

STUDENT SAFETY TAILOR MADE POLICY - ENDORSEMENT SCHEDULE

Attached to and forming part of Policy No : 271500/48/2020/48

Endorsement No : 271500/48/2020/48-001

Endorsement Date : 23/04/2019

Endorsement Effective From 12:25 On 23/04/2019 To Midnight Of 31/03/2020

Insured's Code : 85779680

Issue Office Code : 271500

Insured's Name : SRI VENKETESWAR
INTERNATIONAL SCHOOL (GSTIN:
0)

Issue Office Name : NEW DELHI DO 12 (GSTIN:
07AAACT0627R1Z1)

Address : SECTOR-18, DWARKA
NEW DELHI

Address : 7678 SINGH SABHA ROAD
NEAR AMBA CINEMA ROAD NEW
DELHI

DELHI 110075

NEW DELHI DELHI 110007

Agent/Broker Details

Dev.Off.Code : NZ000000649 AGENCY MANAGER DO-12 DELHI

Agent/Broker : BA0000143348 Sh.Kishor Kumar

Address : D-96, GALI NO.-2, KARAWAL NAGAR,NORTH EAST, DELHI-
110094,DELHI,DELHI,110094

Tel/Fax/Email : 9015454455/9015454455//kishor150284@gmail.com

Total Premium : 0

Type of Endorsement : Nil Endorsements

Collection No & Dt : GST INVOICE NO :071811586532 UIN :0

Co Insurance Details :

ENDORSEMENT

Notwithstanding anything contained herein to the contrary in the within mentioned policy it is hereby declared and agreed that the coverage under the policy is as under: 1.DEATH-200000/=, 2.LOSS OF TWO LIMBS/OR TWO EYES/OR ONE LIMB AND ONE EYE-RS.200000/=, 3.LOSS OF ONE LIMB/OR ONE EYE-RS.100000/=, 4.PTD APART FROM ABOVE-RS.200000/-, 5.HOSPITALISATION AS INPATIENT DUE TO ACCIDENTAL INJURY RS.50000/=,6. DOMICILLARY HOSPITALISATION WITH EXCESS OF 20% OFADMISSIBLE CLAIM AMOUNT UPTO TEN DAYS SUBJECT TO LIMIT OF RS.5000/= PER HEAD, 7.PRE POST HOSPITALISATION UPTO 10 DAYS FOR A LIMT OF RS.2000/= PER HEAD. The coverage is subject to follwoing warranties: 1. Warranted that maximum libility of the company due to any one accident (AOA) will be Rs.5000000/- (Fifty Lac only). 2. Warranted that maximum libility of the company during any one year(AOY) will be Rs.10000000/- (One Crore Only). 3. Warranted that all employees are involved in desk/admin job. 4. At any point of time total number of students/employes on rolls should not exceed the total number of persons declared under the policy. Violation of number of persons will prejudice the claim as the policy is all or non basis. 5. At any point of time the attendance sheets/rolls should be available for inspection. Proper and authentic

SCHEDULE OF PREMIUM

Cover Description	Original Sum Insured	Endorsement Sum Insured	Revised Sum Insured	Endorsement Premium
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Total Amount in figures and words : 0 (INDIAN RUPEES only)

Place : NEW DELHI

Date : 23/04/2019



For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory

Attached to and forming part of policy number 271500/48/2020/48

The Insurance under this policy / endorsement is subject to following terms, conditions, warranties & clauses specified in the policy / endorsement:

All other terms/conditions/warranties/clauses in the policy remain unaltered

Warranted that in case of dishonour of premium cheque(s) the company shall not be liable under the endorsement and the endorsement shall be void ab initio

In witness whereof the undersigned being authorised by and on behalf of the company has herein to set his hands.

Entered By : MR. VED PRAKASH

Examined By : MR. VED PRAKASH

For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory

Place : NEW DELHI

Date : 23/04/2019



For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory