO 7 CHENNAI 010700 on this 22nd day of May 2019.

For United India Insurance Co. Ltd.

United India Insurance Co. Ltd. D.O. 010700 114, Greams Road, Chennai

Authorised Signatory
Underwritten By - RAG60107 (DO UNDERWRITER)

CONSOLIDATED POLICY STAMP OUTSTANDING BY OUR CHENNAI REGIONAL OFFICE Affix Policy Stamp here. VIDE G.O. (P.D.) 535/Dated: 08-11-2018

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