



UNITED INDIA INSURANCE COMPANY LIMITED

DIVISIONAL OFFICE 7, NO. 134, SILINGI BUILDINGS, GROUND FLOOR, GREAMS ROAD
CHENNAI - 600006 TAMIL NADU

PHONE: (44) 28290845 FAX: EMAIL:

ERRORS AND OMISSIONS POLICY POLICY NO.:0107002721P101570722

PERIOD OF INSURANCE

**From 00:00 Hrs of 12/05/2021
To Midnight of 11/05/2022**

Insured

M/s KARPAGA VINAYAGA INSTITUTE OF MEDICAL SCIENCES & RC
A/C KARPAGA VINAYAGA COLLEGE OF NURSING - GST ROAD, CHINNAKOLAMBAKKAM,
MADURANTHAGAM
KANCHIPURAM
603308
TAMIL NADU

Agent Name : N THIYAGARAJAN
Agent Code : AGD0001110
Mobile/Landline Number/Email : 9840929299
: uiichthyagu2001@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

Download Customer App(www.uiic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.

Website: <http://www.uiic.co.in>

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This document is digitally signed

Signer: N MOHAN SANKAR
Date: Thu, Mar 24, 2022 17:46:27 IST
Location: United India Insurance Company Ltd
Reason: Signing Policy for UIIC



ERRORS AND OMISSIONS POLICY SCHEDULE

Policy No.	0107002721P101570722		Prev. Pol. No.	0107002720P101359429	
Name Of Insured/ID	M/s KARPAGA VINAYAGA INSTITUTE OF MEDICAL SCIENCES & RC/23014760556				
Tel.(O)		Fax		Tel.(R)	
Business/Occupation	None		Email		
Period of Insurance	From	00:00 Hrs of 12/05/2021		To	Midnight of 11/05/2022
Retroactive date	12/05/2017,12/05/2019				

CO-INSURANCE DETAILS:	UIIC 010700 : 100%
Net Premium:	One lakh thirty-three thousand nine hundred ninety-nine rupees only

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

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:	₹ 133,999.00

Underwriting Remarks	Deductibles: 0.25% of AOY subject to minimum of Rs.2.50 lakh within India.
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Net Premium	₹ 133,999.00
CGST(9%)	₹ 12,060.00
SGST(9%)	₹ 12,060.00
Stamp Duty	₹ 1.00
Total	₹ 158,119.00
Receipt No.	10101070021101512298
Receipt Date:	21/05/2021

Agency/Broker Code:	AGD0001110
Dev.Officer Code:	

Customer GST/UIN No.:		Office GST No.:	33AAACU5552C1ZQ
SAC Code:	997139	Invoice No. & Date:	27211101570722 & 21/05/2021
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.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 12/05/2021

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO 7 CHENNAI 010700 on this 21st day of May 2021.

For United India Insurance Co. Ltd.

Affix Policy
Stamp here.

Authorised Signatory
Underwritten By - RAJ44426 (DO UNDERWRITER) , Approved By -
VIS60177(RO UNDERWRITER)

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