

ശനി, തൊഴിൽ തൊഴിലാളി 2025.08.00



UNITED INDIA INSURANCE COMPANY LIMITED

301001
ORISON COMPLEX WADAKANCHERRY ROAD, KUNNAMKULAM
THRISSUR - 680503 KERALA
PH: (4885) 222082 FAX: EMAIL:

UNI STUDY CARE GROUP POLICY
POLICY NO:3010014225P113689404

PERIOD OF INSURANCE
From 00:00 Hrs of 25/11/2025
To Midnight of 24/11/2030

Insured

THE DIRECTOR

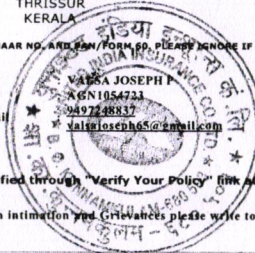
AMALA INSTITUTE OF MEDICAL SCIENCES, AMALA NAGAR (MBBS STUDENTS 2025-26 BATCH)
680555
THRISSUR
KERALA

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN / FORM 10, PLEASE IGNORE IF ALREADY UPDATED.

Agent Name

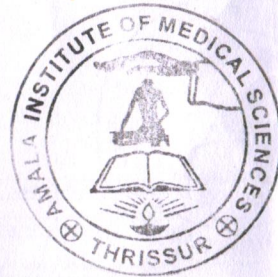
Agent Code

Mobile/Landline Number/Email



The genuineness of the policy can be verified through "Verify Your Policy" link at www.uilic.co.in.
For any Information, Service Requests, Claim intimation and Grievances please write to 301001@uilic.co.in

Download Customer App(www.uilic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.
Website: <http://www.uilic.co.in>
Printed By : ARJ60550 @ 28/11/2025 4:46:42 PM





UNI STUDY CARE GROUP POLICY SCHEDULE



Policy No. 3010014225P113689404 Previous Policy No. Customer id 23529691019 Name THE DIRECTOR Insured Details THE DIRECTOR Tel (O): Tel (R) Fax: Email Mobile: Business / Occupation None Period of Insurance From 00:00 Hrs of 25/11/2025 To Midnight of 24/11/2030

Coinsurance UTIC 301001 : 100%

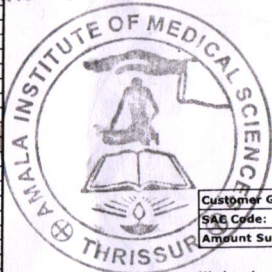
PREMIUM Three lakhs thirty thousand rupees only

Table with 7 columns: Serial No., Name of Student, Sum Insured For Parent Section IA, Sum Insured For Section IB, Sum Insured For Section II, Nominee Name, Nominee Relationship. Lists 52 students with their respective insurance details.

Table with 7 columns: Serial No., Name of Student, Sum Insured For Parent Section IA, Sum Insured For Section IB, Sum Insured For Section II, Nominee Name, Nominee Relationship. Lists 40 students with their respective insurance details.

Betsy

DR. Y. THOMAS MCOG, DNB, MICO PRINCIPAL INSTITUTE OF MEDICAL SCIENCES KALANGAL NAGAR, THRISSUR-680 555



Summary table with 4 columns: Total SI for Sec. IA, Total SI for Sec. IB, Total SI for Sec. II, Total SI for Sec. IV. Values: ₹ 1,000,000, ₹ 9,000,000, ₹ 2,000,000, ₹.

Policy Period: 5 Yrs. Total No of Person: 100 Total Sum Insured: ₹ 1,20,00,000 Section IA: Our liability is limited to Rs.1,00,000/- per person towards death or PTD of named parent due to accident only. Section IB: Rs.9,00,000/- (tuition fee Rs.8,57,000/-, Special Fees Rs.18,215/-, Other fees Rs.24,785/-) per academic year towards balance tuition fee consequent to the accidental death/PTD of named parent as per schedule attached. Section II: Rs.2,00,000/- per student towards the death or PTD of student as per schedule. All other conditions remains as per Unistudy care policy.

Net Premium: 330,000.00 CGST(9%): 29,700.00 SGST(9%): 29,700.00 Stamp Duty: 60.00 Total: 389,400.00 Receipt No: 10130100125118601551 Receipt Date: 28/11/2025 Agency/Broker Code: AGN1054723 Dev officer code: Direct Business:

Customer GST/UIN No.: 32AAATA4065B1ZH Office GST No.: 32AAACU5552C1ZS SAE Code: 997133 Invoice No. & Date: 4225113689404 & 28/11/2025 Amount Subject to Reverse Charges-NIL

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule. Anti Money Laundering Clause: -In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹