

# FORMING THE PART OF AND LIST ATTACHED TO APG POLICY:11252488

INSURED NAME: Vista Homes

8451

POLICY PERIOD: 19/04/2013 to 18/04/2014

SL NO	NAME OF EMPLOYEES	ров	SUM INSURED	MEDICAL EXT	ANY OTHER COVER
1 560	A.RAMESH	24/05/72	200000	YES	NO
2 2	K SUNEEL KUMAR	30/03/75	200000	MEYES	NO
3 - 44	A.GÖPI	15/11/80	200000	YES	NO
4	M.KEERTHI	09/05/86	<b>200000</b>	YES	NO
5	D.KARUNAKAR REDDY	17/07/82	200000	YES	NO
6	T.MADHÚ	09/08/84	200000	YES	NO
7	M.NAGA LAXMU 434	22/10/73	200000	YES	NO
. 8	D.ROHIT	16/10/90	200000	YES	NO
9	NEELESH K DAVE	05/01/81	200000	YES	NO NO
310	G.SANGEETHA	21/11/86	200000	YES	NO
11	M.KRIŠHNA 😞	21/09/82	200000	YES	NO
12	G B RAMBABÜ	06/11/58	200000	YES	NO
13 🚟	M SRINIVAS RAO	01/07/62	200000	YES	NO
14	V NAVEENA YADAV	17/06/71	200000	YES	NO
15	V.RAVI	14/08/85	200000	YES	NO
∴316	V SUNITHA	30/06/79	200000	YES	. NO ¦
17.5	B.MALLIKARJUN	14/11/82	200000	YES	NO
18	Y V SHAILAJA	24/02/77	200000	YES	NO
19	R SANJAY KUMAR	31/12/83	200000	YES	NO
20	K.RANGA CHARYULU	09/09/60	200000	YES	NO.

BHARTI AXA GENERAL INSURANCI COMPANY LTD

Authorized Signature



#### FORMING THE PART OF AND LIST ATTACHED TO APG POLICY:11252497

INSURED NAME: KADAKIA AND MODI HOUSING

POLICY PERIOD: 19/04/2013 TO 18/04/2014

SL NO	NAME OF EMPLOYEES	DØB	SUM INSURED	MEDICAL EXT
14360. 638-1	Khizer Mahmood	10.07.1964	200000	YES
2	ROOPA	27.07.1982	200000	YES
2 383	MURALIKRISHNA	23.01.1981	200000	YES
	D Manmohan	21.08.1989	200000	YES
	MOHD KHAJA	23.01.1991	200000	YES
·	M.MAHENDER	20.07.1978	200000	YES
7	N ANIL KUMAR	06.01.1979	200000	YES
	N Raj Kumar	28.12.1979	200000	YES

BHARTI AXA GENERAL INSURANCE COMPANY LT

Authorized Signature





Date: 02 May 2013

Policy Number:: APG/I1252497/51/04/C15110

Client ID : 0237978

M/s KADAKIA AND MODI HOUSING 5 4 187/3&4 II ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD 500003 ANDRA PRADESH SMS NP 02379785 TO 5667700

# M/s KADAKIA AND MODI HOUSING.

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage:

Your GROUP PA policy No (APG/11252497/51/04/C1511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your Insurance coverage are available in the enclosed policy document.

Bharti AXA General Insurance combines the reputation of Bharti, India leading Business Conglomerate and the financial expertise of AXA, one of the largest insurers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance.

Bharn AXA GI has over 116 points of presence across India and is today amongst the fastest growing Insurance Companies in the country, with a premium income of more than Rs. 300 Crores in the current financial year.

We are the 1st Insurance Company to come with the dual ISO 9001:2008 and ISO 27001:2005 certification so that we could offer our customers best in class service standards.

Our bouquet of 56 products covers all your insurance needs whether it be Health, Motor, Personal Accident, Home Insurance, or any other insurance pertaining to your business activities. Our service network extends to cashless facilities in 3700 hospitals and 1800 garages across india where you can avail of preferential service.

We take pride in going the extra mile in our service and look forward to a lasting relationship.

Should you require any assistance? clarification on your policy or any information pertaining to our other products, please confactus at the numbers below:

Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA GENERAL INS.CO.LTD.

Contact: (Office) 080-40260100. (Res.) 080-40260100

Warm regards.

G. Rajagopal

Head-Operations and Claims



BHARTI AXA GENERAL INSURANCE COMPANY LTD

3rd Froor, 6-3-666/B/6, Gokul Towers, Punjagutta

Hyderabad-500082

Tél:+914044337100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in POLICY INFORMATION general insi GROUP PA TAX INVOICE NEW BUSINESS

Original

Policy No. : APG/I1252497/51/04/C1511Q

Source : (03) 51001500

Insured : KADAKIA AND MODI HOUSING

Address 5 4 187/3&4 II ND FLOOR

SOHAM MANSION MG ROAD SECUNDERABAD-500003

ANDRA PRADESH INDIA 500003

Period of Insurance : F

: From

Hours on 19/04/2013 To Midnight on 18/04/2014

Transaction No. Billing Currency : 00001

: INR

Exchange Rate

: 1.0000

Gross Premium Charges Total Payable INR INR INR 933.00 (S.TAX 12.36%) 115.32 1,048.32

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

Issued by ABSPL051 on 30/04/2013



3rd Floor, 6-3-666/B/6,

Gokul Towers, Punjagutta

Hyderabad-500082 Tel:+91 40 4433 7100Fax:040-44337101 Email: customer service@bharti-axagi co.in

POLICY INFORMATION

redefining, general insurance GROUP PA POLICY SCHEDULE NEW BUSINESS

Capital Sum Insured (INR)

Original

APG/11252497/51/04/C1511Q Policy No. :

: (03) 51001500 Source

KADAKIA AND MODI HOUSING Insured

5 4 187/364 II ND FLOOR Address

> SOHAM MANSION MG ROAD SECUNDERABAD-500003

ANDRA PRADESH

Hours on 19/04/2013 To Midnight on 18/04/2014 : From Period of Insurance

PREMIUM

: INR 933.00 Premium

12.36% INR 115.32 S.TAX

: INR 1,048.32 Total Payable

RISK DETAILS

APG GROUP PA Type of Risk

Name of Member Insured : NAMED GPA

Date of Birth

Occupation RISK CATEGORY I

01

Class.

Benefits

1,600,000.00 DEATH+PTD+PPD+TTD+MED

Nature of business Construction Company

NO OF MEMBERS:8

CONDITIONS:

1) Named GPA -from the date of policy inception 8 employee's are covered under the policy--- list of the employees is attached with the Policy Copy as Annexure

2) Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total bisability is covered under the policy

3)TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/-whichever is less per week for 104week

4) Accidental medical expenses is covered up to 10% of SI or

40% of claim amount or the actual whichever is less 5)All other terms and conditions of the GPA policy will be applicable

MEMBER DETAILS ATTACHED AS PER ANNEXURE.



Bharti AXA General Insurance Company Limited \$21800-103 2292

☐ customer.service@hbart-axagisro.m 4 SMS > SERVICE > to 5667700

11 www.bharti axagi.co.in

# SmartPersonal Accident - Group Insurance Policy - Policy Wordings

#### Preamble

WHEREAS the Insured named in the Schedule hereto has made-and/or caused to be made to Bharti AXA General Insurance Company Limited (hereinafter called the "Company") a written proposal as stated in the Schedule hereto (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein and has paid or agreed to pay, in such manner and within such time, as may be pre-mixed under the provisions of the Insurance Act, 1938 and the rules mix. Thereunder, to the Company the premium herein stated for the insurance specified hereinafter for the period stated in the Schedule.

#### Operative Clause:

The Company hereby agrees subject to the terms and conditions contained herein or endorsed or otherwise expressed hereon, to indemnify, compensate, pay and/or reimburse the bisured. Insured Person, bis/her nominee or the legal representatives, as the case may be, in respect of insured events occurring during the period of insurance stated in the Schedule, in the manner and to the extent set forth in this Policy.

#### Definitions:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purpose of this Policy, the terms specified helow shall have the meaning set forth:

"Accident" means a succent inforeseer and unexpected physical event beyond the control of the Insured/Insured Person resulting in bodily injury, caused by external, visible and violent means.

"Bodily Injury" means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a Physician but does not include any sickness or disease.

"Company" means Bharti AXA General Insurance Company Limited.

"Fr y" means the Insured, his/her lawful spouse and maximum of two deal, adan; children below the age of 23 years.

"Insured" means the group, organization, institution, firm, society or body corporate engaged in any trade or business in India on whose name the policy is issued.

"Insured Person" means and includes the persons named in the Schedule to the Policy, who have a permanent place of residence in India and for whom the insurance is processed and appropriate premium paid.

"Insured Event" means an event, loss or damage for which the Insured/Insured Person's entitled to benefit is under the Policy.

"Medical Practitioner" means a corson who holds a cogree/diploma of a recognized institution and is registered with the Medical Council in respective states of India. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.

"Modical expenses" mean reasonable charges unavoidably incurred by the Insured/Insured Person for the niedical treatment of bodily injury the subject matter of the claim either as an in-patient in a Hospitat/ Nursing Home or as

out-patient, and includes the costs of a bed; recatment and care by medical staff; medical procedures, Medical Practitioner's ; Consultants fees, medicines and consumables including cost of pacemaker, cost of organs, artificial limbs etc. as long as these are recommended by the attending Medical Practitioner.

"Period of Insurance" means the Policy period defined hereunder.

"Policy period" means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.

"Policy" means this document of Policy describing the terms and conditions of this contract of insurance including the Company's covering letter to the Insured, if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal Form and any applicable endorsement thereon. The Policy contains details of the scope and extent of cover available to the Insured Person, the exclusions from the scope of cover and the terms and conditions of the issue of the Policy.

"Permanent Partial Disablement" means a bodity injury caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured Person and which falls into one of the categories listed in the Scale of Benefits Table.

"Permanent Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that fast for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period.

"Pre-existing Disability" means a existing disability and consequence of such disability existing or known to exist at the commencement of the Policy period.

"Schedule" means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured, the period, coverage and the limits to which benefits under the Policy are subject to

"Sum Insured" means the sum as specified in the Schedule to this Policy against the name of the Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period against, the respective benefit(s) for which the sum is mentioned in the Schedule to this Policy.

"Temporary Total Disablement" means a bod it injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the lessured Porson from attending to any pursues or occupation of any and every kind or if he, she has no husiness or occupation, from attending to his/her usual and normal duties that lasts temporarily for a comain period within twelve calendar months from the date of the accident.

#### Scope of cover:

#### 1) Basic Cover

If at are, time arring the currency of this Policy, the Instree Person shall sustain any bodily injury resulting solely and directly from accident coased by

- Pisured Poison or the legal representative of the Insured: Insured Person, as the cosd may be, towards claims for compensation for death or disablement ansing the to an accidental bodily injury during the Policy period. Air the exclusions applicable to the Policy will also be applicable to this benefit in so far as the accidental death or disablement is concerned.
- e) Broken Bones: This benefit provides for payment of compensation, if bodily injury shall within twelve calendar months of its occurrence be the sole and direct cause of complete break of a bone. A broken bone refers to complete break of a bone and does not include a fracture. This compensation shall be a percentage of the Sum Insured specified for the Broken Bones as indicated below. The specific Sum Insured for the Broken Bones benefit will be specified in the Schedule to this Policy.

Payable Condition	% of Broken Bone Sum Insured payable as Compensation
Complete break of Neck, skull or spine	1.00%
Complete break of slip	75%
Complete break of Jaw, pelvis, leg, ankle or knee	50%
Complete break of Cheekbone or shoulder	30%
Complete break of nose or collarbone	20%
Complete break of foot or hand bone	5%
to the case of established non-union of any of the above breaks other than yeak, skull or Spine, an additional	5%

#### M aum Liability under the Policy

The maximum liability under the Policy in case of a claim due to geath will be I mited to 100% of the specified Sum Insured for death benefit (Capital Sum Insured) as mentioned in the Schedule to this Policy. However, any amount payable under Additional benefits (except under Broken Bones benefit will be payable in addition to the above compensation. In case of Double Indemnity Benefit total compensation shall be limited to 200% of the Capital Sum Insured plus Additional benefits, if any, payable under Hospital Daily Cash Allowance. Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy.

The maximum flability under the Policy in case of a claim due to Permanent Total Disablement will be limited to the specified Sum Insured for Permanent Total Disablement benefit as mentioned in the Schedulc to this Policy. However, any amount payable under Additional benefits (except under Bröker Bones benefit) will be payable in addition to the above compensation. In case of Double Indumnity benefit the total compensation shall be limited to 200 of the Sum Insured for Permanent Total Disablement as mentioned in the Schedulc to this Policy plus Additional Frenefits, if any, payable under Prospital Darly Cash Allowance. Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedulc te this Policy.

The maximum frability under the Policy in case of a claim due to Broken Bones will be limited to the amount of compensation payable along with Additional benefits, if any, payable under Hospital Daily Cash Allowance, Medical of Ses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy. Where in case of a broken bone any compensation is payable by the Company either under death or under Permanent Total Disablement, then no payment will be made under Broken Bones benefit.

#### General Exclusions of the Policy applicable to all the benefits under the Policy:

PRCVIDED ALWAYS THAT the Company shall not be hable under this Policy for

- Death or disablement resulting directly or indirectly caused by continuated to or aggravated or prolonged by child pirtly or from prognancy or inconsequence thereof.
- 2. Compensation under more than one of the foregoing Clauses under the Basic Cover in respect of the same period of disablement other than payments under Add-on covers (excluding Broken Bones).
- 2. Any other payment after a claim under one or the foregoing Clauses (a), by or dy of the Basic Cover has been admitted and become payable save for payments under free benefits and additional benefits. However, no payment under Broken bones benefit is payable under the above circumstances.

- Payment of weekly compensation until the total amount shall have been ascertained and agreed.
- 5) Any pro-existing disease / disability / accidental injury.
- 6) Accidental death or permanent disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- Accidental death or permanent disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- Any claim in respect of accidental death or permanent disablement of the Insured Person
  - from intentional self-injury, saicide or attempted suicide
  - to whilst under the influence of liquor or drugs or other intoricants
  - (ii) whilst engaging in aviation or ballooning whilst mounting mic dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
  - w (directly or indirectly, caused by venereal disease, AIDS  $\omega$  insanity
  - arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, not, crime, misdenieanour or civil commotion.
  - arriwhilst engaging in racing, hunting, mountaineering, ice hockey winter sports.
- (b) Any consequential loss or damage cost or expense of whatsoever nature,
- 10) Death or permanent disablement due to accidental injury arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all Kings. Princes and people of whatsoever nation, condition or quality.
- 11: Death or permanent disablement due to accidental many directly or indirectly, caused by or contributed to by or arising from
  - innizing radiation or contamination by radioactivity from any inuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any selfsustaining process of nuclear fission;
  - ii, nuclear weapons material.
- (2) Insured Person whilst engaging in speed contest or racing of any kind other than on foot), bungee jumping, parasailing, ballooming, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abselling, deep seadiving using hard helmet and breathing apparatus, polo, show and icc sports.
- 13) Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airling or air charter company.
- 14) Any accident to an Insured Person which arises in the course of his/her occupation if his/her occupation falls within the following categories or nvolves the following activities: Air crew, ship crew, professional sportsman, diving, pil-ng platform and/or off-shore work, fire fighting, police, havaf, military, air force service or operations and any hazardous occupation.
- 15. The insurance under this Policy shall not extend to cover any benefit under the Policy resulting directly or indirectly caused by, contributed to or aggravated or prolonged by misfeasance, malteasance or nonfeasance or breach of trust in relation thereto by historial. Insured Person.

# Conditions

# 1) Duty of Disclosure

The Policy shall be half and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the lesswerd/Insured Person or any one acting on his/their behalf to obtain a central under this Policy.



containstances of such loss. The Insured Ansurac Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumstance in his/her possession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

#### 14) Position after a claim

All sums payable hereunder shall be payable in the case of

- i) death or permanent total disablement, only after deleting by an endorsement the name of the Insured Person in respect of whom such sum shall become payable without any refund of premium;
- it permanent partial disablement, only after reduction of Capital Sum-Insured, by an endorsement, by the amount admissible under the claim in respect of the Insured Person in respect of whom such sum shall become payable; and

iii) temporary total disablement apondermination of such disablement

#### 15) Subrogation

In the event or my claim payment under this Policy, the Company shall be subrogated to all the Insured / Insured Person's rights or recovery thereof against any person or organization and the Insured / Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured / Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done all such acts and things as may be recessary and required by the Company, before or after indemnification, in iforcing or endorsing any rights or remedies or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

#### . 16) Forfeiture of claims

If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided hereic, within 12 calendar months after the Arbitrator of Arbitrators have made their award, all benefits under this Policy shall be forfeited.

# 17) Cancellation/Termination

The Company may cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured at his / their last known address in case of non-cooperation of the Insured / Insured Person in Implementing the terms and conditions of this Policy or fraud committed by any insured person associated with the policy or claim. In which case the Company shall be liable to repay on demand a rateable proportion of the premium for the inexpired term from the date of the cancellation. The Insured may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. Provided however that refund on cancellation of Policy by the ancellation of this Policy.

Table of	Short Period Scales
Period of Risk	Premium to be Retained (% of the Annual Rate)
Up to one month	25%
Up to three months	50 s
Up to six months	75%
Above six monuns	© .3 Annual Rate

# 18) Currency of payment

All claims shalf be payable in India in Indian Rupees only. No sumpayable under this Policy shall carry interest.

#### 19) Policy Disputes

The parties to this Policy expressly agree that the faws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and

conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court with in Indian Territory.

#### 20) Arbitration

if any dispute or difference shall arise as to the quantum to be paid under this Policy (hability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they can not agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.

It is hereby agreed and understood that no dispute or difference shall be referable to arbitration, as hereinholore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss shall be first obtained.

The Company agrees and undertakes to pay claim subject to the maximum total Sum Insured under this Policy provided that Company is bound and liable to pay in accordance with the terms and conditions of this Policy only and only if a demand or claim on the Company in writing is made within 1.2 (twelve) months of the occurrence of any event giving rise to a claim hereunder.

#### 21) Renewal Notice

The Company shall not be bound to accept any renewal premium or to give notice that such is due, in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or non-payment of required premium. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration hereinbefore mentioned and that nothing is known to the Insured Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

#### 22) Notices

Any notice, direction or instruction given under this Policy shall be  $[\sigma]$  writing and delivered by hand, post or facsimile to

- a) In case of the Insured Insured Person, at the address given at the Schedule to the Policy.
- or In case of the Company, to the Pol-cy issuing office/nearest office of the Company.

Notice and instruction will be deemed screen 7 days after posting or immediately on receipt in the case of band delivery, facsimile or e-mail.

# 23) Customer Service

If at any time the Insured / Insured Person requires any clarification or assistance, the insured/ Insured Person play contact the Policy issuing office or ally other office of the Company.

#### 24) Grievances

In case the Insured insured Person is aggreed in any way, the insured / Insured Person may contact the Company at the specified address, during normal business hours. In case the Insured / Insured Person has not got his interior growances redressed by the Company within 14 days, then he is the may approach the Insurance Ombudsman for the redressel of the same. A list containing the addresses of Offices of Ombudsman are attached to this Policy. Policy holder may also obtain copy of IROA sincular number 1385\_GI 2002, ENG dated 26-04-2002, notineation or Insurance Regulatory and Development Authority (Protection of policy holders' interests) Regulations, 2002.





SMS NP

02380893 TO

5667700



02 May 2013

Policy Number: APG/I1252488/51/04/C1511Q

02380893

87/3 & 4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH

# M/s VISTA HOMES.

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage.

Your GROUP PA policy No (APG/11252488/51/04/C15110) is enclosed. The terms, conditions, guidelines and other relevant details of your Insurance coverage are available in the enclosed policy document.

Bharti AXA General Insurance combines the reputation of Bharti, India leading Business Conglomerate and the financial expertise of AXA, one of the largest insorers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance.

Bharti AXA GI has over 116 points of presence across India and is today amongst the fastest growing Insurance Companies in the country, with a premium Income of more than Rs. 300 Crores in the current financial year.

We are the 1st Insurance Company to come with the dual ISO 9001:2008 and ISO 27001:2005 certification so that we could offer our customers best in class service standards.

Our bouquet of 56 products covers all your Insurance needs whether it be Health, Motor, Personal Accident, Home Insurance, or any other insurance pertaining to your business activities. Our service network extends to cashless facilities in 3700 hospitals and 1800 garages across India where you can avail of preferential service:

We take pride in going the extra mile in our service and look forward to a lasting relationship.

Should you require any assistance / clarification on your policy or any information pertaining to our other products, please contact us at the numbers below:

Toll free Number: 1 800 L03 2292

Advisor Name: BHARTI AXA GENERAL ENS.CO.LTD.

Contact: (Office) 080-40260100: , (Res.) 080-40260100

Warm regards

G. Rajagopal

Head-Operations and Claims



# BEARTI AXA GENERAL INSURANCE COMPANY LTD

3rd Floor, 6-3-666/B/6, Gokul Towers.

Punjagutta

Hyderabad-500082 Tel:+91 40 4433 7100Fax:040-44337101: Email: customer.service@bharti-axagi.co.in

GROUP PA TAX INVOICE NEW BUSINESS Original

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:/(03) \$1001500 Source

Insured : VISTA HOMES

 $\pm$  5-4-187/3 & 4 2ND FLOOR, Address SOHAM MANSION MG ROAD

SECUNDERABAD-500003 andra pradesh

INDIA 500003

Hours on 19/04/2013 To Midnight on 18/04/2014 Period of Insurance

00001 Transaction No.

Billing Currency Exchange Rate 1.0000 INR

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BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

Issued by - ABSPL051 on 30/04/2013



#### BHARTI AXA GENERAL INSURANCE COMPANY LTD

3rd Floor, 6-3-666/B/6.

Gokul Towers.

Punjagutta

Hyderabad-500082

Tel:+91 //0 4433 7100Fax:040-44337101 Email: customer service@bharti-axagi.co.in

GROUP PA POLICY SCHEDULE NEW BUSINESS Original

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S.TAX 12.36% : INR 288.24 Total Payable : INR 2,620,24

#### RISK DETAILS

: APG Type of Risk GROUP PA

Name of Member Insured : NAMED GPA

Date of Birth

Occupation : RISK CATEGORY I

Class

: 01

Benefits

DEATH-PTD+PPD+TTD+MEDICAL

<u>Capital Sum Insured (INR)</u> 4,000,000.00

NUMBER OF MEMBERS COVERED: 20

NATURE OF BUSINESS: Construction Company

# CONDITIONS:

- 1) Named GPA from the date of policy inception 20 employee's are covered under the policy---- list of the employees is attached with the Policy Copy as Annexure
- 2) Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.
- 3) TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104
- 4) Accidental medical expenses is covered up to 10% of SI or
  - 40% of claim amount or the actual whichever is less no duty paid to the account of the
- 5) All other terms and conditions of the GPA policy will begister of Stamps (ACC Head applicable 0030-02-103-01) Bangalore, Karnataka

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

This schedule should be read in conjunction with the Terms and Conditions of the Policy.

Issued by - ABSPL051 on 30/04/2013



general insurance



#### Rharti AXA General Insurance Company Limited

富1800-103-2292

🗎 customer.service@bharti-axagi.co.in

\* SMS <SERVICE> to 5667700

🥯 www.bharti-axagi.co.in

# SmartPersonal Accident - Group Insurance Policy - Policy Wordings

#### Preamble

WHEREAS the Insured named in the Schedule hereto has made and/or caused to be made to Bharti AXA General Insurance Company Limited (hereinafter called the "Company") a written proposal as stated in the Schedule hereto (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein and has paid or agreed to pay, in such manner and within such time, as may be prescribed under the provisions of the Insurance Act, 1938 and the rules ade thereunder, to the Company the premium herein stated for the Surance specified hereinafter for the period stated in the Schedule.

#### Operative Clause:

The Company hereby agrees subject to the terms and conditions contained herein or endorsed or otherwise expressed hereon, to indemnify, compensate, pay and/or reimburse the Insured / Insured Person, his/her nominee or the legal representatives, as the case may be, in respect of insured events occurring during the period of insurance stated in the Schedule, in the manner and to the extent set forth in this Policy.

#### Definitions:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purpose of this Policy, the terms specified below shall have the meaning set forth:

"Accident" means a sudden, unforeseen and unexpected physical event beyond the control of the Insured/Insured Person resulting in bodily injury. caused by external, visible and violent means.

"Bodily Injury" means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a Physician but does not include any sickness or disease.

"Company" means Bharti AXA General Insurance Company Limited.

"Family" means the Insured, his/her lawful spouse and maximum of two ependant children below the age of 23 years.

"Insured" means the group, organization, institution, firm, society or body corporate engaged in any trade or business in India on whose name the policy

"Insured Person" means and includes the persons named in the Schedule to the Policy, who have a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid.

"Insured Event" means an event, loss or damage for which the Insured/insured Person is entitled to benefit/s under the Policy.

"Medical Practitioner" means a person who holds a degree/diploma of a recognized institution and is registered with the Medical Council in respective states of India. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.

"Medical expenses" mean reasonable charges unavoidably incurred by the Insured/Insured Person for the medical treatment of bodily injury the subject matter of the claim either as an in-patient in a Hospital/ Nursing Home or as out-patient, and includes the costs of a bed; treatment and care by medical staff; medical procedures, Medical Practitioner's / Consultants fees, medicines and consumables including cost of pacemaker, cost of organs. artificial limbs etc. as long as these are recommended by the attending Medical Practitioner.

"Period of Insurance" means the Policy period defined hereunder.

"Policy period" means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.

"Policy" means this document of Policy describing the terms and conditions of this contract of insurance including the Company's covering letter to the Insured, if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal Form and any applicable endorsement thereon. The Policy contains details of the scope and extent of cover available to the Insured Person, the exclusions from the scope of cover and the terms and conditions of the issue of the Policy.

"Permanent Partial Disablement" means a bodily injury caused by accidental. external, violent and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured Person and which falls into one of the categories listed in the Scale of Benefits Table.

"Permanent Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident. with no hopes of improvement at the end of that period.

"Pre-existing Disability" means a existing disability and consequence of such disability existing or known to exist at the commencement of the Policy period.

"Schedule" means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Persons, the Sum Insured, the period, coverage and the limits to which benefits under the Policy are subject

"Sum Insured" means the sum as specified in the Schedule to this Policy against the name of the Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period against the respective benefit(s) for which the sum is mentioned in the Schedule to this Policy.

"Temporary Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that lasts temporarily for a certain period within twelve calendar months from the date of the accident.

# Scope of cover:

# 1) Basic Cover

If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by

Insured Person or the legal representative of the Insured/ Insured Person, as the case may be, towards claims for compensation for death or disablement arising due to an accidental bodily injury during the Policy period. All the exclusions applicable to the Policy will also be applicable to this benefit in so far as the accidental death or disablement is concerned.

e) Broken Bones: This benefit provides for payment of compensation, if bodily injury shall within twelve calendar months of its occurrence be the sole and direct cause of complete break of a bone. A broken bone refers to complete break of a bone and does not include a fracture. The compensation shall be a percentage of the Sum Insured specified for the Broken Bones as indicated below. The specific Sum Insured for the Broken Bones benefit will be specified in the Schedule to this Policy.

Payable Condition	% of Broken Bone Sum Insured payable as Compensation
Complete break of Neck, skull or spine	100%
Complete break of Hip	75%
Complete break of Jaw, pelvis, leg, ankle or knee	50%
Complete break of Cheekbone or shoulder	30%
Complete break of nose or collarbone	20%
Complete break of foot or hand bone	5%
In the case of established non-union of any of the above breaks other than Neck, skull or Spine, an additional	5%

#### kimum Liability under the Policy

the maximum liability under the Policy in case of a claim due to death will be limited to 100% of the specified Sum Insured for death benefit (Capital Sum Insured) as mentioned in the Schedule to this Policy. However, any amount payable under Additional benefits (except under Broken Bones benefit) will be payable in addition to the above compensation. In case of Double Indemnity Benefit total compensation shall be limited to 200% of the Capital Sum Insured plus Additional benefits, if any, payable under Hospital Daily Cash Allowance, Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy.

The maximum liability under the Policy in case of a claim due to Permanent Total Disablement will be limited to the specified Sum Insured for Permanent Total Disablement benefit as mentioned in the Schedule to this Policy. However, any amount payable under Additional benefits (except under Broken Bones benefit) will be payable in addition to the above compensation. In case of Double Indemnity benefit the total compensation shall be limited to 200% of the Sum Insured for Permanent Total Disablement as mentioned in the Schedule to this Policy plus Additional benefits, if any, payable under Hospital Daily Cash Allowance, Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy.

The maximum liability under the Policy in case of a claim due to Broken Bones will be limited to the amount of compensation payable along with Additional benefits, if any, payable under Hospital Daily Cash Allowance, Medical poenses and Legal expenses, where such additional benefits have been

ed for and mentioned in the Schedule to this Policy. Where in case of a broken bone any compensation is payable by the Company either under death or under Permanent Total Disablement, then no payment will be made under Broken Bones benefit.

# General Exclusions of the Policy applicable to all the benefits under the Policy:

PROVIDED ALWAYS THAT the Company shall not be liable under this Policy for-

- Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
- Compensation under more than one of the foregoing Clauses under the Basic Cover in respect of the same period of disablement other than payments under Add-on covers (excluding Broken Bones).
- 3) Any other payment after a claim under one of the foregoing Clauses a), b) or d) of the Basic Cover has been admitted and become payable save for payments under free benefits and additional benefits. However, no payment under Broken bones benefit is payable under the above circumstances.

- Payment of weekly compensation until the total amount shall have been ascertained and agreed.
- Any pre-existing disease / disability / accidental injury.
- 6) Accidental death or permanent disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- Accidental death or permanent disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- Any claim in respect of accidental death or permanent disablement of the insured Person
  - i) from intentional self-injury, suicide or attempted suicide
  - ii) whilst under the influence of liquor or drugs or other intoxicants
  - iii) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
  - iv) directly or indirectly, caused by venereal disease, AIDS or insanity
  - v) arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion
  - vi) whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports.
- 9) Any consequential loss or damage cost or expense of whatsoever nature.
- 10) Death or permanent disablement due to accidental injury arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, terrorism, hostilities (whether war be declared or not); civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all Kings. Princes and people of whatsoever nation, condition or quality.
- 11) Death or permanent disablement due to accidental injury, directly or indirectly, caused by or contributed to by or arising from
  - i) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any selfsustaining process of nuclear fission;
  - ii) nuclear weapons material.
- 12) Insured Person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, show and ice sports.
- 13) Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air charter company
- 14) Any accident to an Insured Person which arises in the course of his/her occupation if his/her occupation falls within the following categories or involves the following activities:- Air crew, ship crew, professional sportsman, diving, oil-rig platform and/or off-shore work, fire fighting, police, naval, military, air force service or operations and any hazardous occupation.
- 15) The insurance under this Policy shall not extend to cover any benefit under the Policy resulting directly or indirectly caused by, contributed to or aggravated or prolonged by misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by Insured/Insured Person.

#### Conditions

#### 1) Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured/Insured Person or any one acting on his/their behalf to obtain a benefit under this Policy.



circumstances of such loss. The Insured /Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumstance in his/her pössession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

#### 14) Position after a claim

All sums payable hereunder shall be payable in the case of-

- i) death or permanent total disablement, only after deleting by an endorsement the name of the Insured Person in respect of whom such sum shall become payable without any refund of premium;
- ii) permanent partial disablement, only after reduction of Capital Sum Insured, by an endorsement, by the amount admissible under the claim in respect of the Insured Person in respect of whom such sum shall become payable; and
- iii) temporary total disablement upon termination of such disablement

#### 15) Subrogation

In the event of any claim payment under this Policy, the Company shall be subrogated to all the Insured / Insured Person's rights or recovery thereof against any person or organization and the Insured / Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured / Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done all such acts and things as may be necessary and required by the Company, before or after indemnification, in enforcing or endorsing any rights or remedies or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

#### 16) Forfeiture of claims

If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided herein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

# 17) Cancellation/Termination

The Company may cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured at his / their last known address in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or fraud committed by any insured person associated with the policy or claim, in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. The Insured may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. Provided however that refund on cancellation of Policy by the Insured shall be made only if no claim has occurred up to the date of cancellation of this Policy.

Table of	Short Period Scales
Period of Risk	Premium to be Retained (% of the Annual Rate)
Up to one month	25%
Up to three months	50%
Up to six months	75%
Above six months	Full Annual Rate

# 18) Currency of payment

All claims shalf be payable in India in Indian Rupees only. No sum payable under this Policy shall carry interest.

#### 19) Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and

conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court with in Indian Territory.

#### 20) Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they can not agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.

It is hereby agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss shall be first obtained.

The Company agrees and undertakes to pay claim subject to the maximum total Sum Insured under this Policy provided that Company is bound and liable to pay in accordance with the terms and conditions of this Policy only and only if a demand or claim on the Company in writing is made within 12 (twelve) months of the occurrence of any event giving rise to a claim hereunder.

#### 21) Renewal Notice

The Company shall not be bound to accept any renewal premium or to give notice that such is due, in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or non-payment of required premium. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration hereinbefore mentioned and that nothing is known to the Insured / Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

#### 22) Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post or facsimile to-

- a) In case of the Insured / Insured Person, at the address given in the Schedule to the Policy.
- b) In case of the Company, to the Policy issuing office/nearest office of the Company.

Notice and instruction will be deemed served 7 days after posting or immediately on receipt in the case of hand delivery, facsimile or e-mail.

#### 23) Customer Service

If at any time the Insured / Insured Person requires any clarification or assistance, the insured/ Insured Person may contact the Policy issuing office or any other office of the Company.

#### 24) Grievances

In case the Insured / Insured Person is aggrieved in any way, the Insured / Insured Person may contact the Company at the specified address, during normal business hours, In case the Insured / Insured Person has not got his / her grievances redressed by the Company within 14 days, then he / she may approach the Insurance Ombudsman for the redressal of the same. A list containing the addresses of Offices of Ombudsman are attached to this Policy, Policy holder may also obtain copy of IRDA circular number 1.385\_Gl-2002\_ENG dated 26-04-2002, notification on Insurance Regulatory and Development Authority (Protection of policy holders interests) Regulations, 2002.





SMS NP

04431321 **TO** 

5667700



Date : 02 May 2013

APG/11252327/51/04/C15110 Policy Number:

Client ID :

SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDHRA PRADESH

M/s PARAMOUNT ESTATES.

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage.

Your GROUP PA policy No (APG/11252327/51/04/C1511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your Insurance coverage are available in the enclosed policy document.

Bharti AXA General Insurance combines the reputation of Bharti, India leading Business Conglomerate and the financial expertise of AXA; one of the largest insurers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance.

Bharti AXA Gr has over LI6 points of presence across India and is today amongst the fastest growing Insurance Companies in the country, with a premium income of more than Rs. 300 Crores in the current financial year.

We are the 1st Insurance Company to come with the dual ISO 9001:2008 and ISO 27001:2005 certification so that we could offer our customers best in class service standards

Our bouquet of 56 products covers all your Insurance needs whether it be Health, Motor, Personal Accident, Home Insurance, or any other insurance perfaming to your business activities. Our service network extends to cashless facilities in 3700 hospitals and 1800 garages across India Where you can avail of preferential service.

We take pride in going the extra mile in our service and look forward to a lasting relationship.

Should you require any assistance / clarification on your policy or any information pertaining to our other products, please confact us at the numbers below:

**Foll free Number: 1 800 103 2292** 

Advisor Name: BHARTI AXA GENERAL INS. CO.L.TD. Contact : (Office) 080-40260100 (Res.) 080-40260100

Warm regards

G. Rajagopal

Head-Operations and Claims



# BHART! AXA GENERAL INSURANCE COMPANY LTD

3rd Floor, 6-3-666/B/6,

Gokul Towers,

Punjagutta Hyderabad-500082 to Metre above an inc

Tel:+91 40 4433 7100Fax:040-44337101

Email: customer.service@bharti-axagi.co.ln

GROUP PA TAX INVOICE NEW BUSINESS Original

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Source : (03) 51001500 Insured : PARAMOUNT ESTATES

Address

SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDHRA PRADESH

INDIA 500003

Period of Insurance

: From

Hours on 19/04/2013 To Midnight on 18/04/2014

Transaction No.

: 00001

Billing Currency TNR

Exchange Rate

1.0000

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BHARTI AXA GENERAL INSURANCE COMPANY LTD

- 17

Authorized Signature

Issued by ... ABSPL051 on 30/04/2013



# BHART: AXA GENERAL INSURANCE COMPANY LTD

3rd Floor, 6-3-666/B/6,

Gokul Towers,

Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax 040 44337101

GROUP PA

POLICY SCHEDULE NEW BUSINESS Original

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PREMIUM INR 1,283.00 Premium : INR 158.58 S.TAX 12.36% INR 1,441.58 Total Payable

RISK DETAILS

GROUP PA Type of Risk APG

Name of Member Insured : NAMED GPA

Date of Birth

: RISK CATEGORY I Occupation

Class : 01

Benefits

DEATH+PTD+PPD+TTD+MED

Capital Sum Insured (INR) 2,200,000.00

NATURE OF BUSINESS: CONSTRUCTION COMPANY

NO OF MEMBERS COVERED: 11

# CONDITIONS:

- 1. Named GPA -from the date of policy inception 2 employee s are covered under the policy---- list of the employees is attached with the Folicy
- 2.Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.
- 3. TTp \_\_\_Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104 week
- 4 Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less
- 5 All other terms and conditions of the GPA policy will be applicable



SMS NP

00423126 TO 5667700

Date: 02 May 2013

Policy Number: APG/11252375/51/04/C1511Q

00423126



IND FLOOR SOHAM MANSION

MG ROAD

SECUNDRABAD-500003 ANDERA PRADESH



We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage

Your GROUP PA policy No (APG/11252375/31/04/C15110) is enclosed. The terms, conditions, guidelines and other relevant details of your insurance coverage are available in the enclosed policy document.

Bhang AXA General Insurance combines the reputation of Bharti, India leading Business Conglomerate and the financial expertise of AXA, one of the largest insurers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance.

Bharti AXA GI has over 116 points of presence across India and is today amongst the fastest growing insurance Companies in the country, with a premium Income of more than Rs. 300 Crores in the current financial year.

We are the 1st Insurance Company to come with the dual ISO 9001:2008 and ISO 27001:2005 certification so that we could offer our customers best in class service standards.

Our bouquet of 56 products covers all your Insurance needs whether it be Health, Motor, Personal Accident, Home Insurance, or any other insurance pertaining to your business activities. Our service network extends to cashless facilities in 3700 liospitals and 1800 garages across India where you can avail of preferential service.

We take pride in going the extra mile in our service and look forward to a lasting relationship.

Should you require any assistance 1 clarification on your policy or any information pertaining to our other products, please contact us at the numbers below:

Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA GENERAL INS.CO.LTD Contact: (Office) 080-40260100 (Res.) 080-40260100

Warm regards.

G. Rajagopal

Head-Operations and Claims





# BHARTI AXA GENERAL INSURANCE COMPANY LTD 3rd Floor, 6-3-666/B/6,

Gokul Towers,

Funjagutta Hyderabad-500082 Tel: 491-46-4433-7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.lin

GROUP PA

TAX INVOICE NEW BUSINESS Original

POLICY INFORMATION	Policy No. : APG/I1252375/51/04/C15110
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Insured.	ALPINE ESTATES
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	MG ROAD SECUNDRABAD-500003 ANDHRA PRADESH INDIA 500003
Period of Insurance	From Hours on 19/04/2013 To Midnight on 18/04/2014
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BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

- ABSPL051 on 30/04/2013 Issued by



# BHARTI AXA GENERAL INSURANCE COMPANY LTD

3rd Floor, 6-3-666/B/6,

Gokul Towers,

Punjagutta

Hyderabad 500082 The History Bayle Tel: 191 40 4433 7100Fax: 040-44337101

Email: customer service@bharti axagi.co.in

GROUP PA POLICY SCHEDULE NEW BUSINESS

Original

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Hours on 19/04/2013 To Midnight on 18/04/2014 Period of Insurance PREMIUM INR 1,283.00

Premium : INR 158.58 S.TAX 12.36% : INR 1,441.58 Total Pavable

RISK DETAILS

GROUP PA : APG Type of Risk

Name of Member Insured : NAMED GPA

Date of Birth

: RISK CATEGORY I Occupation

Class : 01

Benefits

DEATE+PID+PPD+TTD+MEDICAL

Capital Sum Insured (INR) 2,200,000.00

NUMBER OF MEMBERS COVERED: 11

NATURE OF BUSINESS: Construction Company

CONDITIONS:

- 1) Named GPA from the date of policy inception 11 employee's are covered under the policy --- list of the employees is attached with the Policy Copy as Annexure
- 2) Accidental Death +Permanent Total Disability+Permanent Partial Disability-Temporary Total Disability is covered under the policy.
- 3)TTD Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104 week
- 4) Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less
- 5) All other terms and conditions of the GPA policy will be applicable



www.bharti-axagi.co.in

# SmartPersonalAccident - Group Insurance Policy - Policy Wordings

#### Preamble

WHEREAS the Insured named in the Schedule hereto has made and/or caused to be made to Bharti AXA General Insurance Company Limited (hereinafter called the "Company") a written proposal as stated in the Schedule hereto (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein—and has paid or agreed to pay, in such manner and within such time, as may be ascribed under the provisions of the Insurance Act, 1938 and the rules made thereunder, to the Company the premium herein stated for the insurance specified hereinafter for the period stated in the Schedule.

#### Operative Clause:

The Company hereby agrees subject to the terms and conditions contained herein or endorsed or otherwise expressed hereon, to indemnify, compensate, pay and/or reimburse the insured / Insured Person, his/her nominee or the legal representatives, as the case may be, in respect of insured events occurring during the period of insurance stated in the Schedule, in the manner and to the extent set forth in this Policy.

#### Definitions:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purpose of this Policy, the terms specified below shall have the meaning set forth:

"Accident" means a sudden, unforeseen and unexpected physical event beyond the control of the Insured/Insured Person resulting in bodily injury, caused by external, visible and violent means.

"Bodily Injury" means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a Physician but does not include any sickness or disease.

amily" means the Insured, his/her lawful spouse and maximum of two dependant children below the age of 23 years.

"Insured" means the group, organization, institution, firm, society or body corporate engaged in any trade or business in India on whose name the policy is issued.

"Insured Person" means and includes the persons named in the Schedule to the Policy, who have a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid.

"Insured Event" means an event, loss or damage for which the Insured/Insured Person is entitled to benefit/s under the Policy.

"Medical Practitioner" means a person who holds a degree/diploma of a recognized institution and is registered with the Medical Council in respective states of India. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.

"Medical expenses" mean reasonable charges unavoidably incurred by the Insured/Insured Person for the medical treatment of bodily injury the subject matter of the claim either as an In-patient in a Hospital/ Nursing Home or as

out-patient, and includes the costs of a bed; treatment and care by medical staff; medical procedures. Medical Practitioner's / Consultants fees, medicines and consumables including cost of pacemaker, cost of organs, artificial limbs etc. as long as these are recommended by the attending Medical Practitioner.

"Period of Insurance" means the Policy period defined hereunder.

"Policy period" means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.

"Policy" means this document of Policy describing the terms and conditions of this contract of insurance including the Company's covering letter to the Insured, if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal Form and any applicable endorsement thereon. The Policy contains details of the scope and extent of cover available to the Insured Person, the exclusions from the scope of cover and the terms and conditions of the issue of the Policy.

"Permanent Partial Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured Person and which falls into one of the categories fisted in the Scale of Benefits Table.

"Permanent Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/shc has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period.

"Pre-existing Disability" means a existing disability and consequence of such disability existing or known to exist at the commencement of the Policy period.

"Schedule" means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured, the period, coverage and the limits to which benefits under the Policy are subject to.

"Sum Insured" means the sum as specified in the Schedule to this Policy against the name of the Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period against the respective benefit(s) for which the sum is mentioned in the Schedule to this Policy.

"Temporary Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that lasts temporarily for a certain period within twelve calendar months from the date of the accident.

#### Scope of cover:

#### 1) Basic Cover

If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by

Insured Person or the legal representative of the Insured/ Insured Person, as the case may be, towards claims for compensation for death or disablement arising due to an accidental bodily injury during the Policy period. All the exclusions applicable to the Policy will also be applicable to this benefit in so far as the accidental death or disablement is concerned.

e) Broken Bones: This benefit provides for payment of compensation, if bodily injury shall within twelve calendar months of its occurrence be the sole and direct cause of complete break of a bone. A broken bone refers to complete break of a bone and does not include a fracture. The compensation shall be a percentage of the Sum Insured specified for the Broken Bones as indicated below. The specific Sum Insured for the Broken Bones benefit will be specified in the Schedule to this Policy.

Payable Condition	% of Broken Bone Sum Insured payable as Compensation		
Complete break of Neck, skull or spine	100%		
Complete break of Hip	75%		
Complete break of Jaw, pelvis, leg, ankle or knee	50%		
Complete break of Cheekbone or shoulder	30%		
Complete break of nose or collarbone	20%		
Complete break of foot or hand bone	5%		
In the case of established non-union of any of the above breaks other than leck, skull or Spine, an additional	5%		

#### Maximum Liability under the Policy

The maximum liability under the Policy in case of a claim due to death will be limited to 100% of the specified Sum Insured for death benefit (Capital Sum Insured) as mentioned in the Schedule to this Policy. However, any amount payable under Additional benefits (except under Broken Bones benefit) will be payable in addition to the above compensation. In case of Double Indemnity Benefit total compensation shall be limited to 200% of the Capital Sum Insured plus Additional benefits, if any, payable under Hospital Daily Cash Allowance, Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy.

The maximum liability under the Policy in case of a claim due to Permanent Total Disablement will be limited to the specified Sum Insured for Permanent Total Disablement benefit as mentioned in the Schedule to this Policy. However, any amount payable under Additional benefits (except under Broken Bones benefit) will be payable in addition to the above compensation. In case of Double Indemnity benefit the total compensation shall be limited to 200% of the Sum Insured for Permanent Total Disablement as mentioned in the Schedule to this Policy plus Additional benefits, if any, payable under Hospital Daily Cash Allowance, Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy.

The maximum liability under the Policy in case of a claim due to Broken Bones will be limited to the amount of compensation payable along with Additional nefits, if any, payable under Hospital Daily Cash Allowance, Medical capenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy. Where in case of a broken bone any compensation is payable by the Company either under death or under Permanent Total Disablement, then no payment will be made under Broken Bones benefit.

# General Exclusions of the Policy applicable to all the benefits under the Policy:

PROVIDED ALWAYS THAT the Company shall not be liable under this Policy for-

- Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
- Compensation under more than one of the foregoing Clauses under the Basic Cover in respect of the same period of disablement other than payments under Add-on covers (excluding Broken Bones).
- 3) Any other payment after a claim under one of the foregoing Clauses a), b) or d) of the Basic Cover has been admitted and become payable save for payments under free benefits and additional benefits. However, no payment under Broken bones benefit is payable under the above circumstances.

- Payment of weekly compensation until the total amount shall have been ascertained and agreed.
- 5) Any pre-existing disease / disability / accidental injury.
- 6) Accidental death or permanent disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- Accidental death or permanent disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- Any claim in respect of accidental death or permanent disablement of the Insured Person
  - i) from intentional self-injury, suicide or attempted suicide
  - ii) whitst under the influence of liquor or drugs or other intoxicants
  - iii) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
  - iv) directly or indirectly, caused by venereal disease, AIDS or insanity
  - v) arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion
  - vi) whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports.
- 9) Any consequential loss or damage cost or expense of whatsoever nature.
- 10) Death or permanent disablement due to accidental injury arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all Kings, Princes and people of whatsoever nation, condition or quality.
- 11) Death or permanent disablement due to accidental injury, directly or indirectly, caused by or contributed to by or arising from
  - ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any selfsustaining process of nuclear fission;
  - ii) nuclear weapons material.
- 12) insured Person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachitting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
- 13) Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air charter company
- 14) Any accident to an Insured Person which arises in the course of his/her occupation if his/her occupation falls within the following categories or involves the following activities:- Air crew, ship crew, professional sportsman, diving, oil-rig platform and/or off-shore work, fire fighting, police, naval, military, air force service or operations and any hazardous occupation.
- 15) The insurance under this Policy shall not extend to cover any benefit under the Policy resulting directly or indirectly caused by, contributed to or aggravated or prolonged by misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by Insured/Insured Person.

# Conditions

# 1) Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured/Insured Person or any one acting on his/their behalf to obtain a benefit under this Policy.



circurnstances of such loss. The Insured /Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumstance in his/her possession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

#### 14) Position after a claim

All sums payable hereunder shall be payable in the case of-

- death or permanent total disablement, only after deleting by an endorsement the name of the Insured Person in respect of whom such sum shall become payable without any refund of premium;
- ii) permanent partial disablement, only after reduction of Capital Sum Insured, by an endorsement, by the amount admissible under the claim in respect of the Insured Person in respect of whom such sum shall become payable; and
- iii) temporary total disablement upon termination of such disablement

#### 15) Subrogation

In the event of any claim payment under this Policy, the Company shall be subrogated to all the Insured / Insured Person's rights or recovery thereof against any person or organization and the Insured / Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured / Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done all such acts and things as may be necessary and required by the Company, before or after indemnification, in enforcing or endorsing any rights or remedies or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

#### 16) Forfeiture of claims

If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided herein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall-be forfeited.

#### 17) Cancellation/Termination

The Company may cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured at his / their last known address in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or fraud committed by any insured person associated with the policy or claim, in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. The Insured may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. Provided however that refund on cancellation of Policy by the Insured shall be made only if no claim has occurred up to the date of cancellation of this Policy.

Table of Short Period Scales				
Period of Risk	Premium to be Retained (% of the Annual Rate)			
Up to one month	25%			
Up to three months	50%			
Up to six months	75%			
Above six months	Full Annual Rate			

#### 18) Currency of payment

All claims shall be payable in India in Indian Rupees only. No sum payable under this Policy shall carry interest.

#### 19) Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and

conditions, limitations and/or exclusions contained herem is understood and agreed to by both the Insured and the Company to be subject to Iridian law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court with in Indian Territory.

#### 20) Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they can not agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.

It is hereby agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss shall be first obtained.

The Company agrees and undertakes to pay claim subject to the maximum total Sum Insured under this Policy provided that Company is bound and liable to pay in accordance with the terms and conditions of this Policy only and only if a demand or claim on the Company in writing is made within 12 (twelve) months of the occurrence of any event giving rise to a claim hereunder.

#### 21) Renewal Notice

The Company shall not be bound to accept any renewal premium or to give notice that such is due, in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or non-payment of required premium. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration hereinbefore mentioned and that nothing is known to the Insured / Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

#### 22) Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post or facsimile to-

- a) in case of the Insured / Insured Person, at the address given in the Schedule to the Policy.
- b) In case of the Company, to the Policy issuing office/nearest office of the Company.

Notice and instruction will be deemed served 7 days after posting or immediately on receipt in the case of hand delivery, facsimile or e-mail.

# 23) Customer Service

If at any time the Insured / Insured Person requires any clarification or assistance, the insured/ Insured Person may contact the Policy issuing office or any other office of the Company.

#### 24) Grievances

In case the Insured / Insured Person is aggreed in any way, the Insured / Insured Person may contact the Company at the specified address, during normal business hours. In case the Insured / Insured Person has not got his / her grievances redressed by the Company within 14 days, then he / she may approach the Insurance Ombudsman for the redressal of the same. A list containing the addresses of Offices of Ombudsman are attached to this Policy. Policy holder may also obtain copy of IRDA circular number 1385\_Gl-2002\_ENG dated 26-04-2002, notification on Insurance Regulatory and Development Authority (Protection of policy holders' interests) Regulations, 2002.





general insurance



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# SmartPersonal Accident - Group Insurance Policy - Policy Wordings

#### Preamble

WHEREAS the Insured named in the Schedule hereto has made and/or caused to be made to Bharti AXA General Insurance Company Limited (hereinafter called the "Company") a written proposal as stated in the Schedule hereto (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein and has paid or agreed to pay, in such manner and within such time, as may be escribed under the provisions of the Insurance Act, 1938 and the rules ade thereunder, to the Company the premium herein stated for the insurance specified hereinafter for the period stated in the Schedule.

#### Operative Clause:

The Company hereby agrees subject to the terms and conditions contained berein or endorsed or otherwise expressed hereon, to indemnify, compensate, pay and/or reimburse the Insured / Insured Person, his/her nominee or the legal representatives, as the case may be, in respect of insured events occurring during the period of insurance stated in the Schedule, in the manner and to the extent set forth in this Policy.

#### Definitions:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purpose of this Policy, the terms specified below shall have the meaning set forth:

"Accident" means a sudden, unforeseen and unexpected physical event beyond the control of the Insured/Insured Person resulting in bodily injury, caused by external, visible and violent means.

"Bodily Injury" means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a Physician but does not include any sickness or disease.

"Company" means Bhartl AXA General Insurance Company Limited.

mily" means the insured, his/her lawful spouse and maximum of two dependant children below the age of 23 years.

"Insured" means the group, organization, institution, firm, society or body corporate engaged in any trade or business in India on whose name the policy

"Insured Person" means and includes the persons named in the Schedule to the Policy, who have a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid.

"Insured Event" means an event, loss or damage for which the Insured/Insured Person is entitled to benefit/s under the Policy.

"Medical Practitioner" means a person who holds a degree/diploma of a recognized institution and is registered with the Medical Council in respective states of India. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.

"Medical expenses" mean reasonable charges unavoidably incurred by the Insured/Insured Person for the medical treatment of bodily injury the subject matter of the claim either as an in-patient in a Hospital/ Nursing Home or as

out-patient, and includes the costs of a bed; treatment and care by medical staff; medical procedures. Medical Practitioner's / Consultants fees, medicines and consumables including cost of pacemaker, cost of organs. artificial limbs etc. as long as these are recommended by the attending Medical Practitioner.

Period of Insurance" means the Policy period defined hereunder.

"Policy period" means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.

"Policy" means this document of Policy describing the terms and conditions of this contract of Insurance including the Company's covering letter to the Insured, if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal Form and any applicable endorsement thereon. The Policy contains details of the scope and extent of cover available to the Insured Person, the exclusions from the scope of cover and the terms and conditions of the issue of the Policy.

"Permanent Partial Disablement" means a boddy injury caused by accidental. external, violent and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured Person and which falls into one of the categories listed in the Scale of Benefits Table.

"Permanent Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident. with no hopes of improvement at the end of that period.

"Pre-existing Disability" means a existing disability and consequence of such disability existing or known to exist at the commencement of the Policy period.

"Schedule" means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Persons, the Sum Insured, the period, coverage and the limits to which benefits under the Policy are subject

"Sum Insured" means the sum as specified in the Schedule to this Policy against the name of the Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period against the respective benefit(s) for which the sum is mentioned in the Schedule to this Policy.

"Temporary Total Disablement" means a bodily injury caused by accidental. external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that lasts temporarily for a certain period within twelve calendar months from the date of the accident.

# Scope of cover:

#### 1) Basic Cover

If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by

Insured Person or the legal representative of the Insured/Insured Person, as the case may be, towards claims for compensation for death or disablement arising due to an accidental bodily injury during the Policy period. All the exclusions applicable to the Policy will also be applicable to this benefit in so far as the accidental death or disablement is concerned.

e) Broken Bones: This benefit provides for payment of compensation, if bodily injury shall within twelve calendar months of its occurrence be the sole and direct cause of complete break of a bone. A broken bone refers to complete break of a bone and does not include a fracture. The compensation shall be a percentage of the Sum Insured specified for the Broken Bones as indicated below. The specific Sum Insured for the Broken Bones benefit will be specified in the Schedule to this Policy.

Payable Condition	% of Broken Bone Sum Insured payable as Compensation
Complete break of Neck, skull or spine	100%
Complete break of Hip	75%
Complete break of Jaw, pelvis, leg, ankle or knee	50%
Complete break of Cheekbone or shoulder	30%
Complete break of nose or collarbone	20%
Complete break of foot or hand bone	5%
In the case of established non-union of any of the above breaks other than "leck, skull or Spine, an additional	5%

#### maximum Liability under the Policy

The maximum liability under the Policy in case of a claim due to death will be limited to 100% of the specified Sum Insured for death benefit (Capital Sum Insured) as mentioned in the Schedule to this Policy. However, any amount payable under Additional benefits (except under Broken Bones benefit) will be payable in addition to the above compensation. In case of Double Indemnity Benefit total compensation shall be limited to 200% of the Capital Sum Insured plus Additional benefits, if any, payable under Hospital Daily Cash Allowance, Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy.

The maximum liability under the Policy in case of a claim due to Permanent Total Disablement will be limited to the specified Sum Insured for Permanent Total Disablement benefit as mentioned in the Schedule to this Policy. However, any amount payable under Additional benefits (except under Broken Bones benefit) will be payable in addition to the above compensation. In case of Double Indemnity benefit the total compensation shall be limited to 200% of the Sum Insured for Permanent Total Disablement as mentioned in the Schedule to this Policy plus Additional benefits, if any, payable under Hospital Daily Cash Allowance, Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy.

The maximum liability under the Policy in case of a claim due to Broken Bones will be limited to the amount of compensation payable along with Additional hefits, if any, payable under Hospital Daily Cash Allowance, Medical penses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy. Where in case of a broken bone any compensation is payable by the Company either under death or under Permanent Total Disablement, then no payment will be made under Broken Bones benefit.

#### General Exclusions of the Policy applicable to all the benefits under the Policy:

PROVIDED ALWAYS THAT the Company shall not be liable under this Policy for-

- Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
- Compensation under more than one of the foregoing Clauses under the Basic Cover in respect of the same period of disablement other than payments under Add-on covers (excluding Broken Bones).
- 3) Any other payment after a claim under one of the foregoing Clauses a), b) or d) of the Basic Cover has been admitted and become payable save for payments under free benefits and additional benefits. However, no payment under Broken bones benefit is payable under the above circumstances.

- Payment of weekly compensation until the total amount shall have been ascertained and agreed.
- 5) Any pre-existing disease / disability / accidental injury.
- 6) Accidental death or permanent disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- Accidental death or permanent disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- 8) Any claim in respect of accidental death or permanent disablement of the Insured Person
  - i) from intentional self-injury, suicide or attempted suicide
  - ii) whilst under the influence of liquor or drugs or other intoxicants
  - iii) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
  - iv) directly or indirectly, caused by venereal disease, AIDS or insanity
  - v) arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion
  - vi) whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports.
- 9) Any consequential loss or damage cost or expense of whatsoever nature.
- 10) Death or permanent disablement due to accidental injury arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all Kings, Princes and people of whatsoever nation, condition or quality.
- 11) Death or permanent disablement due to accidental injury, directly or indirectly, caused by or contributed to by or arising from
  - i) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any selfsustaining process of nuclear fission;
  - ii) nuclear weapons material.
- 12) Insured Person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
- 13) Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air charter company
- 14) Any accident to an Insured Person which arises in the course of his/her occupation if his/her occupation falls within the following categories or involves the following activities: Air crew, ship crew, professional sportsman, diving, oil-rig platform and/or off-shore work, fire fighting, police, naval, military, air force service or operations and any hazardous occupation.
- 15) The insurance under this Policy shall not extend to cover any benefit under the Policy resulting directly or indirectly caused by, contributed to or aggravated or prolonged by misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by insured/ Insured Person.

# Conditions

# 1) Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured/Insured Person or any one acting on his/their behalf to obtain a benefit under this Policy.



circumstances of such loss. The Insured /Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumstance in his/her possession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

#### 14) Position after a claim

All sums payable hereunder shall be payable in the case of-

- i) death or permanent total disablement, only after deleting by an endorsement the name of the Insured Person in respect of whom such sum shall become payable without any refund of premium;
- ii) permanent partial disablement, only after reduction of Capital Sum Insured, by an endorsement, by the amount admissible under the claim in respect of the Insured Person in respect of whom such sum shall become payable; and
- iii) temporary total disablement upon termination of such disablement

#### 15) Subrogation

In the event of any claim payment under this Policy, the Company shall be subrogated to all the Insured / Insured Person's rights or recovery thereof against any person or organization and the Insured / Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured / Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done all such acts and things as may be necessary and required by the Company, before or after indemnification, in enforcing or endorsing any rights or remedies or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

#### 16) Forfeiture of claims

If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided herein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

#### 17) Cancellation/Termination

The Company may cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured at his / their last known address in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or fraud committed by any insured person associated with the policy or claim, in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. The Insured may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. Provided however that refund on cancellation of Policy by the Insured shall be made only if no claim has occurred up to the date of cancellation of this Policy.

Table of Short Period Scales		
Period of Risk	Premium to be Retained (% of the Annual Rate)	
Up to one month	25%	
Up to three months	50%	
Up to six months	75%	
Above six months	Full Annual Rate	

#### 18) Currency of payment

All claims shall be payable in India in Indian Rupees only. No sum payable under this Policy shall carry interest.

#### 19) Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and

conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court with in Indian Territory.

#### 20) Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they can not agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.

It is hereby agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss shall be first obtained.

The Company agrees and undertakes to pay claim subject to the maximum total Sum Insured under this Policy provided that Company is bound and liable to pay in accordance with the terms and conditions of this Policy only and only if a demand or claim on the Company in writing is made within 12 (twelve) months of the occurrence of any event giving rise to a claim hereunder.

#### 21) Renewal Notice

The Company shall not be bound to accept any renewal premium or to give notice that such is due, in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or non-payment of required premium. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration hereinbefore mentioned and that nothing is known to the Insured / Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

#### 22) Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post or facsimile to -

- a) In case of the Insured / Insured Person, at the address given in the Schedule to the Policy,
- b) In case of the Company, to the Policy issuing office/nearest office of the Company.

Notice and instruction will be deemed served 7 days after posting or immediately on receipt in the case of hand delivery, facsimile or e-mail.

# 23) Customer Service

If at any time the Insured / Insured Person requires any clarification or assistance, the insured/ Insured Person may contact the Policy issuing office or any other office of the Company.

#### 24) Grievances

In case the Insured / Insured Person is aggrieved in any way, the Insured / Insured Person may contact the Company at the specified address, during normal business hours. In case the Insured / Insured Person has not got his / her grievances redressed by the Company within 14 days, then he / she may approach the Insurance Ombudsman for the redressal of the same. A list containing the addresses of Offices of Ombudsman are attached to this Policy. Policy holder may also obtain copy of IRDA circular number 1385\_Gl-2002\_ENG dated 26-04-2002, notification on Insurance Regulatory and Development Authority (Protection of policy holders interests) Regulations, 2002.





# BHARTI AXA GENERAL INSURANCE COMPANY LTD

3rd Floor, 6-3-666/B/6,

Gokul Towers,

Punjagutta
Hyderabad-500082
Tel +91 ao 4433 7100Fax:040-44337101
Emál: customer service@bhartraxagi.co.irt

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BHARTI AXA GENERAL INSURANCE COMPANY LITO

Authorized Signature

Issued by - ABSPL051 on 30/04/2013



# BHARTLAXA GENERAL INSURANCE COMPANY LTD

3rd Floor, 6-3-666/B/6,

Gokul Towers,

Punjagutta

Hyderabad 500082

Tel 191 40 4433 7100Fax 040 44337101 Email: customer.service@bharti-axagi.co.in GROUP PA

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Period of Insurance AFrom Hours on 19/02/2013 To Midnight on 18/04/2014

PREMIUM

: INR 2,565.00 Premium S%TAX 12.86% : INR 317.03 : INR 2,882.03 Total Payable

RISK DETAILS

: APG GROUP PA Type of Risk

Name of Member Insured : NAMED GPA

Date of Birth

: RISK CATEGORY I Occupation

Class : 01

Benefits

DEATH-PTD-PPD-TTD-MEDICAL

Capital Sum Insured (INR) 4,400,000.00

NO OF MEMBERS COVERED: 22

NATURE OF BUSINESS: Construction Company

# CONDITIONS:

- 1) Named GPA from the date of policy inception 22 employee s are covered under the policy---- list of the employees is attached with the Policy Copy as Annexure
- 2)Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.
- 3)TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104
- 4) Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less
- 5)All other terms and conditions of the GPA policy will be applicable

Tel: 91 80 40260100 Fax: 80 40260101 Emáil: customer.service@bharti-axagi.co.in



general insurance



\* SMS <SERVICE> to 5667700

# SmartPersonalAccident - Group Insurance Policy - Policy Wordings

#### Preamble

WHEREAS the Insured named in the Schedule hereto has made and/or caused to be made to Bharti AXA General Insurance Company Limited (hereinafter called the "Company") a written proposal as stated in the Schedule hereto (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein and has paid or agreed to pay, in such manner and within such time, as may be escribed under the provisions of the Insurance Act, 1938 and the rules made thereunder, to the Company the premium herein stated for the insurance specified hereinafter for the period stated in the Schedule.

#### Operative Clause:

The Company hereby agrees subject to the terms and conditions contained herein or endorsed or otherwise expressed hereon, to indemnify, compensate, pay and/or reimburse the insured / Insured Person, his/her nominee or the legal representatives, as the case may be, in respect of insured events occurring during the period of insurance stated in the Schedule, in the manner and to the extent set forth in this Policy.

# Definitions:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purpose of this Policy, the terms specified below shall have the meaning set forth:

"Accident" means a sudden, unforeseen and unexpected physical event beyond the control of the Insured/Insured Person resulting in bodily injury, caused by external, visible and violent means.

"Bodily Injury" means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a Physician but does not include any sickness or disease.

"Company" means Bharti AXA General Insurance Company Limited

 $\,$  amily" means the Insured, his/her lawful spouse and maximum of two dependant children below the age of 23 years.

"Insured" means the group, organization, institution, firm, society or body corporate engaged in any trade or business in India on whose name the policy is issued.

"Insured Person" means and includes the persons named in the Schedule to the Policy, who have a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid.

"Insured Event" means an event, loss or damage for which the Insured/Insured Person is entitled to benefit/s under the Policy.

"Medical Practitioner" means a person who holds a degree/diploma of a recognized institution and is registered with the Medical Council in respective states of India. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.

"Medical expenses" mean reasonable charges unavoidably incurred by the Insured/Insured Person for the medical treatment of bodily injury the subject matter of the claim either as an In-patient in a Hospital/ Nursing Home or as

out-patient, and includes the costs of a bed: treatment and care by medical staff; medical procedures. Medical Practitioner's / Consultants fees, medicines and consumables including cost of pacemaker, cost of organs, artificial limbs etc. as long as these are recommended by the attending Medical Practitioner.

"Period of Insurance" means the Policy period defined hereunder.

"Policy period" means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.

"Policy" means this document of Policy describing the terms and conditions of this contract of insurance including the Company's covering letter to the Insured, if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal Form and any applicable endorsement thereon. The Policy contains details of the scope and extent of cover available to the Insured Person, the exclusions from the scope of cover and the terms and conditions of the issue of the Policy.

"Permanent Partial Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured Person and which falls into one of the categories listed in the Scale of Benefits Table.

"Permanent Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/shc has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period.

"Pre-existing Disability" means a existing disability and consequence of such disability existing or known to exist at the commencement of the Policy period.

"Schedule" means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Persons, the Sum Insured, the period, coverage and the limits to which benefits under the Policy are subject

"Sum Insured" means the sum as specified in the Schedule to this Policy against the name of the Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period against the respective benefit(s) for which the sum is mentioned in the Schedule to this Policy.

"Temporary Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that lasts temporarily for a certain period within twelve calendar months from the date of the accident.

# Scope of cover:

# 1) Basic Cover

If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by

Insured Person or the legal representative of the Insured/ Insured Person, as the case may be, towards claims for compensation for death or disablement arising due to an accidental bodily injury during the Policy period. All the exclusions applicable to the Policy will also be applicable to this benefit in so far as the accidental death or disablement is concerned.

e) Broken Bones: This benefit provides for payment of compensation, if bodily injury shall within twelve calendar months of its occurrence be the sole and direct cause of complete break of a bone. A broken bone refers to complete break of a bone and does not include a fracture. The compensation shall be a percentage of the Sum Insured specified for the Broken Bones as indicated below. The specific Sum Insured for the Broken Bones benefit will be specified in the Schedule to this Policy.

Payable Condition	% of Broken Bone Sum Insured payable as Compensation
Complete break of Neck, skull or spine	1.00%
Complete break of Hip	75%
Complete break of Jaw, pelvis, leg, ankle or knee	50%
Complete break of Cheekbone or shoulder	30%
Complete break of nose or collarbone	20%
Complete break of foot or hand bone	5%
In the case of established non-union of any of the above breaks other than leck, skull or Spine, an additional	5%

# Maximum Liability under the Policy

The maximum liability under the Policy in case of a claim due to death will be limited to 100% of the specified Sum Insured for death benefit (Capital Sum Insured) as mentioned in the Schedule to this Policy. However, any amount payable under Additional benefits (except under Broken Bones benefit) will be payable in addition to the above compensation. In case of Double Indemnity Benefit total compensation shall be limited to 200% of the Capital Sum Insured plus Additional benefits, if any, payable under Hospital Daily Cash Allowance, Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy.

The maximum liability under the Policy in case of a claim due to Permanent Total Disablement will be limited to the specified Sum Insured for Permanent Total Disablement benefit as mentioned in the Schedule to this Policy. However, any amount payable under Additional benefits (except under Broken Bones benefit) will be payable in addition to the above compensation. In case of Double Indemnity benefit the total compensation shall be limited to 200% of the Sum Insured for Permanent Total Disablement as mentioned in the Schedule to this Policy plus Additional benefits, if any, payable under Hospital Daily Cash Allowance, Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy.

The maximum liability under the Policy in case of a claim due to Broken Bones will be limited to the amount of compensation payable along with Additional hefits, if any, payable under Hospital Daily Cash Allowance, Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy. Where in case of a broken bone any compensation is payable by the Company either under death or under Permanent Total Disablement, then no payment will be made under Broken Bones benefit.

General Exclusions of the Policy applicable to all the benefits under the Policy:

PROVIDED ALWAYS THAT the Company shall not be liable under this Policy for-

- Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
- Compensation under more than one of the foregoing Clauses under the Basic Cover in respect of the same period of disablement other than payments under Add-on covers (excluding Broken Bones).
- 3) Any other payment after a claim under one of the foregoing Clauses a), b) or d) of the Basic Cover has been admitted and become payable save for payments under free benefits and additional benefits. However, no payment under Broken bones benefit is payable under the above circumstances.

- Payment of weekly compensation until the total amount shall have been ascertained and agreed.
- 5) Any pre-existing disease / disability / accidental injury.
- 6) Accidental death or permanent disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- Accidental death or permanent disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- Any claim in respect of accidental death or permanent disablement of the Insured Person
  - i) from intentional self-injury, suicide or attempted suicide
  - ii) whitst under the influence of liquor or drugs or other intoxicants
  - iii) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
  - iv) directly or indirectly, caused by venereal disease. AIDS or insanity
  - v) arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion
  - vi) whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports.
- 9) Any consequential loss or damage cost or expense of whatsoever nature.
- 10) Death or permanent disablement due to accidental injury arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all Kings, Princes and people of whatsoever nation, condition or quality.
- 11) Death or permanent disablement due to accidental injury directly or indirectly caused by or contributed to by or arising from
  - ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any selfsustaining process of nuclear fission;
  - ii) nuclear weapons material.
- 12) Insured Person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
- 13) Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air charter company
- 14) Any accident to an Insured Person which arises in the course of his/her occupation if his/her occupation falls within the following categories or involves the following activities: Air crew, ship crew, professional sportsman, diving, oil-rig platform and/or off-shore work, fire fighting, police, naval, military, air force service or operations and any hazardous occupation.
- 15) The insurance under this Policy shall not extend to cover any benefit under the Policy resulting directly or indirectly caused by, contributed to or aggravated or prolonged by misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by Insured/Insured Person.

# Conditions

# 1) Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured/Insured Person or any one acting on his/their behalf to obtain a benefit under this Policy.





circumstances of such loss. The Insured /Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumstance in his/her possession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

# 14) Position after a claim

All sums payable hereunder shall be payable in the case of-

- i) death or permanent total disablement, only after deleting by an endorsement the name of the Insured Person in respect of whom such sum shall become payable without any refund of premium;
- ii) permanent partial disablement, only after reduction of Capital Sum Insured, by an endorsement, by the amount admissible under the claim in respect of the Insured Person in respect of whom such sum shall become payable; and
- iii) temporary total disablement upon termination of such disablement

#### 15) Subrogation

In the event of any claim payment under this Policy, the Company shall be subrogated to all the Insured / Insured Person's rights or recovery thereof against any person or organization and the Insured / Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured / Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done all such acts and things as may be necessary and required by the Company, before or after indemnification, in enforcing or endorsing any rights or remedies or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

#### 16) Forfeiture of claims

If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided herein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

#### 17) Cancellation/Termination

The Company may cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured at his / their last known address in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or fraud committed by any insured person associated with the policy or claim, in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. The Insured may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. Provided however that refund on cancellation of Policy by the Insured shall be made only if no claim has occurred up to the date of cancellation of this Policy.

Table of Short Period Scales				
Period of Risk	Premium to be Retained (% of the Annual Rate)			
Up to one month	25%			
Up to three months	50%			
Up to six months	75%			
Above six months	Full Annual Rate			

# 18) Currency of payment

All claims shall be payable in India in Indian Rupees only. No sum payable under this Policy shall carry interest.

#### 19) Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and

conditions, limitations and/or exclusions contained herem is understood and agreed to by both the Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court with in Indian Territory.

#### 20) Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they can not agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.

It is hereby agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss shall be first obtained.

The Company agrees and undertakes to pay claim subject to the maximum total Sum Insured under this Policy provided that Company is bound and liable to pay in accordance with the terms and conditions of this Policy only and only if a demand or claim on the Company in writing is made within 12 (twelve) months of the occurrence of any event giving rise to a claim hereunder.

#### 21) Renewal Notice

The Company shall not be bound to accept any renewal premium or to give notice that such is due, in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or non-payment of required premium. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration hereinbefore mentioned and that nothing is known to the Insured / Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

#### 22) Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post or facsimile to-

- a) In case of the Insured / Insured Person, at the address given in the Schedule to the Policy.
- b) In case of the Company, to the Policy issuing office/nearest office of the Company.

Notice and instruction will be deemed served 7 days after posting or immediately on receipt in the case of hand delivery, facsimile or e-mail.

### 23) Customer Service

If at any time the Insured / Insured Person requires any clarification or assistance, the insured/ Insured Person may contact the Policy issuing office or any other office of the Company.

#### 24) Grievances

In case the Insured / Insured Person is aggrieved in any way, the Insured / Insured Person may contact the Company at the specified address, during normal business hours. In case the Insured / Insured Person has not got his / her grievances redressed by the Company within 14 days, then he / she may approach the Insurance Ombudsman for the redressal of the same. A list containing the addresses of Offices of Ombudsman are attached to this Policy. Policy holder may also obtain copy of IRDA circular number 1385\_Gl-2002\_ENG dated 26-04-2002, notification on Insurance Regulatory and Development Authority (Protection of policy holders' interests) Regulations, 2002.





04 May 2013

Policy Number :

APG/I1255603/51/04/C1511O

Client ID: 02380027



187/3 & 4, 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH

SMS NP 02380027 TO 5667700

#### M/s MODI VENTURES.

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage

Your GROUP PA policy No (APG/11255603/51/04/C1511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your Insurance coverage are available in the enclosed policy document.

Bharti AXA General Insurance combines the reputation of Bharti, India leading Business Conglomerate and the financial expertise of AXA, one of the largest insurers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance

Bharti AXA GI has over 116 points of presence across India and is today amongst the fastest growing Insurance Companies in the country, with a premium Income of more than Rs. 300 Crores in the current financial year.

We are the 1st Insurance Company to come with the dual ISO 9001-2008 and ISO 27001-2005 certification so that we could offer our customers best in class service standards.

Our bouquet of 56 products covers all your Insurance needs whether it be Health, Motor, Personal Accident, Home Insurance for any other insurance pertaining to your business activities. Our service network extends to cashless facilities in 3700 hospitals and 1800 garages across India where you can avail of preferential service.

We take pride in going the extra mile in our service and look forward to a lasting relationship.

Should you require any assistance / clarification on your policy or any information pertaining to our other products, please contact us at the numbers below:

Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA GENERAL INS.CO.LTD.

Contact: (Office) 080-40260100 (Res.) 080-40260100

Warm regards

G. Rajagopal

Head Operations and Claims



BHARTI AXA GENERAL INSURANCE COMPANY LTD

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta

i unjayutta Hyderabad-500082 Tel:--91-40-4433-7100Fax:040-4433-7101 Email: customer:service@bhanti-axani.co

redefining/ general insurance

GROUP PA TAX INVOICE NEW BUSINESS Original

POLICY INFORMATION	Policy No.: APG/11255603/51/04/C1511Q
Source	(03) 51001500
Insured	MODI VENTURES
Address	; 5-4-187/3 & 4, 2ND FLOOR
	SOHAM MANSION MG ROAD
AADIA (M. 17) BY BARBARA (M. 1. 1988) AARIA (A. 17) BY AARIA (M. 17) BARBARA (M. 17) BY AARIA (M. 17) BY AAR	SECUNDERABAD-500003
	ANDRA PRADESE
and the transfer of the second	INDIA 500003
Period of Insurance	:From Hours on 19/04/2013 To Midnight on 18/04/2014
Transaction No.	
Billing Currency	: INR Exchange Rate : 1.0000
Gross Premium	Charges Total Payable
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456.00 PH	(S.TAX 12.36%) 57.60 523.60

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

Issued by - ABSPL051 on 30/04/2013



BHARTI AXA GÉNERAL INSURANCE COMPANY LTD

3rd Floor, 6-3-666/B/6,

Gokul Towers, Punjagutta

Email: customer.service@bharti-axagi.co.in

GROUP PA POLICY SCHEDULE

Hyderabad-500082 NEW BUSINESS Tel:+91 40 4433 7100Fax:040-44337101 Original

POLICY INFORMATION POLICY No.: APG/I1255603/51/04/C1511Q					
Source as managed and a source as a second of the second o	; (03) 51001500				
Insured in the land of the lan	; MODI VENTURES				
Address	5-4-187/3 & 4, 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH				
Period of Insurance	From Hours on 19/04/2013 To Midnight on 18/04/2014				
PREMIUM					
Premium	: INR 466.00				
S.TAX 12.36%	: INR 57.60				
Total Payable	: INR 523.60				
RISK DETAILS					
Type of Risk	; APG GROUP PA				
Name of Member Insured	: NAMED GPA				
Date of Birth					
Occupation	: RISK CATEGORY III.				
Classer and a comment of the comment					
Benefits Program Shaking	Capital Sum Insured (INR)				
DEATH-PPD+PTD+TTD+MEDI	CAL STREET, A RESULTANT HE RESULT AND THE RESULT OF THE STREET AND				

NUMBERS OF MEMBERS COVERED: 4

NATURE OF BUSINESS: Construction Company

# CONDITIONS:

- 1) Named GPA -from the date of policy inception 4 employee's are covered under the policy---- list of the employees is attached with the Policy Copy as Annexure
- 2)Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.
- 3)TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104
- 4) Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less
- 5)All other terms and conditions of the GPA policy will be applicable



#### FORMING THE PART OF AND LIST ATTACHED TO APG POLICY:11252470

# INSURED NAME: MODI PROPERTIES & INVESTMENTS PVT LTD

POLICY PERIOD: 19/04/2013 TO 18/04/2014

OF NOT HERESOLD

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SL NO	NAME OF EMPLOYEES	DOB	SUM INSURED	MEDICAL EXT
1	G Kanaka Rao	15 08 1957	, 200000	YES
2 1	M Jayaprakash	27.06.1975	200000	YES
3	GJAI KUMAR	28.07.1980	200000	YES
	K Martand A C	01.06.1980	200000	YES
5	B Shekappa	01.01.1966	200000	YES
6	G. Swaroopa	10.01 1968	200000	YES
7 / 3.11 1.71	ARUNA	06.02.1974	200000	YES

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BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

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## INSURED NAME: MODI & MODI CONSTRUCTIONS

POLICY PERIOD: 19/04/2013 to 18/04/2012

SL NO	NAME OF EMPLOYEES	DOB	SUM INSURED	MEDICAL EXT	ANY OTHER COVER
	Kavadi Yadagiri	05/06/74	200000	YES	NO
er 2	K Krishna Prasad	16/06/64	200000	YES	NO
3	N.RAJYA LAXMI	24/04/78	200000	YES	NO
4	M Malla Reddy	07/08/65	200000	YES	NO
5	NMEGA MALA	04/06/87	200000	Y <del>E</del> \$	NO
6	B.SADANANDAM	07/07/82	200000	YES	NO
ar ar	G.KOUSHIK	11/03/90	200000 4	∠ yYES	NO
8	L.RAMACHARYULU	15/08/62	200000	YES	NO
9	- A R VIKAS KUMAR 🏖	05/11/82	200000	YES	NO
10	CH Gopal reddy	10/06/83	200000	YES	No
11	T. Bhasker	26/04/80	200000	YES	NO

H & ASS

ANT.

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INJURITI AXA GENERAL INSURANCE COMPANY LTD



INSURED NAME: Modi Ventures

POLICY PERIOD: 19/04/2013 to 18/04/2014

SL NO NAME OF EMPLOYEES	ii <b>Co</b> lla	SUM INSURED MEDICAL ANY OTHER COVER
Maria Maraveen Babuasia	17/03/88	AND 200000 FIRST YESEN BALIMAANO HAAR
2 P Sree swapna	02/07/82	THE ZOOOD THE HEAT NOT THEFT
3 K Jagdishwar Reddy	07/09/84	200000 YES NO
N.Narender Reddy	12/04/81	200000 YES NEAL 135 NO

BHARTI AXA CENERAL INSURANCE COMPANY LTD



INSURED NAME: MEHTA & MODI HOMES

POLICY PERIOD: 19/04/2013 to 18/04/2014

SL NO	NAME OF EMPLOYEES	DOB	SUM INSURED	MEDICAL EXT
	G Hari Swaroop	09.01.1978	200000	YES
2	A Samba Siva Rao	08.06.1970	200000	YES
<b>3</b>	G Jagdish 🚉	13.07.1976	200000	YES
4	K Suneel Kumar	30.03.1975	200000	YES
5	K Hemendra	12.04.1962	200000	YES
6	R E Raj Kumar	10.11.1976	200000	YES
7	K Venkata Nagi Reddy	18.03.1981	200000	YES
8	BM Raj Kumar	03.01.1978	200000	YES
9	J Selva Kumar	30.07.1973	200000	YES
10	M Srinivas Yadav	2 06.06.1971	200000	YES
11	T Dakshina Murthy	13.12.1983	200000	YES
12	A R Vikas Kumar	05.11.1982	200000	YES
13	G Murali Mohan	10.07.1978	200000	YES
14	A Suresh	05.01.1975	200000	YES
15	A Laxmikanth	26.06.1979	200000	YES
16	B. Murali krishna	23.01.1981	200000	YES
17	G. Satish Kumar	30.11.1987	200000	YES
18	Gh. Gopal Reddy	10.06.1983	200000	YES
19	Mohd. Khaja	23.01.1991	200000	YES
20	D Shiva Shanker	17.05.1979	2000007	YES
21	PAshwini	04.10.1988	200000	YES
22	Thomeas Joseph	04.12.1969	200000	YES

BHARTI AXA GENERAL INSURANCE COMPANY LTD



INSURED NAME: ALPINE ESTATES

POLICY PERIOD: 19/04/2013 to 18/04/2013

Ednamic Strance

SL NO	NAME OF EMPLOYEES	DOB	SUM INSURED	MEDICAL EXT	OTHER COVER	
<b>1</b> 1 1	P.Ramesh	02/10/76	200000	YES	NO	
2	RRaghunath	16/11/58	200000	YES	NO R	
3	S.Sunil kumar	04/12/77	200000	YÉS	NO	
4	CH VENKATARAMANA REDDY	05/03/81	200000	YES	NO	
5	K.VENKATA NAGI REDDY	18/03/81	200000	YES	NO	
6 %	SWATHI	23/08/87	200000	YES	NO	
7	K.GOPI KRISHNA	05/05/74	200000	YES	NO	
8	D.RAJ KUMAR	03/11/84	200000	Ϋ́ES	NO	
<b>.</b> 9 os	K.MANOJ KUMAR	14/03/89	200000	YES	NO	
<b>30</b> 0	R.RANL	11/04/85	200000	YES	NO	
	BRAJA REDDY	04/07/85	200000	YES	NO	

BHARTIAXA GENERAL INSURANCE COMPANY LTD



INSURED NAME: PARAMOUNT ESTATES 

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785± 120 10 km². 100 km². 

100

- 投資で - 出資本 - 出資本 - 13.22 -

POLICY PERIOD: 19/04/2013 TO 18/04/2014

SLNO	NAME OF EMPLOYEES	DOB	DOJ	SUM INSURED	MEDICAL EXT
	1 M.NAGARJUNA	21/07/82	19/04/13	200000	YÉS
airys Amer A DDD 連續	2 K.SHIRISH KUMAR	06/04/85	19/04/13	200000	YES
, e	3 G.VIJAY RAJ	04/07/78	19/04/13	200000	YES
200 July 1860	4 K.PRABHAKER REDDY	15/01/74	19/04/13	200000	YES
	5 J Srinivas	08/06/85	19/04/13	200000	YES
2 13 K. S. S. S.	6 UMA MAHESHWARI	13/09/74	19/04/13	-200000	YES
	7 E.NAVANEETHA	29/06/85	19/04/13	200000	YES
	8 K PUSPALATHA	26/06/85	19/04/13	200000	YES
1.1.1.11.136.040.11.11.11	9 CH RAMESH	19/05/81	19/04/13	200000	YES
21.00	10 N.HAMSA	31/05/85	19/04/13	200000	YES
	11 B.SUDHARSHAN	06/04/67	19/04/13	200000	YES

BHARTI AXA GENERAL INSURANCE COMPANY LTD



general insurance



## Bharti AXA General Insurance Company Limited

**3**1800-103-2292

☐ customer.service@bharti-axagi.co.m

a SMS <SERVICE> to 5667700

## SmartPersonal Accident - Group Insurance Policy - Policy Wordings

WHEREAS the Insured named in the Schedule hereto has made and/or caused to be made to Bharti AXA General Insurance Company Limited (hereinafter called the "Company") a written proposal as stated in the Schedule hereto (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein and has paid or agreed to pay, in such manner and within such time, as may be prescribed under the provisions of the Insurance Act, 1938 and the rules rade thereunder, to the Company the premium herein stated for the jurance specified hereinafter for the period stated in the Schedule.

#### Operative Clause:

The Company hereby agrees subject to the terms and conditions contained herein or endorsed or otherwise expressed hereon, to indemnify, compensate, pay and/or reimburse the insured / Insured Person, his/her nominee or the legal representatives, as the case may be, in respect of insured events occurring during the period of insurance stated in the Schedule, in the manner and to the extent set forth in this Policy.

#### Definitions:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purpose of this Policy, the terms specified below shall have the meaning set forth:

"Accident" means a sudden, unforeseen and unexpected physical event beyond the control of the Insured/Insured Person resulting in bodily injury, caused by external, visible and violent means.

"Bodily Injury" means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a Physician but does not include any sickness or disease.

"Company" means Bharti AXA General Insurance Company Limited.

"Family" means the Insured, his/her lawful spouse and maximum of two pendant children below the age of 23 years.

insured" means the group, organization, institution, firm, society or body corporate engaged in any trade or business in India on whose name the policy

"Insured Person" means and includes the persons named in the Schedule to the Policy, who have a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid.

"Insured Event" means an event, loss or damage for which the Insured/Insured Person is entitled to benefit/s under the Policy.

"Medical Practitioner" means a person who holds a degree/diploma of a recognized institution and is registered with the Medical Council in respective states of India. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.

"Medical expenses" mean reasonable charges unavoidably incurred by the Insured/Insured Person for the medical treatment of bodily injury the subject matter of the claim either as an In-patient in a Hospital/ Nursing Home or as

out-patient, and includes the costs of a bed; treatment and care by medical staff; medical procedures. Medical Practitioner's / Consultants fees, medicines and consumables including cost of pacemaker, cost of organs. artificial limbs etc. as long as these are recommended by the attending Medical Practitioner.

"Period of Insurance" means the Policy period defined hereunder.

"Policy period" means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.

"Policy" means this document of Policy describing the terms and conditions of this contract of insurance including the Company's covering letter to the Insured, if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal Form and any applicable endorsement thereon. The Policy contains details of the scope and extent of cover available to the Insured Person, the exclusions from the scope of cover and the terms and conditions of the issue of the Policy.

"Permanent Partial Disablement" means a bodily injury caused by accidental. external, violent and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the insured Person and which falls into one of the categories listed in the Scale of Benefits Table:

"Permanent Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period.

"Pre-existing Disability" means a existing disability and consequence of such disability existing or known to exist at the commencement of the Policy period.

"Schedule" means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Persons, the Sum Insured, the period, coverage and the limits to which benefits under the Policy are subject

\*Sum Insured" means the sum as specified in the Schedule to this Policy against the name of the Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period against the respective benefit(s) for which the sum is mentioned in the Schedule to this Policy.

"Temporary Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that lasts temporarily for a certain period within twelve calendar months from the date of the accident.

## Scope of cover:

## 1) Basic Cover

If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by Insured. Person or the legal representative of the Insured/ Insured Person, as the case may be, towards claims for compensation for death or disablement arising due to an accidental bodily injury during the Policy period. All the exclusions applicable to the Policy will also be applicable to this benefit in so far as the accidental death or disablement is concerned.

e) Broken Bones: This benefit provides for payment of compensation, if bodily injury shall within twelve calendar months of its occurrence be the sole and direct cause of complete break of a bone. A broken bone refers to complete break of a bone and does not include a fracture. The compensation shall be a percentage of the Sum Insured specified for the Broken Bones as indicated below. The specific Sum Insured for the Broken Bones benefit will be specified in the Schedule to this Policy.

Payable Condition	% of Broken Bone Sum Insured payable as Compensation
Complete break of Neck, skull or spine	100%
Complete break of Hip	75%
Complete break of Jaw, pelvis, leg, ankle or knee	50%
Complete break of Cheekbone or shoulder	30%
Complete break of nose or collarbone	20%
Complete break of foot or hand bone	5%
In the case of established non-union of any of the above breaks other than Neck, skull or Spine, an additional	5%

#### ximum Liability under the Policy

The maximum liability under the Policy in case of a claim due to death will be limited to 100% of the specified Sum Insured for death benefit (Capital Sum Insured) as mentioned in the Schedule to this Policy. However, any amount payable under Additional benefits (except under Broken Bones benefit) will be payable in addition to the above compensation. In case of Double Indemnity Benefit total compensation shall be limited to 200% of the Capital Sum Insured plus Additional benefits, if any, payable under Hospital Daily Cash Allowance, Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy.

The maximum liability under the Policy in case of a claim due to Permanent Total Disablement will be limited to the specified Sum Insured for Permanent Total Disablement benefit as mentioned in the Schedule to this Policy. However, any amount payable under Additional benefits (except under Broken Bones benefit) will be payable in addition to the above compensation. In case of Double Indemnity benefit the total compensation shall be limited to 200% of the Sum Insured for Permanent Total Disablement as mentioned in the Schedule to this Policy plus Additional benefits, if any, payable under Hospital Daily Cash Allowance. Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy.

The maximum liability under the Policy in case of a claim due to Broken Bones will be limited to the amount of compensation payable along with Additional benefits, if any, payable under Hospital Daily Cash Allowance, Medical coenses and Legal expenses, where such additional benefits have been defer and mentioned in the Schedule to this Policy. Where in case of a broken bone any compensation is payable by the Company either under death or under Permanent Total Disablement, then no payment will be made under Broken Bones benefit.

General Exclusions of the Policy applicable to all the benefits under the Policy:

PROVIDED ALWAYS THAT the Company shall not be liable under this Policy for-

- Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
- Compensation under more than one of the foregoing Clauses under the Basic Cover in respect of the same period of disablement other than payments under Add-on covers (excluding Broken Bones).
- 3) Any other payment after a claim under one of the foregoing Clauses a), b) or d) of the Basic Cover has been admitted and become payable save for payments under free benefits and additional benefits. However, no payment under Broken bones benefit is payable under the above circumstances.

- Payment of weekly compensation until the total amount shall have been ascertained and agreed.
- 5) Any pre-existing disease / disability / accidental injury.
- 6) Accidental death or permanent disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- Accidental death or permanent disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- 3) Any claim in respect of accidental death or permanent disablement of the Insured Person
  - i) from intentional self-injury, suicide or attempted suicide
  - ii) whilst under the influence of liquor or drugs or other intoxicants
  - iii) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
  - iv) directly or indirectly, caused by venereal disease, AIDS or insanity
  - v) arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion
  - vi) whilst engaging in racing, hunting, mountaineering, ice hockey, winter
- 9) Any consequential loss or damage cost or expense of whatsoever nature.
- 10) Death or permanent disablement due to accidental injury arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all Kings, Princes and people of whatsoever nation, condition or quality.
- 11) Death or permanent disablement due to accidental injury, directly or indirectly caused by or contributed to by or arising from
  - ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any selfsustaining process of nuclear fission;
  - ii) nuclear weapons material.
- 12) Insured Person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
- 13) Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air charter company
- 1.4) Any accident to an Insured Person which arises in the course of his/her occupation if his/her occupation falls within the following categories or involves the following activities:- Air crew. ship crew, professional sportsman, diving, oil-rig platform and/or off-shore work, fire fighting, police, naval, military, air force service or operations and any hazardous occupation.
- 15) The insurance under this Policy shall not extend to cover any benefit under the Policy resulting directly or indirectly caused by, contributed to or aggravated or prolonged by misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by insured/insured Person.

## Conditions

## 1) Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent any fraudulent means or device being used by the Insured/Insured Person or any one acting on his/their behalf to obtain a benefit under this Policy.



circumstances of such loss. The Insured /Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumstance in his/her possession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

#### 14) Position after a claim

All sums payable hereunder shall be payable in the case of-

- death or permanent total disablement, only after deleting by an endorsement the name of the Insured Person in respect of whom such sum shall become payable without any refund of premium;
- ii) permanent partial disablement, only after reduction of Capital Sum Insured, by an endorsement, by the amount admissible under the claim in respect of the Insured Person in respect of whom such sum shall become payable; and
- iii) temporary total disablement upon termination of such disablement

#### 15) Subrogation

in the event of any claim payment under this Policy, the Company shall be subrogated to all the Insured / Insured Person's rights or recovery thereof against any person or organization and the Insured / Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured / Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done all such acts and things as may be necessary and required by the Company, before or after indemnification, in enforcing or endorsing any rights or remedies or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

#### 16) Forfeiture of claims

If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided herein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

## 17) Cancellation/Termination

The Company may cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured at his / their last known address in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or fraud committed by any insured person associated with the policy or claim, in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. The Insured may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. Provided however that refund on cancellation of Policy by the Insured shall be made only if no claim has occurred up to the date of cancellation of this Policy.

Table of Short Period Scales								
Period of Risk	Premium to be Retained (% of the Annual Rate)							
Up to one month	25%							
Up to three months	50%							
Up to six months	75%							
Above six months	Full Annual Rate							

## 18) Currency of payment

All claims shall be payable in India in Indian Rupees only. No sum payable under this Policy shall carry interest.

## 19) Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and

conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court with in Indian Territory.

#### 20) Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they can not agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.

It is hereby agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss shall be first obtained.

The Company agrees and undertakes to pay claim subject to the maximum total Sum Insured under this Policy provided that Company is bound and liable to pay in accordance with the terms and conditions of this Policy only and only if a demand or claim on the Company in writing is made within 12 (twelve) months of the occurrence of any event giving rise to a claim hereunder.

#### 21) Renewal Notice

The Company shall not be bound to accept any renewal premium or to give notice that such is due, in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or non-payment of required premium. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration hereinbefore mentioned and that nothing is known to the Insured / Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

## 22) Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post or facsimile  $\varpi$ -

- a) In case of the Insured / Insured Person, at the address given in the Schedule to the Policy.
- o) In case of the Company, to the Policy issuing office/nearest office of the Company.

Notice and instruction will be deemed served 7 days after posting or immediately on receipt in the case of hand delivery, facsimile or e-mail.

## 23) Customer Service

If at any time the Insured / Insured Person requires any clarification or assistance, the insured/ Insured Person may contact the Policy issuing office or any other office of the Company.

## 24) Grievances

In case the Insured / Insured Person is aggrieved in any way, the Insured / Insured Person may contact the Company at the specified address, during normal business hours. In case the Insured / Insured Person has not got his / her grievances redressed by the Company within 14 days, then he / she may approach the Insurance Ombudsman for the redressal of the same. A list containing the addresses of Offices of Ombudsman are attached to this Policy. Policy holder may also obtain copy of IRDA circular number 1385\_Gl-2002\_ENG dated 26-04-2002, notification on Insurance Regulatory and Development Authority (Protection of policy holders' interests) Regulations, 2002.



02 May 2013

Policy Number:

APG/11252574/51/04/C1511Q



ANDHRA PRADESH

MODI AND MODI CONSTRUCTIONS HND FLOOR SOHAM MÄNSIÖN MG ROAD SECUNDERABAD-500003

M/S MODI AND MODI CONSTRUCTIONS.

We thank you for choosing Bhartt AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage

Your GROUP PA policy No. (APG/I1252574/51/04/C1511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your hisprance coverage are available in the enclosed policy document.

Bham AXA General Insurance combines the reputation of Bham, India leading Business Conglomerate and the financial expertise of AXA, one of the largest insurers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance.

Bharti AXA GI has over 116 points of presence across lindia and is today amongst the fastest growing insurance Companies in the country, with a premium Income of more than Rs. 300 Croces in the current financial year.

We are the 1st Insurance Company to come with the dual ISO 9001:2008 and ISO 27001:2005 certification so that we could offer our customers best in class service standards

Our bouquet of 56 products covers all your Insurance needs; whether it be Health, Motor Personal Accident, Home lusurance, or any other insurance pertaining to your business activities. Our service network extends to cashless facilities in 3700 hospitals and 1800 garages across find a where you can avail of preferential service.

We take pride in going the extra mile in our service and look forward to a lasting relationship.

Should you require any assistance / clarification on your policy or any information perfaming to our other products, please contact us at the numbers below:

Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA GENERAL INS.CO.LTD

Contact: (Office) 080-40260100 (Res.) 080-40260100

Warm regards,

G. Rajagopal

Head-Operations and Claims

BHARTI AXA GENERAL INSURANCE COMPANY LTD

SMS NP 00421463 TO 5667700



## BLARTI AXA GENERAL INSURANCE COMPANY LTD

3rd Floor, 6-3-666/B/6,

Gokui Towers,

Punjagutta

Punjagytta Hyderat ad-500082 Teli i 91 40 4433 7100Fax:040:44337101 Email: customer service@bharti-axagi.co.in

GROUP PA TAX INVOICE

NEW BUSINESS Original

POLICY INFORMATION	Policy No.: APG/I1252574/51/04/C1511Q
Source: 34 Senior Profile	2/2(03) 51001500
Insured	MODI AND MODI CONSTRUCTIONS
Address	5-4-187/3 5 4 IIND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDHRA PRADESH INDIA 500003
Period of Insurance	: From Bours on 19/04/2013 To Midnight on 18/04/2014
Transaction No.	22.00012: initia anti subiri ara siama i bisincani. Sapit ara sastra ilimi Lata malika i pinggani suanti ara siama iliminanti. Bisati ara siama ilimina sa
Billing Currency	: INR 1
Gross Premium	charges to the first transfer of the control of the
1,283.00 F F A	(S.TAX 12.36%) 158.58 1,441.58

BHAFTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

issued by - ABSPLO51 on 30/04/2013

(R)



## BHARTI AXA GENERAL INSURANCE COMPANY LTD

3rd Floor, 6-3-666/B/6,

Gokul Towers.

Punjagutta Hyderabad 500082

Tel:+91 40 4433 7100Fax:040 44337101

Email: customer:service@bharti-axagi.co.in.

GROUP PA POLICY SCHEDULE NEW BUSINESS Original

POLICY INFORMATION	Policy No. : APG/I1252574/51/04/C1511Q								
Source Source	2 (03) \$1001500								
insured	: MODI AND MODI CONSTRUCTIONS								
Address at the state of the sta	: 5-4-187/3 & 4 TIND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003								
i and collected begins over the a take of a production of the collected by the take of the collected by the	AT A CANDHRAI PRADESH								
Period of Insurance	From Hours on 19/04/2013 To Midnight on 18/04/2014								
PREMIUM	and are general programmes successful allegations of programmes and allegations of the company o								
Premium	INR 1,283.00 Caratta de la martina de la mar								
S.TAX 12.36%	TANK 158.58 FOR HAND THE STREET HE S								
Total Payable	INR 1,241,58 CONTROL OF THE PROPERTY OF THE PR								
RISK DETAILS	oppialis simulton distributor perdita est de distributor destributor de la compania de la compania de la compa A la compania de la A la compania de la c								
Type of Risk	APG GROUP PA								
Name of Member Insur	ed : Named Gra								

NUMBER OF MEMBERS COVERED:11

DEATH+PTD+PPD+TTD+MED

NATURE OF BUSINESS: Construction Company

## CONDITIONS:

Date of Birth

Occupation

Class

Benefits

1) Named GPA -from the date of policy inception 11 employee's are covered under the policy--- list of the employees is attached with the Policy Copy as Annexure

: RISK CATEGORY I

. 01

2)Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.

3) TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104 week

4) Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less

5)All other terms and conditions of the GPA policy will be applicable

Capital Sum Insured (INR)

2,200,000.00



general insurance



## Bharti AXA General Insurance Company Limited

**2**1800-103-2292

☐ customer.service@bharti-axagi.co.in

« SMS <SERVICE» to 5667700

## SmartPersonal Accident - Group Insurance Policy

## - Policy Wordings

#### Preamble

WHEREAS the Insured named in the Schedule hereto has made and/or caused to be made to Bharti AXA General Insurance Company Limited (hereinafter called the "Company") a written proposal as stated in the Schedule hereto (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein

If has paid or agreed to pay, in such manner and within such time, as may be prescribed under the provisions of the Insurance Act, 1938 and the rules made thereunder, to the Company the premium herein stated for the insurance specified hereinafter for the period stated in the Schedule.

### Operative Clause:

The Company hereby agrees subject to the terms and conditions contained herein or endorsed or otherwise expressed hereon, to indemnify, compensate, pay and/or reimburse the Insured / Insured Person, his/her nominee or the legal representatives, as the case may be, in respect of insured events occurring during the period of insurance stated in the Schedule, in the manner and to the extent set forth in this Policy.

## Definitions:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purpose of this Policy, the terms specified below shall have the meaning set forth:

"Accident" means a sudden, unforeseen and unexpected physical event beyond the control of the Insured/Insured Person resulting in bodily injury, caused by external, visible and violent means.

"Bodily Injury" means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a Physician but does not include any sickness or disease.

he ompany" means Bharti AXA General Insurance Company Limited.

"Family" means the Insured, his/her lawful spouse and maximum of two dependant children below the age of 23 years.

"Insured" means the group, organization, institution, firm, society or body corporate engaged in any trade or business in India on whose name the policy is issued.

"Insured Person" means and includes the persons named in the Schedule to the Policy, who have a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid.

"Insured Event" means an event, loss or damage for which the Insured/Insured Person is entitled to benefit/s under the Policy.

"Medical Practitioner" means a person who holds a degree/diploma of a recognized institution and is registered with the Medical Council in respective states of India. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.

"Medical expenses" mean reasonable charges unavoidably incurred by the Insured/Insured Person for the medical treatment of bodily injury the subject matter of the claim either as an In-patient in a Hospital/ Nursing Home or as

out-patient, and includes the costs of a bed; treatment and care by medical staff; medical procedures. Medical Practitioner's / Consultants fees, medicines and consumables including cost of pacemaker, cost of organs, artificial limbs etc. as long as these are recommended by the attending Medical Practitioner.

"Period of Insurance" means the Policy period defined hereunder.

"Policy period" means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.

"Policy" means this document of Policy describing the terms and conditions of this contract of insurance including the Company's covering letter to the Insured, if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal Form and any applicable endorsement thereon. The Policy contains details of the scope and extent of cover available to the Insured Person, the exclusions from the scope of cover and the terms and conditions of the issue of the Policy.

"Permanent Partial Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the fimbs or organs of the body of the Insured Person and which falls into one of the categories listed in the Scale of Benefits Table.

"Permanent Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/shc has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period.

"Pre-existing Disability" means a existing disability and consequence of such disability existing or known to exist at the commencement of the Policy period.

"Schedule" means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Persons, the Sum Insured, the period, coverage and the limits to which benefits under the Policy are subject to

"Sum Insured" means the sum as specified in the Schedule to this Policy against the name of the Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period against the respective benefit(s) for which the sum is mentioned in the Schedule to this Policy.

"Temporary Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that lasts temporarily for a certain period within twelve calendar months from the date of the accident.

## Scope of cover:

## 1) Basic Cover

If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by

circumstances of such loss. The Insured /Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumstance in his/her possession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

## 14) Position after a claim

All sums payable hereunder shall be payable in the case of-

- death or permanent total disablement, only after deleting by an endorsement the name of the Insured Person in respect of whom such sum shall become payable without any refund of premium;
- ii) permanent partial disablement, only after reduction of Capital Sum Insured, by an endorsement, by the amount admissible under the claim in respect of the Insured Person in respect of whom such sum shall become payable; and
- iii) temporary total disablement upon termination of such disablement

#### 15) Subrogation

In the event of any claim payment under this Policy, the Company shall be subrogated to all the Insured / Insured Person's rights or recovery thereof against any person or organization and the Insured / Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured / Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done all such acts and things as may be necessary and required by the Company, before or after indemnification, in enforcing or endorsing any rights or remedies or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

#### 16) Forfeiture of claims

If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided herein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

## 17) Cancellation/Termination

The Company may cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured at his / their last known address in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or fraud committed by any insured person associated with the policy or claim, in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. The Insured may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. Provided however that refund on cancellation of Policy by the Insured shall be made only if no claim has occurred up to the date of cancellation of this Policy.

Table of Short Period Scales								
Period of Risk	Premium to be Retained (% of the Annual Rate)							
Up to one month	25%							
Up to three months	50%							
Up to six months	75%							
Above six months	Full Annual Rate							

## 18) Currency of payment

All claims shall be payable in India in Indian Rupees only. No sum payable under this Policy shall carry interest.

## 19) Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and

conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court with in Indian Territory.

#### 20) Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they can not agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.

It is hereby agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss shall be first obtained.

The Company agrees and undertakes to pay claim subject to the maximum total Sum Insured under this Policy provided that Company is bound and liable to pay in accordance with the terms and conditions of this Policy only and only if a demand or claim on the Company in writing is made within 12 (twelve) months of the occurrence of any event giving rise to a claim hereunder.

#### 21) Renewal Notice

The Company shall not be bound to accept any renewal premium or to give notice that such is due, in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or non-payment of required premium. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration hereinbefore mentioned and that nothing is known to the Insured / Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

## 22) Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post or facsimile to-

- a) In case of the Insured / Insured Person, at the address given in the Schedule to the Policy.
- b) In case of the Company, to the Policy issuing office/nearest office of the Company.

Notice and instruction will be deemed served 7 days after posting or immediately on receipt in the case of hand delivery, facsimile or e-mail.

## 23) Customer Service

If at any time the Insured / Insured Person requires any clarification or assistance, the insured/ Insured Person may contact the Policy issuing office or any other office of the Company.

## 24) Grievances

In case the Insured / Insured Person is aggrieved in any way, the Insured / Insured Person may contact the Company at the specified address, during normal business hours. In case the Insured / Insured Person has not got his / her grievances redressed by the Company within 14 days, then he / she may approach the Insurance Ombudsman for the redressal of the same. A list containing the addresses of Offices of Ombudsman are attached to this Policy. Policy holder may also obtain copy of IRDA circular number 1385\_Gl-2002\_ENG dated 26-04-2002, notification on Insurance Regulatory and Development Authority (Protection of policy holders interests) Regulations, 2002.







Date: 02 May 2013

Policy Number: APG/I1252470/51/04/C1511Q

Client ID

M/s MODI PROPERTIES & INVESTMENTS PVT LTD 5 4 187/3&4 IIND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD 500003 ANDRA PRADESH SMS NP 02379750 TO 5667700

## M/s MODI PROPERTIES & INVESTMENTS PVT LTD.

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage.

Your GROUP PA policy No (APG/I1252470/51/04/C1511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your insurance coverage are available in the enclosed policy document.

Bharti AXA General Insurance combines the reputation of Bharti, India leading Business Conglomerate and the financial expertise of AXA, one of the largest insurers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance.

Bharti AXA GI has over 116 points of presence across India and is today amongst the fastest growing Insurance Companies in the country, with a premium Income of more than Rs. 300 Crores in the current financial year.

We are the 1st Insurance Company to come with the dual ISO 9001:2008 and ISO 27001:2005 certification so that we could offer our customers best in class service standards.

Our bouquet of 56 products covers all your Insurance needs whether it be Health, Motor, Personal Accident, Home Insurance, or any other insurance perfaining to your business activities. Our service network extends to cashless facilities in 3700 hospitals and 1800 garages across India where you can avail of preferential service.

We take pride in going the extra mile in our service and look forward to a lasting relationship.

Should you require any assistance / clarification on your policy or any information pertaining to our other products, please contact us at the numbers below:

Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA GENERAL INS COLLTD.

Contact : (Office) 080-40260100 (Res.) 080-40260100

Warm regards,

G. Rajagopal

Head-Operations and Claims



3rd Floor, 6-3-666/B/6,

Gokul Towers,

Punjagutta

Hyderabad-500082 Tel:+91 40 4433 7100Fax:040-44337101 Email: customer service@bharti-axagi.co.in redefining / general insurance

GROUP PA TAX INVOICE NEW BUSINESS Original

POLICY INFORMATION		
	licy No. : APG/	51/04/C1511Q

Source ; (03) 51001500

Insured : MODI PROPERTIES & INVESTMENTS PUT LID

Address : 5 4 187/364 IIND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-50003 ANDRA PRADESH

INDIA 500003

Period of Insurance

: From

Hours on 19/04/2013 To Midnight on 18/04/2014

Transaction No.

: 00001

Billing Currency

INR

Exchange Rate : 1.0000

	Prem			Cha							
								otal			
	INR										
					INR						
									INR		
	6.00		(5.1								
									6.86		

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

Issued by - ABSPL051 on 30/04/2013

(R)

Page 1



3rd Floor, 6-3-666/B/6,

Gokul Towers,

Punjagutta

Hyderabad-500082 Tel:+91.40.4433.7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in



GROUP PA POLICY SCHEDULE

1,400,000.00

NEW BUSINESS Original

POLICY INFORMATION	Policy No. : APG/I1252470/51/04/C1511Q
Source	(03) 51001500
Insured Address	: MODI PROPERTIES & INVESTMENTS PVT LTD : 5 4 187/3&4 IIND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESE
Period of Insurance	From Hours on 19/04/2013 To Midnight on 18/04/2014
PREMIUM	in che reggi en l'altre de la lactification de la lactification de la lactification de la lactification de la Lactification de la lactification de la lactification de la lactification de la lactification de la lactificat
Premium S.MAX 12.36% Total Payable	I INR 816.00 : INR 100.86 : INR 916.86
RISK DETAILS	
Type of Risk Name of Member Insure Date of Birth	: APC GROUP PA
Occupation Class Benefits	RISK CATEGORY I

Nature of business Construction Company

DEATH-PTD-PPD-TTD-MED

NO OF MEMBERS COVERED: 7

## CONDITIONS:

- 1) Named GPA -from the date of policy inception 6 employee's are covered under the policy --- list of the employees is attached with the Policy Copy as Annexure
- 2) Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.
- 3) TTD ---Weekly benefit is restricted to 1% of the sum

- insured or Rs 5000/-whichever is less perweek for 104 mags the account of the 4)Accidental medical expenses is covered up to 10% of SI or of Stamps (Acc Head 40% of claim amount or the actual whichever is less now in Rangalore Karnataka
- 5) All other terms and conditions of the GPA policy Will be galore Karnataka applicable

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

## IMPORTANT

This Schedule should be read in conjunction with the Terms and Conditions of the Policy.

Issued by ABSPL051 on 30/04/2013

(R)



general insurance



SMS → SERVICE > to 5667700

11 www.bharti axaguccun

# SmartPersonalAccident - Group Insurance Policy - Policy Wordings

#### Preamble

WHEREAS the Insured named in the Schedule hereto has made and/or caused to be made to Bharti AXA General Insurance Company Limited (hereinafter called the "Company") a written proposal as stated in the Schedule hereto (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein and has paid or agreed to pay, in such manner and within such time, as may be sped under the provisions of the Insurance Act, 1938 and the rules ma. Ithereunder to the Company the premium herein stated for the insurance specified beromafter for the period stated in the Schedule.

## Operative Clause:

The Company hereby agrees subject to the terms and conditions contained herein or endorsed or otherwise expressed hereon, to indemnify, compensate, pay and/or reimburse the Insured / Insured Person, his/her nominee or the legal representatives, as the case may be, in respect of insured events, occurring during the period of insurance stated in the Schedule, in the manner and to the extent set forth in this Policy.

## Definitions:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purpose of this Policy, the terms specified below shall have the meaning set forth:

"Accident" means a sudgen, unforeseen and unexpected physical event beyond the control of the Insured/Insured Person resulting in bodily injury. caused by external, visible and violent means.

"Bodily Injury" means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a Physician but does not include any sickness or disease

"Company" means Bharti AXA General Insurance Company Limited.

'y" means the Insured, his/her lawful spouse and maximum of two det , ...dant children below the age of 23 years.

"Insured" means the group, organization, institution, firm, society or body corporate engaged in any trade or business in India on whose name the policy is issued.

"Insured Person" means and includes the persons named in the Schedule to the Policy, who have a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid.

"Insured Event" means an event, loss or damage for which the Insured/Insured Person is entitled to benefit/s under the Policy.

"Medical Practitioner impans a person who holds a degree/diploma of a recognized institution and is registered with the Medical Council in respective states of India. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.

"Medical expenses" mean reasonable charges unavoidably incurred by the Insured/Insured Person for the medical treatment of bodily injury the subject matter of the claim either as an In-patient in a Hospital/ Nursing Home or as out-patient, and includes the costs of a bed; freatment and care by medical staff; medical procedures, Medical Practitioner's / Consultants fees. medicines and consumables including cost of pacemaker, cost of organs. artificial limbs etc. as long as these are recommended by the attending Medical Practitioner.

"Period of Insurance" means the Policy period defined hereunder.

"Policy period" means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance whichever is earlier.

"Policy" means this document of Policy describing the terms and conditions of this contract of insurance including the Company's covering letter to the Insured, if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal Form and any applicable endorsement thereon. The Policy contains details of the scope and extent of cover available to the Insured Person, the exclusions from the scope of cover and the terms and conditions

"Permanent Partial Disablement" means a bodily injury caused by accidental. external, rielent and visible means, which as a direct consequence thereof. disables any part of the limbs or organs of the body of the Insured Person and which falls into one of the categories listed in the Scale of Benefits Table.

"Permanent Total Disablement" means a bodily injury caused by accidental. external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident. with no hopes of improvement at the end of that period.

"Pre-existing Disability" means a existing disability and consequence of such disability existing or known to exist at the commencement of the Policy period.

"Schedule" means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Persons, the Sum Insured, the period, coverage and the limits to which benefits under the Policy are subject

"Sum Insured" means the sum as specified in the Schedule to this Policy against the name of the insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period against the respective benefities for which the sum is mentioned in the Schedule to this Policy.

"Temporary Total Disablement" means a bodily injury caused by accidental. external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he, she has no business or occupation, from attending to his/her usual and normal duties that lasts temporarily for a certain period within twelve calendar months from the date of the accident.

## Scope of cover:

## Basic Cover

If at any time during the currency of this Policy, the Insured Person shall sustain any bodily mjury resulting solely and directly from accident caused by

Posured Pérson or the legal representative of the insured/ Insured Person, as the case may be, towards claims for compensation for death or disablement arising due to an accidental bodily injury during the Policy period. All the exclusions applicable to the Policy will also be applicable to this benefit in so far as the accidental death or disablement is concorned.

e) Broken Bones: This benefit provides for payment of compensation, if bodily injury shall within twelve calendar months of its occurrence be the sole and direct cause of complete break of a bone. A broken bone refers to complete break of a bone and does not include a fracture. The compensation shall be a percentage of the Sum Insured specified for the Broken Bones as indicated below. The specific Sum Insured for the Broken Bones benefit will be specified in the Schedule to this Policy.

Payable Condition	% of Broken Bone Sum Insured payable as Compensation
Complete break of Neck, skull or spine	1.00%
Complete break of Hip	75%
Complete break of Jaw. pelvis, leg, ankle or knee	50%
Complete break of Cheekbone or shoulder	30%
Complete break of nose or collarbone	20%
Complete break of foot or hand bene	5%
Hi the case of established non-union of any of the above breaks other than Neck, skull or Spine, an adddonat	5%

#### Ma...num Liability under the Policy

Ine maximum liability under the Policy in case of a claim due to death will be Inned to 100% of the specified Sum Insured for death benefit (Capital Sum Insured) as mentioned in the Schedule to this Policy. However, any amount payable under Additional benefits (except under Broken Bones benefit will be payable in addition to the above compensation. In case of Double Indemnity benefit total compensation shall be limited to 200% of the Capital Sum Insured plus Additional benefits, if any, payable under Hospital Daily Case Allowance. Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to the Policy.

The maximum liability under the Policy in case of a claim due to Permanent Total Disablement will be limited to the specified Sum insured for Permanent Total Disablement benefit as mentioned in the Schedule to this Police. However, any amount payable under Additional benefits (except under Broken Bonies benefit) will be payable in addition to the above compensation. In case of Double Indemnity benefit the total compensation shall be limited to 20% of the Sum Insured for Permanent Total Disablement as mentioned in the Schedule to this Policy plus Additional benefits, if any, payable under thospital Darty Cash Allowance, Medical expenses and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule te this Policy.

The maximum liability under the Policy in case of a claim due to Broken Bones will be limited to the amount of compensation payable along with Additional behalfs, if any payable under Hospital Daily Cash Allowance, Medical cases and Legal expenses, where such additional benefits have been opted for and mentioned in the Schedule to this Policy. Where in case of a broken bone any compensation is payable by the Company either under death or under Permanent Total Disablement, then no payment will be made under Bones benefit.

## General Exclusions of the Policy applicable to all the benefits under the Policy.

PROVIDED ALWAYS THAT the Company shall not be liable under this Policy for

- Death or disablement resulting directly or morreetly caused by contributed to or aggravated or prolonged by child both or from pregnancy or maconsequence thereof.
- Compensation under more than one of the foregoing Clauses under the Basic Cover in respect of the same borood of disablement other than payments under Add-on covers (excluding Broken Bones).
- 2 Any other payment after a claim under one of the foregoing Clauses (a), by or d) of the Basic Cover has been admitted and become payable save for payments under free benefits and additional benefits. However, no payment under Broken bones benefit is payable under the above orgumstances.

- 4) Payment of weekly compensation until the total amount shall have been ascertained and agreed.
- 5). Any pre-existing disease / disability / accidental injury.
- 6) Accidental death or permanent disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- Accidental death or permanent disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- 8) Any claim in respect of accidental death or permanent disablement of the Insured Person
  - from intentional self-injury, suicide or attempted suicide
  - in whilst ander the influence of liquor or drugs or other intoricants
  - (ii) whilst engaging in aviation or ballooning whilst mounting that dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
  - (v) directly or indirectly, caused by venereal disease. AIDS or insanity
  - arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted feleny, not, crime, misdemeanour or civil commotion.
  - agonits, and in racing, hunting, mountaineering, ice hockey winter sports.
- 9) Any consequential loss or damage cost or expense of whatsoever nature.
- 10) Death or permanent disablement due to accidental injury arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all Kings. Princes and people of whatsoever nation, condition or quality.
- 11) Death or permanent disablement due to accidental moury directly or indirectly, caused by or contributed to by or arising from
  - innizing radiation or contamination by radioactivity from any inuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any selfsustaining process of nuclear fission;
  - i, nuclear weapons material.
- 12) Insured Person whilst engaging in speed contest or racing of any kind other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiting, deep sea using using hard helmet and breathing apparatus, polo, show and lice sports.
- 13) insured Person whilst flying or taking part in aerial activates (including cabin crew) except as a fare-paying passenger in a regular Schedüled airling or air charter company.
- 14) Any accident to an Insured Person which arises in the course of his/her occupation if his/her occupation falls within the following categories or involves the following activities: Air crew, ship crew, professional sportsman, diving, cil-rig platform and/or off-shore work, fire tiphting, police, naval, military, air force service or operations and any hazardous occupation.
- 15) The insurance under this Policy shall not extend to cover any benefit inder the Policy resulting directly or indirectly caused jby, contributed to or aggravated or prolonged by misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by Insured/Insured Person.

## Conditions

## 1) Duty of Disclosure

The Policy shall be built and void and no benefit shall be hayable in the event of untrue or incorrect statements, misrepresentation, misdescription or non-disclosure of any material particulars in the proposal form personal statement, declaration and connected occuments, or any material information having been withheld, or a claim being fraudulent any traudulent means or device being used by the histored/histored Person or any one acting on his/their behalf to obtain a penent under this Policy.



circumistance's of such loss. The Insured /Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumistance in his/her possession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the flability of the Company under this Policy.

#### 14) Position after a claim

All sums payable hereunder shall be payable in the case of

- i) death or permanent total disablement, only after deleting by an endorsement the name of the Insured Person in respect of whom such sum shall become payable without any refund of premium;
- iii permanent partial disablement, only after reduction of Capital Sum-Insured, by an endorsement, by the amount admissible under the clain: in respect of the Insured Person in respect of whom such sum shall become payable; and
- iii) temporary total disablement upon termination of such disablement

#### 15) Subrogation

In the event of any claim payment under this Policy, the Company shall be subrogated to all the Insured / Insured Person's rights or recovery thereof against any person or organization and the Insured / Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured / Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done all such acts and things as may be passary and required by the Company, before or after indemnification, in corong or endorsing any rights or remedies or of obtaining relief or indemnify, to which the Company shall be or would become entitled or subrogated.

## 16) Forfeiture of claims

If any claim is made and rejected and no court action or suit commenced within 12 menths after such rejection or, in case of arbitration taking place as provided herein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

## 17) Cancellation/Termination

The Company may cancel this Policy, by giving 16 days notice in writing by Registered Post Acknowledgment Due to the Insured at his / their last known address in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or fraud committed by any insured person associated with the policy or claim, in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. The Insured may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. Provided nowever that refund on cancellation of Policy by the sured shall be made only if no claim has occurred up to the date of uncellation of this Policy.

Table of	Short Period Scales
Period of Risk	Premium to be Retained (% of the Annual Rate)
Up to one month	25%
Up to three menths	50%
Up to six months	75%
Above six months	Full Annual Rate

## 18) Currency of payment

All claims shalf be payable in India in Indian Rupees only. No sumpayable under this Policy shall carry interest.

## 19) Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and

conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indiab law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court with in Iridian Territory.

### 20) Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they can not agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.

It is hereby agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss shall be first obtained.

The Company agrees and undertakes to pay claim subject to the maximum total Sum Insured under this Policy provided that Company is bound and liable to pay in accordance with the terms and conditions of this Policy only and only if a demand or claim on the Company in writing is made within 12 (twelve) months of the occurrence of any event giving rise to a claim hereunder.

#### 21) Renewal Notice

The Company shall not be bound to accept any renewal premium or to give notice that such is due, in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or non-payment of required premium. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration hereinbefore mentioned and that nothing is known to the Insured - Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

## 22) Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post or facsimile to

- a) In case of the Insured . Insured Person, at the address given in the Schedule to the Policy.
- b) In case of the Company, to the Policy issuing office/ nearest office of the Company.

Notice and instruction will be deemed served 7 days after posting or immediately on receipt in the case of hand delivery, facsimile or e-mail.

## 23) Customer Service

If at any time the Insured / Insured Person requires any clarification or assistance, the insured/ Insured Person may contact the Policy issuing office or any other office of the Company.

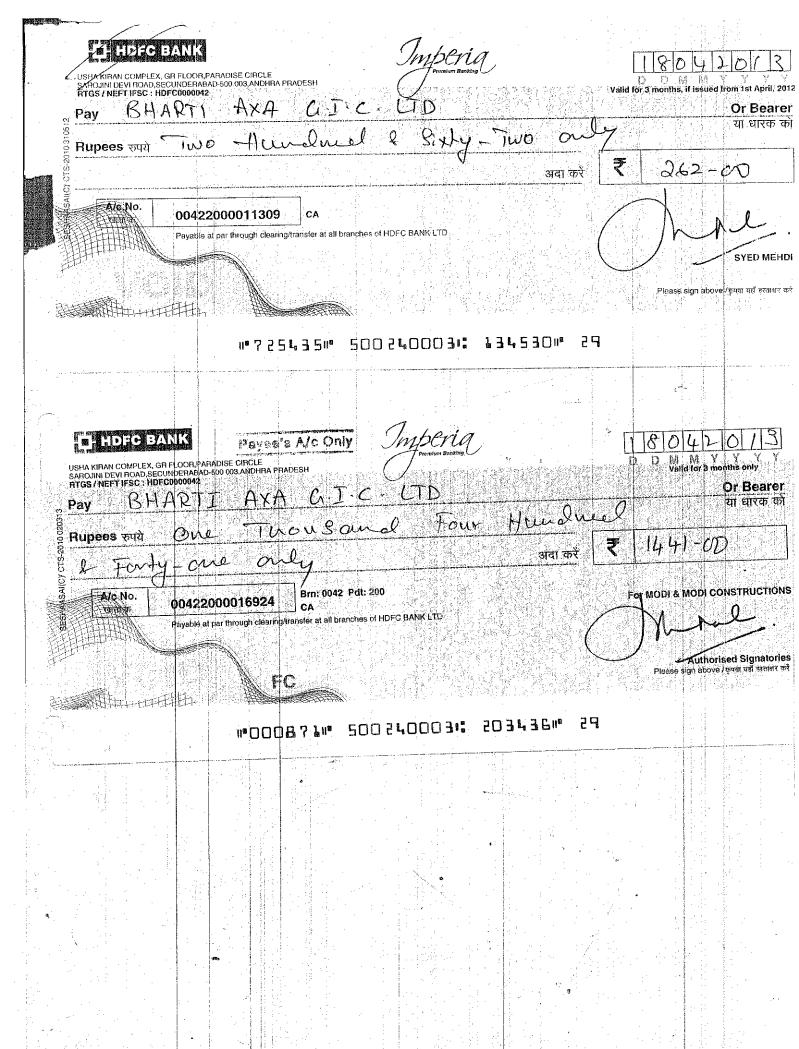
## 24) Grievances

In case the Insured / Insured Person is aggreed in any way, the Insured / Insured Person may contact the Company at the specified address, during normal business hours. In case the Insured / Insured Person has not got his / her grovances redressed by the Company with a 14 days, then he / she may approach the Insurance Ombudsman for the redressel of the same. A list containing the addresses of Offices of Ombudsman are attached to this Policy. Policy holder may also obtain copy of IRDA amoutar number 1385 GI 2002 ENG dated 26-04-2002, notification on Insurance Regulatory and Development Authority (Protection of policy holders) interests; Regulations, 2002.

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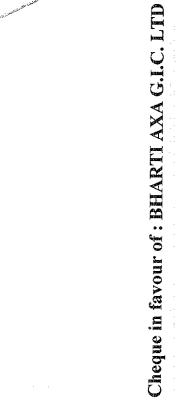
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Modi Properties & Investments Pvt. Ltd.	Pvt. Ltd.	
(GPA) Group Personal Accident Insurance Policy 2013 - 2014	t Insurance Policy 2013 - 2014	
Sum of Premium Amount		
Company	Total	
GMG	524	524
GWE	2751	751
KNM	1048	)48
MEHDI	262	262
MFH	1441	441
MNM	1441	441
MPIPL	216	117
PMR - II	1441	441
SOB	01:81	3.10
VISTA	2620	520
VSC	1572	572
Grand Total	15327	327
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Policy 2013 - 2014	Control of the Contro	N	Mehta & Modi Homes	Homes	
Phone No. 040 6633551 Fav 040 2754-038     CGPA) Group Personal Accident Insurance Policy 2013 - 2014     Name of the Employee Birth   Date of Birth   Date of Birth   Date of Birth   Date of 0501.1972   200,000   131.00   A Laxmis Sujudta     A Sunba Siva Rao   08.06.1976   200,000   131.00   A Laxmis Sujudta     Date of 04.12.1969   200,000   131.00   Choris Joseph     K Hemendta   12.04.1962   200,000   131.00   Choris Joseph     K Hemendta   12.04.1962   200,000   131.00   P. Salomi smyrna     D Mahesh Babu   25.05.1994   200,000   131.00   P. Salomi smyrna     D Mahesh Babu   25.05.1994   200,000   131.00   P. Salomi smyrna     D Mahesh Babu   12.04.1962   200,000   131.00   P. Salomi smyrna     D Mahesh Babu   12.05.1994   200,000   131.00   P. Salomi smyrna     D Mahesh Babu   13.07.1978   200,000   131.00   M. Salomi smyrna     D Mahesh Babu   13.07.1978   200,000   131.00   M. Salomi smyrna     D Mahesh Babu   13.07.1978   200,000   131.00   M. Salomi smyrna     D Mahesh Babu   13.07.1978   200,000   131.00   M. Salomi smyrna     D Mahesh Babu   22.02.1982   200,000   131.00   M. Salomi smyrna     D Mayornika   22.02.1982   200,000   131.00   Salomi smyrna     D Salva Kumar Goud   27.01.1988   200,000   131.00   Salomi smyrna     D Salva Kumar Goud   27.01.1988   200,000   131.00   M. Shani smyrna     D Shiva Shanker   17.05.1979   200,000   131.00   M. Pushpalath     D Shiva Shanker   17.05.1982   200,000   131.00   M. Pushpalath     D Shiva Shanker   17.05.1982   200,000   131.00   M. Pushpalath     D Shiva Shanker   17.05.1979   200,000   131.00   M. Pushpalath     D Shiva Shanker   17.05.1979   200,000   131.00   M. Pushpalath     D Shiva Shanker   17.05.1979   200,000   131.00   M. Pushpalath     D Shiva Shanker   17.05.10   M. Pushpalath     D Shiva Shanker   17.05.10   M. Pushpalath     D Shiva	1-7	187/3&4, II nd Fl	oor, Soham Mans	ion, MG Road, Sec'bad-3. A P.	
Name of the Employee   Birth   Sum Assured   Premium   Name of the Nominee   Birth   Sum Assured   Amount   Name of the Nominee   Birth   Sum Assured   Amount   Name of the Nominee   A Suresh   G5.01.1975   200,000   131.001 A Bhavani   Sughtha   G5.01.1975   200,000   131.001 A Laxni Sujutha   G4.12.1969   200,000   131.001 B.K. Hema   G4.12.1969   200,000   131.001 B.K. Hema   G6.65.1994   200,000   131.001 D. Malleshwari   G6.65.1971   200,000   131.001 D. Malleshwari   G6.65.1972   200,000   131.001 D. Malleshwari   G6.65.1973   200,000   131.001	The state of the s	Phone No	040 66335551,	ax 040 27544058	
Name of the Employee         Date of Birth         Sum Assured Annium         Premium Name of the Nominee           A Suresh         05.01.1975         200,000         131.00/A Bhavani           A Santa Siva Rao         08.405.1970         200,000         131.00/A Laxmi Sijatha           Thomas Joseph         04.12.1869         200,000         131.00/B K Hema           F Raj Kurnar         12.04.1962         200,000         131.00/B K Hema           P E Raj Kurnar         10.11.1976         200,000         131.00/B K Hema           D Malesh Babu         25.05.1994         200,000         131.00/B K Malleshwari           D Malesh Babu         25.05.1994         200,000         131.00/B Kami           M Srinivas Yadav         06.06.1971         200,000         131.00/B Kami           M Srinivas Yadav         06.06.1973         200,000         131.00/B Kami           J Pavean Kumar         10.07.1978         200,000         131.00/B Malleshwari           J Pavean Kumar         10.07.1978         200,000         131.00/B Walleshwari           J Pavean Kumar         10.07.1978         200,000         131.00/B Walleshwari           J Pavean Kumar         10.07.1978         200,000         131.00/B Walleshwari           J Laxmikarth         10.09.1966	5)	PA) Group Pers	onal Accident In	surance Policy 2013 - 2014	
Name of the Employee   Date of Sum Assured Amount   Name of the Nominee					
A Suresh         05.01.1975         200,000         131.00 A Bhavami           A Samba Siva Rao         08.06.1970         200,000         131.00 A Laxmi Sqiatha           Thomas Joseph         04.12.1969         200,000         131.00 B Cloria Joseph           K Hemendra         12.04.1962         200,000         131.00 B Cloria Joseph           K Hemendra         12.04.1962         200,000         131.00 B Cloria Joseph           D Mahesh Babu         25.05.1994         200,000         131.00 B Cloria Joseph           D Mahesh Babu         25.05.1994         200,000         131.00 B Cloria Joseph           M Srinivas Yadav         66.06.1971         200,000         131.00 B Cloria Joseph           M Srinivas Yadav         12.05.1983         200,000         131.00 B Cloria Joseph           T Dakshina Murthy         13.12.1983         200,000         131.00 B Cloria Joseph           T Dakshina Murthy         13.12.1983         200,000         131.00 B Cloria Joseph           K-Sarwamarayana Chary         10.07.1973         200,000         131.00 B Cloria Joseph           A Laxmikanth         13.07.1976         200,000         131.00 B Cloria Joseph           A Laxmikanth         22.02.1982         200,000         131.00 B Cloria Joseph           Selve Kumar <td></td> <td>Date of Birth</td> <td>Sum Assured</td> <td></td> <td>e Relation ship</td>		Date of Birth	Sum Assured		e Relation ship
A Samba Siva Rao         08.06.1970         200.000         131.00 A Laxmi Sujatha           Thomas Joseph         (44.12.1969)         200.000         131.00 Gloria Joseph           K Hemendra         (12.04.1962)         200.000         131.00 B K. Hema           P E Raj Kumar         (10.11.1976)         200.000         131.00 D Raleshwari           D Malesh Babu         25.05.1994         200,000         131.00 D Rami           M Srinivas Yadav         06.06.1971         200,000         131.00 D Rami           D. Pavan Kumar         12.03.1990         200,000         131.00 D Rami           T Dakshina Murthy         13.12.1983         200,000         131.00 D Rami           G Murali Mohan         10.07.1978         200,000         131.00 G Mallesh           K.Satvanarayana Chary         10.09.1966         200,000         131.00 G Mallesh           A Laxmikanth         26.06.1978         200,000         131.00 G Kavanth           A Laxmikanth         26.06.1979         200,000         131.00 G Kavitha           A Laxmikanth         22.02.1982         200,000         131.00 G Kavitha           A Vijay Kumar         30.07.1973         200,000         131.00 G Kavitha           A Vijay Kumar         30.11.1988         200,000	1 A Suresh	05.01.1975	200,000	131.00 A Bhavani	Wife
Thomas Joseph         (64.12,1969         200,000         131,00         H. K. Hema           K Hemendra         12.04,1962         200,000         131,00         H. K. Hema           P E Raj Kumar         10.11,1976         200,000         131,00         P. Salomi smyrna           D Mahesh Babu         25.05,1994         200,000         131,00         Malleshwari           M Srinivas Yadav         06.06,1971         200,000         131,00         Malleshwari           D Pavan Kumar         12.03,199g         200,000         131,00         J. Ramalamma           G Murali Mohan         10.07,1978         200,000         131,00         J. Kanalamma           G Murali Mohan         10.07,1978         200,000         131,00         J. Mallesh           Faveen Padhak         14.04,1978         200,000         131,00         K. Revanth           Praveen Padhak         14.04,1978         200,000         131,00         K. Revanth           A Laxmikanth         26.06,1979         200,000         131,00         K. Ravith           A Laxmikanth         26.06,1979         200,000         131,00         K. Ravith           A Vijay Kumar Goud         2701,1986         200,000         131,00         K. Ravith	2 A Samba Siva Rao	08.06.1970	200.000	131.00 A Laxmi Sujatha	Wife
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D. Pavan Kumar         12.03.1990         200,000         131.00 T Kamalamma           T Dakshina Murthy         13.12.1983         200,000         131.00 T Kamalamma           G Murali Mohan         10.07.1978         200,000         131.00 G Mallesh           K.Satvanaraxana Chary         10.09.1966         200,000         131.00 G Mallesh           Fraveen Pathak         14.04.1978         200,000         131.00 G Sai Leela           A Laxmikanth         26.06.1979         200,000         131.00 G Sai Leela           A Vijay Kumar         30.07.1973         200,000         131.00 G Savitha           A Vijay Kumar         30.11.1986         200,000         131.00 G Saitosh           A Vijay Kumar         30.11.1986         200,000         131.00 G Saitosh           A Vijay Kumar         30.11.1987         200,000         131.00 G Nirmala           G. Saitsh Kumar         30.11.1987         200,000         131.00 G Nirmala           D Shiva Shanker         17.05.1979         200,000		: 06.06.1971	200,000	131.00 M.Laxmi	Wife
T Dakshina Murthy         13.12.1983         200,000         131.00 T Kanalanma           G Murali Mohan         10.07.1978         200,000         131.00 G Mallesh           K.Satvanaravana Chary         10.09.1966         200,000         131.00 K Revanth           Praveen Pathak         14.04.1978         200,000         131.00 K Revanth           A Laxmikanth         26.06.1979         200,000         131.00 A Vani Sudha           A Laxmikanth         26.06.1979         200,000         131.00 A Vani Sudha           M Mounika         22.02.1982         200,000         131.00 A Vani Sudha           A Vijay Kumar         30.07.1973         200,000         131.00 S Kavitha           S. Navanitha         30.11.1988         200,000         131.00 S Santosh           K Purshotham         04.04.1985         200,000         131.00 K Pushpalatha           G. Sarish Kumar         30.11.1987         200,000         131.00 K Pushpalatha           D Shiva Shanker         17.05.1979         200,000         131.00 K Pushpalatha           P Ashwini         04.10.1988         200,000         131.00 K Pushpalatha		12.03.1990	200,000	131.00 D. Rani	Mother
G Murali Moham       10.07.1978       200,000       131.00       G Mallesh         E.Satvanarayana Chary       10.09.1966       200,000       131.00       K. Revanth         Pravean Pathak       14.04.1978       200,000       131.00       G Sai Leela         A Laxmikanth       26.06.1979       200,000       131.00       A Vani Sudha         A Laxmikanth       22.02.1982       200,000       131.00       A Vani Sudha         M Mounika       22.02.1982       200,000       131.00       K Rumara Swamy         I Selva Kumar       30.07.1973       200,000       131.00       S Ravitha         A Vijay Kumar Goud       27.01.1986       200,000       131.00       S Santosh         K Purshotham       04.04.1985       200,000       131.00       K Pushpalatha         G. Sarish Kumar       30.11.1987       200,000       131.00       K Pushpalatha         G. Sarish Kumar       30.11.1987       200,000       131.00       Manjula         P Ashwini       04.10.1988       200,000       131.00       Paraswathi		13.12.1983	200.000	131.00 T Kamalamma	Mother
K. Satyanarayana Chary         10.09.1966         200,000         131.00 K. Revanth           Praveen Pathak         14.04.1978         200,000         131.00 Yamuna           G Jagdish         13.07.1976         200,000         131.00 G Sai Leela           A Laxmikanth         26.06.1979         200,000         131.00 G Sai Leela           M Mounika         22.02.1982         200,000         131.00 M. Kumara Swamy           J Selva Kumar         30.07.1973         200,000         131.00 S. Kavitha           A Vijay Kumar Goud         27.01.1986         200,000         131.00 S. Santosh           S. Navanitha         30.11.1987         200,000         131.00 K. Pushpalatha           G. Satish Kumar         30.11.1987         200,000         131.00 K. Pushpalatha           D Shiva Shanker         17.05.1979         200,000         131.00 Manjula           P Ashwini         04.10.1988         200,000         131.00 Manjula           P Ashwini         24.10.1988         200,000         131.00 Manjula		10.07.1978	200,000	131.00 G Mallesh	Father
Praveen Pathak         14.04.1978         200,000         131.00         Sai Leela           G Jagdish         13.07.1976         200,000         131.00         G Sai Leela           A Laxmikanth         26.06.1979         200,000         131.00         A Vanis Sudha           M Mounika         22.02.1982         200,000         131.00         A Vanis Samiy           J Selva Kumar         30.07.1973         200,000         131.00         S Ravitha           A Vijay Kumar Goud         27.01.1986         200,000         131.00         S Santosh           S. Navanitha         30.11.1987         200,000         131.00         K Pushpalatha           G. Satish Kumar         30.11.1987         200,000         131.00         G. Nirmala           D Shiva Shanker         17.05.1979         200,000         131.00         Manjula           P Ashwini         04.10.1988         200,000         131.00         P Saraswathi		9961.60.01	200,000	131.00 K. Revanth	Son
G Jagdish       13.07.1976       200,000       131.00 G Sai Leela         A Laxmikanth       26.06.1979       200,000       131.00 M. Kumara Swamy         M Mounika       22.02.1982       200,000       131.00 M. Kumara Swamy         J Selva Kumar       30.07.1973       200,000       131.00 S Kavitha         A Vijay Kumar Goud       27.01.1986       200,000       131.00 S Santosh         S. Navanitha       30.11.1987       200,000       131.00 K Pushpalatha         G. Satish Kumar       30.11.1987       200,000       131.00 G Nirmala         D Shiva Shanker       17.05.1979       200,000       131.00 Manjula         P Ashwini       04.10.1988       200,000       131.00 P Saraswathi	1	14.04.1978	200,000	131.00 Yamuna	Wife
A Laxmikanth         26.06.1979         200,000         131.00 A Vani Sudha           IM Mounika         22.02.1982         200,000         131.00 M. Kumara Swamy           I Selva Kumar         30.07.1973         200,000         131.00 K. Ravitha           A Vijay Kumar Goud         27.01.1986         200,000         131.00 S. Santosh           S. Navanitha         30.11.1988         200,000         131.00 S. Santosh           G. Satish Kumar         30.11.1987         200,000         131.00 K. Pushpalatha           D Shiva Shanker         17.05.1979         200,000         131.00 Manjula           P Ashwini         04.10.1988         200,000         131.00 P. Saraswathi	]	13.07.1976	200,000	131.00 G Sai Leela	Wife
IM Mounika         22.02.1982         200,000         131.00         M. Kumara Swamy           I Selva Kumar         30.07.1973         200,000         131.00         S. Ravitha           A Vijay Kumar Goud         27.01.1986         200,000         131.00         S. Santosh           S. Navanitha         30.11.1988         200,000         131.00         S. Pushpalatha           K. Purshotham         04.04.1985         200,000         131.00         K. Pushpalatha           G. Satish Kumar         30.11.1987         200,000         131.00         G. Nirmala           D Shiva Shanker         17.05.1979         200,000         131.00         Manjula           P Ashwini         04.10.1988         200,000         131.00         P. Saraswathi	"	26.06.1979	200,000	131.00 A Vani Sudha	Wite
I Selva Kumar         30.07.1973         200,000         131.00 S. Kavitha           A Vijay Kumar Goud         27.01.1986         200,000         131.00 S. Ranio           S. Navanitha         30.11.1988         200,000         131.00 S. Santosh           K. Purshotham         04.04.1985         200,000         131.00 K. Pushpalatha           G. Satish Kumar         30.11.1987         200,000         131.00 G. Nirmala           D Shiva Shanker         17.05.1979         200,000         131.00 Manjula           P Ashwini         04.10.1988         200,000         131.00 P. Saraswathi           2882.00         2882.00	1	22.02.1982	200,000	131.00 M. Kumara Swamy	Wife
A Vijay Kumar Goud         27.01.1986         200,000         131.00 S Santosh           S. Navanitha         30.11.1988         200,000         131.00 S Santosh           K Purshotham         04.04.1985         200,000         131.00 K Pushpalatha           G. Satish Kumar         30.11.1987         200,000         131.00 G Nirmala           D Shiva Shanker         17.05.1979         200,000         131.00 Manjula           P Ashwini         04.10.1988         200,000         131.00 P Saraswathi           2882.00         2882.00		30.07.1973	200,000	131.00 S Kavitha	Wife
S. Navanitha       30.11.1988       200,000       131.00 S Santosh         K. Purshotham       04.04.1985       200,000       131.00 K Pushpalatha         G. Satish Kumar       30.11.1987       200,000       131.00 G Nirmala         D Shiva Shanker       17.05.1979       200,000       131.00 Manjula         P Ashwini       04.10.1988       200,000       131.00 P Saraswathi		27.01.1986	200,000	131.00 A.S.Rani	Mother
K Purshotham         04.04.1985         200,000         131.00 K Pushpalatha           G. Satish Kumar         30.11.1987         200,000         131.00 G. Nurmala           D Shiva Shanker         17.05.1979         200,000         131.00 Manjula           P Ashwini         04.10.1988         200,000         131.00 P Saraswathi           2882.00         2882.00		30.11.1988	200,000	131,00 S Santosh	Husband
G. Satish Kumar       30.11.1987       200,000       131.00 G. Nirnala         D Shiva Shanker       17.05.1979       200,000       131.00 Manjula         P Ashwini       04.10.1988       200,000       131.00 P Saraswathi         2882.00       2882.00	-	04.04.1985	200,000	131.00 K. Pushpalatha	Wife
D Shiva Shanker 17.05.1979 200,000 131.00 Manjula P Ashwini 04.10.1988 200,000 131.00 P Saraswathi 2882.00		30.11.1987	200,000	131.00 G. Nirmala	Mother
P. Ashwini		17.05.1979	200,000	131.00 Manjula	Wife
2882.00		04.10.1988	200,000	131.00 P Saraswathi	Mother
				2882.00	



				Relation ship	Wife	Wife	Wife	daughter	Wife	Wife	Husband	
Modi Properties & Investments Pvt. Ltd.	5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sw'bad-3. A P.	Phone No. 040 66335551 Fax 040 27544058	(GPA) Group Personal Accident Insurance Policy 2013 - 2014	Premium Name of the Nominee Amount	131.00 G. Dhana Lakshmi	131.00 Arma	131.00 G. Deepika	131.00 K Pravallika	131.00 K Indu Bai	131.00 D. Shantamma	131.00 G Narasimha	917.00
erties & Inves	or, Soham Mansi	040 66335551 F	nal Accident In	Sum Assured	200,000	200,000	200,000	200,000	200,000	200,000	200,000	
Modi Prop	17/3&4, II nd Flo	Phone No.	A) Group Perso	Date of Birth	15.08.1957	27.06.1975	28.07.1980	06.02.1974	01.06.1980	01.01.1966	10.01.1968	
	81-1-5	A Proposition of the Control of the	(GP	Name of the Employee	G Kanaka Rao	M. Jayaprakash	G.Jai Kumar	Arma	K Martand	B Shekappa	G. Swaroopa	COMMERCE AND
				SI.No.	_	Č	m	4	10	9	-	



			Vista Homes	ies	
	\$4-1	87/3&4. II nd Flo	or, Soham Mans	5-4-187/5&4, II nd Floor, Soham Mansion, MG Road, Sec'had-3. A P.	
	12.50	Phone No	.040 66335551,	Phone No. 040 66335551, Fax 040 27544058	
ļ	15)	A) Group Pers	onal Accident In	(GPA) Group Personal Accident Insurance Policy 2013 - 2014	
SLNo	Name of the Employee	Date of Birth	Sum Assured	Premium Name of the Nominee Amount	Relation ship
_	A Ramesh	24.05.1972	200,000	131.00 A Rajeshwari	Wife
H	K Suneel Kurnar	30.03.1975	200,000	131.00 Tulasi	Wife
m	A Gopi	15.11.1980	200,000	131.00 A. Babu	Father
	M Keerthi	09.05.1986	200.000	131.00 M Laxmi	Mother
'n	D Karunakar Reddy	17.07.1982	200,000	131.00 Bharathanna	Mother
ô	T Madhu	09.08.1984	200,000	131.00 T Bhantamna	Mother
1	M. Nagalaxmi	22.10.1973	200.000	131.00 M Srinivas	Liusband
20	D. Rohit	16.10.1990	200,000	131.00 D. Sarala	Mother
0	Neelesh K. Dave	05.01.1981	200,000	131.00 S K Dave	Mother
2	'G. Sangeetha	21.11.1986	200,000	131.00 G. Parijatham	Mother
=	M. Krishna	21.09.1982	200,000	131.00/M. Suguna	Mother
2	G B Rambabu	06.11.1958	200,000	131.00 Jvothi	Wife
5	M Srinivas Rao	01.07.1962	200,000	131.00 Rajani Devi	Wife
14		17.06.1971	200,000	131.00 L Kalavathi	Mother
15	V Ravi	14.08.1985	200,000	131.00 V Sarojana	Mother
19	V Sunitha	30.06.1979	200,000	131.00 V Advaith	Son
17	B. Mallikarjun	14.11.1982	200,000	131.00 Sridevi	Wife
83.	Y V Shailaja	24.02.1977	200,000	131.00 Y V Draksha	Mother
19	R. Sanjay Kumar	31.12.1983	200,000	131.00 R. Pushpa	Mother
20	1	. 09.09.1960	200,000	131.00 K Padmaja	Wife
				2620.00	



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	1-+-5	187/3&4, II nd Fl Phone No	4, 11 nd Floor, Soham Mansion, MG Road, Ser Phone No. 040 66335551, Fax 04th 27544058	5.4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3, A.P. Phone No. 040 66335551, Fax 040 27544058	
	5)	PA) Group Pers	sonal Accident Ins	(GPA) Group Personal Accident Insurance Policy 2013 - 2014	
Name	Name of the Employee	Date of Birth	Sum Assured	Premium Name of the Nominee Amount	Relation ship
in his	White Mahmood	10.07.1964	200,000	131.00 K. Nasreen	Wife
M Poons	- South	27.07.1982	200,000	131.00 M Chandrakalu	Mother
1	- Programme	21.08 1989	200.000	131.00 D Jaya laxmi	Mother
D. Mannionan	Olkin	0201.0012		131.00 Raieswari	Mother
N Kaj Kumar	ımar	20.12.1277		131 On B Subasini	Mother
Mural	B. Murali krishna	25.01.1981		1 of American	Mother
Mohd Khaia	haia	23.01.1991	200,000	151.00 Zaillab bee	2,252
At Make and or	ac jour	20.07.1978	200,000	131.00 M Sabitha	Wile
Matte	IVI IVINITERIACI	06.01.1979		131.00 N Narsimha	Father
				1048.00	AL DESIGNATION OF THE PERSON O



	Sec'bad-3, A P.	2013 - 2014		Name of the Nominee Relation ship	131.00 M. Baswarai	Mother Mosantha	IN VACUATION	131.00 G. Swetha	131.00 K. Saritha Reddy	Daughter Davani	Linchand	131,00 P. madhu	131 00 K Purshotham Husband	131 (I) Ch Renuka	Mother Mother	Distriction (ACE)	131.00 B. Manjula	131.00 J Ramulanuna Mother	
Paramount Estates	5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, See bad-3. A P.	Phone No. 040 00000001 Fax 040 = 004000	(GPA) Group Personal Accident hisulance Lance 2012	Date of Sum Assured Amount	200 000	000 000	06.04.1985 200,000 151.05	04.07.1978 200,000 131.00	200 000	000 000	13.09.1974	29.06.1985 200,000 131.00	000.000	200,000	200,002	31.05.1985 200.007	06.04 1967 200.000 131.00	200 000	
A PARTY AND A PART	5-4-187		(GPA	SLNo. Name of the Employee		M. Nagarjuna	2 K Shirish Kumar	2 C Vinn Par	S C. Vilavival	4 K Prabhaker Keddy	5 Uma Maheshwari	7. Morrogatho	C E. Ivavancena		8 Ch Kamesh	o N Hamsa	٦,		J Stunvas



				Relation ship	Wife	Wife	Mother	Wife	Mother	Daughter	Wife	(377.63	W.11C	Mother	Mother	Mother		
Sa	54-187/3&4. II nd Floor, Soham Mansion, MG Road, See bad-3. A P.	Phone No. 040 66535551 Jrax 040 4 7544056	(GPA) Group Personal Accident Insurance Policy 2013 - 2014	Premium Name of the Nominee Amount	131,00 P Uma devi	131.00 R. Lalithamma	131.00 S Sucharitha	131.00 Ch Vimala	131.00 K Chinamma	. 131 (0) Srinidhi	121 Of W Line Davis	DITONIN CINE DEVI	131.00 Sushma	131.00 K Uma Devi	131.00 R. Pushpa	131,00 'B. Laxmi	00.1+11	
Alpine Estates	Soham Mansic	40 6655599 04	al Accident Ins	Sum Assured	200,000	200,000	200,000	200.000	200 000	000 000	000,000	200,000	200,000	200,000	200,000	200,000		
	7/3&4, II nd Floor	Phone No. 0	A) Group Person	Date of S	9761 01 20	16.11.1958	0.4.17.1977	05.03.1974	19 03:1081	100.00.1001	79.09.1307	05.05.1974	03.11.1984	14,03,1989	11.04.1985	\$861 ZO FO		
	54-187		(GPA) Group	(GPA) Group	Name of the Employee	D D amoch	r Naturesti D Daghungth	N. Naghtmant	Off X antedwarm Dadle	Train and all and	K venkaut nagi neukiy	Swathi	K Gopi Krishna	D Rai Kumar	K Manoi Kumar	D D and	D Dain Doddy	D India Incide
				Sl.No.	-	-, r	4 7	~   -	ar ,	0	9	r·~	000	: :	× =	= =		



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	81-1-5	7/3&4 11 nd Floor	Soham Mansic	5-1-187/324 Hnd Floor, Soham Mansion, MG Road, Sec'bad-3, A P.	d-3, A P.	
		Phone No. 0	40 66335551 Pc	Phone No. 040 66335551. Fax 040 27544058		
	(GP	A) Group Person	al Accident Ins	(GPA) Group Personal Accident Insurance Policy 2013 - 2014	-2014	
SI.No. Name o	Name of the Employee	Date of S.	Sum Assured	Premium N. Amount	Name of the Nominee	Relation ship
1 Round Prakash	nsh	14.07.1972	200,000	131.00 Sulakshana Ranjith	shana Ranjith	Wife
7 P Harry Daniel	iei	21.09.1966	200,000	131.00 Christina Philip	ina Philip	Wife
	vana	09.09.1976	200,000	131.00 T Pallavi	avi	Wife
4 M Suresh		30.05.1980	200,000	131.00 Rajeswari	wari	Mother
1	lma	02.12.1982	200,000	131.00 M Kalyam	lyam	Wife
	117	02.08.1969	200,000	131.00 S Gopal Rao	oal Rao	Husband
	umar Netha	15.10.1971	200,000	131.00 A. Someshwari	meshwan	Wife
		21.01.1988	200,000	131.00 Bikshapathi	apathi	Husband
1		07.02.1984	200,000	131.00 G. Naga Lakshmi	iga Lakshini	Mother
١.		18.08.1978	200,000	131.00 G Vishm	shnu	Brother
		08.02 1980	200,000	131.00 Sujatha	ptl	Wife
1		20101078	200 000	131.00 B. Kavitha	avitha	Wife
12 Degraen	1101	01101983	200,000	131.00 B. Susheela	isheela	Mother
13 D Flaveen		02.06.1981	200.000	131.00 Samreen Sultana	een Sultana	Wife
	otto	16.03.1982	200.000	131.00 A Laxmi	xmi	Mother
l	mar	04.07.1984	200.000	131.00 D Bala	ıla	Mother
1	Jevi	29.12.1988	200,000	131.00 N Krishnaveni	ishnaveni	Mother
		09.07.1982	200,000	131.00 P Mamatha	unatha	Wife
	nar	01.06.1969	200,000	131.00 M. Sarala	arala	Wife
•	Δ	04.01.1970	200,000	151.00 K Vijaya	ıjaya	Wife
	ishna	20.05.1978	200,000	131.00 I Govardhani	vardhani	Wife
1						
				00 455		



		NO.	Modi & Modi Constructions	STRICTIONS	
	3-4-1	87/3&4. II nd Flo	or. Soham Mansi	5.4-187/3.8-4 II nd Floor, Soham Mansion, MG Road, Sec'bud-3. A.P.	
		Oh anortd	Phone No. ()40 66335551 Fax 040 27544058	nx 040 27544058	
	9	PA) Group Perso	onal Accident Ins	(GPA) Group Personal Accident Insurance Policy 2013 - 2014	
SI.No. Name of the Employee	Employee	Date of Pirth	Sum Assured	Premium Name of the Nominee	Relation ship
1 Kowadi Vadaoin		05 06 1974	200,000	131.00 K Manjula	Wife
1 K Krishna Prasad		16 06.1964	200.000	131.00 K Jayasree	Wife
N Raive layini		24.04.1978	200,000	131.00 N. Venkat Kaundinya	husband
A M Mogramala		04.06.1987	200.000	131,00 N. Krishnaveni	Mother
Z D Corlonardam		07.07.1982	200,000	131.00 G. Swaroopa	Sister
		11.03.1990	200.000	131.00 G. Rajyalaxmi	Mother
O G Notisitiv		0708.1065	2007000	131 00 M Kusuma Devi	Wife
/ Mana Reduy		15.08.1962	200 000	131.00 M D N S S Kalvani	Sister
O A D Wil-os Kumar		05 11 1982	200,000	131,00 A R Swaraja Laxmi	Mother
		10.06.1983	200,000	131.00 Ch Raji Reddy	Father
		26.04.1980	200,000	131.00 T. Suhasini	Wife
ļ				141.00	



	р.			Name of the Nominee Relation ship		The state of the s	vmi Mother	Mother		an Husband	Iv Father		
nres	5-4-187/3&4, [Ind Floor, Soham Mansion, MG Road, Sec'bad-3, A P.	Phone No. 040 66335551 Fax 040 27544058	(GPA) Groun Personal Accident Insurance Policy 2013 - 2014	Premium Name o	Amount		131.00 M Vijaya laxmi		[51.00 Kajanina	131.00 P Man Mohan			524.00
Modi Ventures	or. Soham Man	040 66335551	onal Accident I		Sum Assured		200.000	0 0 0 0	200,000	200.000	000 000	200,000	
	37/3&4 II nd Fle	Phone No.	A) Group Perso	Date of	Birth		1703 1988	00/1:00/1	12.04.1981	02 07 1982	07.09.1984	07.09.1984	
The second secon	3 - + 5		dS)		Name of the Employee		A C Described Daken	M rtavecii Dauu	N Narendar Reddy	D Curso continue	r Sice swapiid	K Jagdishwar Reddy	
					.No.		-		r-I	c	٦	य:	



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	54-187/3&4. II nd F	loor, Soham Mansi	54-187/3&4. II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A P.	
	Phone	Phone, No. 040 66335551 Fax 040 27544058	ax 040 27544058	
	(GPA) Group Per	sonal Accident Ins	(GPA) Group Personal Accident Insurance Policy 2013 - 2014	
SINo. Name of the Employee	lovee Date of	Sum Assured	Premium Name of the Nominee	Relation ship
12.	17 08 1087	200,000	131 00 K Java Laxini	Mother
K Stavan Kunku	70,00,1707			11/163
2 P.Raghu	10.10,1964	200,000	131.00 Suntha	AA II C
2			262.00	



Date: 14 May 2012

Policy Number: APG/I0889122/51/04/C1511Q

Tient ID: 0237975



M/s MODI PROPERTIES AND INVESTMENTS 5 4 187/3&4 IIND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH

M/s MODI PROPERTIES AND INVESTMENTS,

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage.

SMS NP

02379750 TO 5667700

Your GROUP PA policy No (APG/10889122/51/04/C1511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your Insurance coverage are available in the enclosed policy document.

Bharti AXA General Insurance combines the reputation of Bharti, India leading Business Conglomerate and the financial expertise of AXA, one of the largest insurers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance.

Bharti AXA GI has over 116 points of presence across India and is today amongst the fastest growing Insurance Companies in the country, with a premium Income of more than Rs. 300 Crores in the current financial year.

We are the 1st Insurance Company to come with the dual ISO 9001:2008 and ISO 27001:2005 certification so that we could offer our customers best in class service standards.

Our bouquet of 56 products covers all your Insurance needs whether it be Health, Motor, Personal Accident, Home Insurance, or any other insurance pertaining to your business activities. Our service network extends to cashless facilities in 3700 hospitals and 1800 garages across India where you can avail of preferential service.

We take pride in going the extra mile in our service and look forward to a lasting relationship.

Should you require any assistance / clarification on your policy or any information pertaining to our other products, please contact us at the numbers below:

Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA DIRECT A/C-HYDERABAD Contact: (Office) 918040260100 , (Res.) 918040260100

Warm regards,

G. Rajagopal

Head-Operations and Claims

# BHARTI AXA GENERAL INSURANCE COMPANY LTD 3rd Floor, 6-3-666/B/6,

Gokul Towers, Punjagutta

Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in

GROUP PA TAX INVOICE NEW BUSINESS Original

POLICY INFORMATION	Policy No. : APG/I0889122/51/04/C1511Q	
Source	: (03) 51000879	
Insured	: MODI PROPERTIES AND INVESTMENTS	
Address	: 5 4 187/3&4 IIND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH INDIA 500003	
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/04/	2013
Transaction No.	: 00001	
Billing Currency	: INR Exchange Rate : 1.0000	
Gross Premium INR	Charges Total Payable	
700.00	(S.TAX 12.36%) 86.52 786.52	

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

INB2743 on 14/05/2012 Issued by

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in GROUP PA
POLICY SCHEDULE
NEW BUSINESS
Original

POLICY INFORMATION	Policy No. : APG/I0889122/51/04/C15110	
Source	: (03) 51000879	:
Insured	: MODI PROPERTIES AND INVESTMENTS	
Address	: 5 4 187/3&4 IIND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH	
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/04/2	013
PREMIUM		
Premium	: INR 700.00	
S.TAX 12.36%	: INR 86.52	
Total Payable	: INR 786.52	
RISK DETAILS		
Type of Risk	: APG GROUP PA	
Name of Member Insured	: NAMED GPA	
Date of Birth		1 1
Occupation	: RISK CATEGORY I	
Class	: 01	
Benefits	Capital Sum Insured (	
DEATH+PTD+PPD+TTD+MED	1,200,000	0.0

NATURE OF BUSINESS: Construction Company

NO OF MEMBERS COVERED:06

### CONDITIONS:

- 1 Named GPA -from the date of policy inception 6
   employee's are covered under the policy---- list of the
   employees is attached with the Policy
- 2 Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.
- 3.TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104 week
- 4.Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less
- 5.All other terms and conditions of the GPA policy will be applicable

EMP NAME	DOB	S.I	MED
G Kanaka Rao	15.08.1957	200000	YES
M. Jayaprakash	27.06.1975	200000	YES
Uma Maheshwari	13.09.1974	200000	YES
K Martand	01.06.1980	200000	YES
B Shekappa	01.01.1966	200000	YES

3rd Floor, 6-3-666/B/6, Gakul Towers, Pünjagutta Hyderabad-500082 Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in

GROUP PA POLICY SCHEDULE NEW BUSINESS Original

Policy No.: APG/I0889122/51/04/C1511Q

10.01.1968 200000 YES G. Swaroopa

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

IMPORTANT :

This Schedule should be read in conjunction with the Terms and Conditions of the Policy.

INB2743 on 14/05/2012 Issued by

14 May 2012 Date:

APG/I0889172/51/04/C1511Q Policy Number:

Client ID:

02380916



/S SYED MEHDI & RAZIABANO 16/1/2/BMUSHEERABAD HYDERABAD-500020 ANDRA PRADESH

M/s M/S SYED MEHDI & RAZIABANO,

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage.

SMS NP

02380916 TO

5667700

Your GROUP PA policy No (APG/10889172/51/04/C1511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your Insurance coverage are available in the enclosed policy document.

Bharti AXA General Insurance combines the reputation of Bharti, India leading Business Conglomerate and the financial expertise of AXA, one of the largest insurers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance.

Bharti AXA GI has over 116 points of presence across India and is today amongst the fastest growing Insurance Companies in the country, with a premium Income of more than Rs. 300 Crores in the current financial year.

We are the 1st Insurance Company to come with the dual ISO 9001:2008 and ISO 27001:2005 certification so that we could offer our customers best in class service standards.

Our bouquet of 56 products covers all your Insurance needs whether it be Health, Motor, Personal Accident, Home Insurance, or any other insurance pertaining to your business activities. Our service network extends to cashless facilities in 3700 hospitals and 1800 garages across India where you can avail of preferential service.

We take pride in going the extra mile in our service and look forward to a lasting relationship.

Should you require any assistance / clarification on your policy or any information pertaining to our other products, please contact us at the numbers below:

Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA DIRECT A/C-HYDERABAD Contact: (Office) 918040260100 , (Res.) 918040260100

Warm regards,

G. Rajagopal

# BHARTI AXA GENERAL INSURANCE COMPANY LTD 3rd Floor, 6-3-666/B/6,

Gokul Towers,

Punjagutta
Hyderabad-500082
Tel:+91 40 4433 7100Fax:040-44337101
Email: customer.service@bharti-axagi.co.in

GROUP PA TAX INVOICE NEW BUSINESS Original

POLICY INFORMATION	Policy No. : APG/I0889172/51/04/C1511Q
Source	: (03) 51000879
lnsured	: M/S SYED MEHDI & RAZIABANO
Address	: 1 5 16/1/2/B  MUSHEERABAD  HYDERABAD-500020  ANDRA PRADESH  INDIA 500020
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/04/2013
Transaction No.	: 00001
Rilling Currency	: INR Exchange Rate : 1.0000

-	Districting ourself				
	Gross Premium		Charges INR	Total Payable INR	
	233.00	(S.TAX	12.36%) 28.80	261.80	

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

INB2743 on 14/05/2012 Issued by

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bhartí-axagi.co.in

GROUP PA
POLICY SCHEDULE
NEW BUSINESS
Original

Capital Sum Insured (INR)

400,000.00

POLICY INFORMATION	Policy No. : APG/10889172/51/04/C1511Q
Source	: (03) 51000879
Insured	: M/S SYED MEHDI & RAZIABANO
Address	: 1 5 16/1/2/B MUSHEERABAD HYDERABAD-500020 ANDRA PRADESH
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/04/2013
PREMIUM	
Premium	: INR 233.00
S.TAX 12.36%	: INR 28.80
Total Payable	: INR 261.80
RISK DETAILS	
Type of Risk	: APG GROUP PA
Name of Member Insured	: NAMED GPA
Date of Birth	
Occupation	: RISK CATEGORY I
Class	: 01

NATURE OF BUSINESS:02

DEATH+PTD+PPD+TTD+MED

NO OF MEMBERS COVERED:02

#### CONDITIONS:

Benefits

- 1 Named GPA -from the date of policy inception 2
  employee's are covered under the policy---- list of the
  employees is attached with the Policy
- 2 Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.
- 3.TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104 week
- 4.Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less
- 5.All other terms and conditions of the GPA policy will be applicable
- 6.Transfer of Mortal Remains is covered up to RS 5000 OR The Actual Whichever is Less

EMP NAME DOB DOJ S.I MED P Harry Daniel 21.09.66 16/04/12 200000 YES Praveen Pathak 14.04.78 16/04/12 200000 YES

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in

GROUP PA POLICY SCHEDULE NEW BUSINESS Original

Policy No.: APG/10889172/51/04/C1511Q

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

IMPORTANT :

This Schedule should be read in conjunction with the Terms and Conditions of the Policy.

INB2743 on 14/05/2012 Issued by

Date: 14 May 2012

Policy Number: APG/I0889328/51/04/C1511Q

Client ID:

02379702



M/s ALPINE ESTATES 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH

M/s ALPINE ESTATES,

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage.

SMS NP

02379702 TO

5667700

Your GROUP PA policy No (APG/I0889328/51/04/C):511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your Insurance coverage are available in the enclosed policy document.

Bharti AXA General Insurance combines the reputation of Bharti, India leading Business Conglomerate and the financial expertise of AXA, one of the largest insurers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance.

Bharti AXA GI has over 116 points of presence across India and is today amongst the fastest growing Insurance Companies in the country, with a premium Income of more than Rs. 300 Crores in the current financial year.

We are the 1st Insurance Company to come with the dual ISO 9001:2008 and ISO 27001:2005 certification so that we could offer our customers best in class service standards.

Our bouquet of 56 products covers all your Insurance needs whether it be Health, Motor, Personal Accident, Home Insurance, or any other insurance pertaining to your business activities. Our service network extends to cashless facilities in 3700 hospitals and 1800 garages across India where you can avail of preferential service.

We take pride in going the extra mile in our service and look forward to a lasting relationship.

Should you require any assistance / clarification on your policy or any information pertaining to our other products, please contact us at the numbers below:

Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA DIRECT A/C-HYDERABAD Contact: (Office) 918040260100 , (Res.) 918040260100

Warm regards,

G. Rajagopal

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta

Hyderabad-500082 Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in

Gross Premium

1,632.00

INR

GROUP PA TAX INVOICE NEW BUSINESS Original

Total Payable

1,833.72

INR

POLICY INFORMATION	Policy No : APG/I0889328/51/04/C1511Q
Source	: (03) 51000879
Insured	: ALPINE ESTATES
Address	: 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH INDIA 500003
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/04/2013
Transaction No.	: 00001
Billing Currency	: INR Exchange Rate : 1.0000

Charges

(S.TAX

INR

12.36%) 201.72

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

INB2743 on 14/05/2012 Issued by

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta

Hyderabad-500082 Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in GROUP PA
POLICY SCHEDULE
NEW BUSINESS
Original

Capital Sum Insured (INR)

2,800,000.00

POLICY INFORMATION Source	: (03) 51000879	
Insured	: ALPINE ESTATES	
Address	: 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH	
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/0	4/2013
PREMIUM		
Premium	: INR 1,632.00	
S.TAX 12.36%	: INR 201.72	
Total Payable	: INR 1,833.72	
RISK DETAILS		
Type of Risk	: APG GROUP PA	
Name of Member Insure	d : NAMED GPA	
Date of Birth	:	
Occupation	: RISK CATEGORY I	

NATURE OF BUSINESS: Construction Company

: 01

NO OF MEMBERS COVERED: 14

DEATH+PTD+PPD+TTD+MED

#### CONDITIONS:

Class

**Benefits** 

1. Named GPA -from the date of policy inception 14 employee's are covered under the policy---- list of the employees is attached with the Policy

2.Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.

3.TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104 week

4 Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less

5.All other terms and conditions of the GPA policy will be applicable

EMP NAME DOB	DOJ	S.I	MED	
P Ramesh 02.10.76	16/04/12	200000	YES	
R. Raghunath 16.11.58	16/04/12	200000	YES	
Kushal Dutt	07.07.61	16/04/12	200000	YES
CH Venkatramana Reddy	05.03.74	16/04/12	200000	YES
K Purshotham	04.04.85	16/04/12	200000	YES

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101

Email: customer.service@bharti-axagi.co.in

GROUP PA POLICY SCHEDULE NEW BUSINESS Original

olicy No. : APG/1088 Karunakar Reddy	17.07.82	16/04/12	200000	YES	
Prabhu Das	13.05.84	16/04/12	200000	YES	
Mahender	20.07.78	16/04/12	200000	YES	: *
Namender Narendar	17.04.71	16/04/12	200000	YES	
Hamsa	31.05.85	16/04/12	200000	YES	0
d Shakeer	02.06.81	16/04/12	200000	YES	1-
Narendar Reddy	12.04.81	16/04/12	200000	YES	
Manoj Kumar	14.03.89	16/04/12	200000	YES	
Raja Reddy	04.07.85	16/04/12	200000	YES	:

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

IMPORTANT :

This Schedule should be read in conjunction with the Terms and Conditions of the Policy.

INB2743 on 14/05/2012 Issued by

Date:

23 Apr 2012

Policy Number:

APG/10865599/51/04/C1511Q

Client ID

02380027



M/s MODI VENTURES 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH

M/s MODI VENTURES,

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage.

SMS NP

02380027 TO

5667700

Your GROUP PA policy No (APG/10865599/51/04/C1511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your Insurance coverage are available in the enclosed policy document.

Bharti AXA General Insurance combines the reputation of Bharti, India leading Business Conglomerate and the financial expertise of AXA, one of the largest insurers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance.

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Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA DIRECT A/C-HYDERABAD Contact: (Office) 918040260100 , (Res.) 918040260100

Warm regards,

G. Rajagopal

BHARTI AXA GENERAL INSURANCE COMPANY LTD 3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in

1,632.00

GROUP PA TAX INVOICE NEW BUSINESS Original

1,833.72

POLICY INFORMATION	Policy No.: APG/I0865599/51/04/C1511Q
Source	: (03) 51000879
Insured	: MODI VENTURES
Address	: 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH INDIA 500003
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/04/2013
Transaction No.	: 00001
Billing Currency	: INR Exchange Rate : 1.0000

12.36%) 201.72

(S.TAX

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

- INB2743 on 23/04/2012 Issued by

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101
Email: customer.service@bharti-axagi.co.in

GROUP PA
POLICY SCHEDULE
NEW BUSINESS
Original

customer.service@bharti-axagi.co.in	
POLICY INFORMATION	Policy No.: APG/I0865599/51/04/C1511Q
Source	: (03) 51000879
Insured	: MODI VENTURES
Address	: 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/04/2013
PREMIUM	
Premium	: INR 1,632.00
S.TAX 12.36%	: INR 201.72
Total Payable	: INR 1,833.72
RISK DETAILS	
Type of Risk	: APG GROUP PA
Name of Member Insured	l : NAMED GPA
Date of Birth	•
Occupation	: RISK CATEGORY I
Class	: 01
<u>Benefits</u>	Capital Sum Insured (INR) 2,800,000.00
DEATH+PTD+PPD+TTD+MED	2,800,000.00

NATURE OF BUSINESS: Construction Company

NO OF MEMBERS COVERED: 14

### CONDITIONS:

- 1.Named GPA -from the date of policy inception 14 employee's are covered under the policy---- list of the employees is attached with the Policy
- 2.Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.
- 3.TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104 week
- 4. Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less
- 5.All other terms and conditions of the GPA policy will be applicable

	EMP NAME	DOB	DOJ	S.I	MED
Α	Ramesh	24.05.1972	16/04/12	200000	YES
ĸ	Shirish Kumar	06.04.1985 🗸		200000	YES
G	B Rambabu	06.11.1958/	16/04/12	200000	YES
	Prabhaker Reddy	7 15.01.1974 -	16/04/12	200000	YES
	Goni	15.11.1980/	16/04/12	200000	YES

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in GROUP PA
POLICY SCHEDULE
NEW BUSINESS
Original

M Srinivas Rao	01.07.1962	16/04/12	200000	YES		
M Keerthi	09.05.1986/	16/04/12	200000	YES		
P. Anjaiah	14.11.1965/	16/04/12	200000	YES		
K Jagdishwar Redd	y07.09.1984√	16/04/12	200000	YES		
K Ranga Charyulu	09.09.1960	16/04/12	200000	YES		
P Sree swapna	02.07.1982 🗸	16/04/12	200000	YES		
R. Sanjay Kumar	31.12.1983	16/04/12	200000	YES		
M Praveen Babu	17.03.1988	16/04/12	200000	YES		
R Rani	11.04.1985	16/04/12	200000	YES		

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

IMPORTANT :

This Schedule should be read in conjunction with the Terms and Conditions of the Policy.

Issued by - INB2743 on 23/04/2012

Date:

24 Apr 2012

Policy Number:

APG/I0865629/51/04/C1511Q

Client ID

02379882



M/s MODI AND MODI CONSTRUCTIONS 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH

#### M/s MODI AND MODI CONSTRUCTIONS,

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage.

SMS NP

02379882 TO

5667700

Your GROUP PA policy No (APG/10865629/51/04/C1511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your Insurance coverage are available in the enclosed policy document.

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Should you require any assistance / clarification on your policy or any information pertaining to our other products, please contact us at the numbers below:

Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA DIRECT A/C-HYDERABAD Contact: (Office) 918040260100 , (Res.) 918040260100

Warm regards,

G. Rajagopal

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderahad-500082

Hyderabad-500082
Tel:+91 40 4433 7100Fax:040-44337101
Email: customer.service@bharti-axagi.co.in

GROUP PA
TAX INVOICE
NEW BUSINESS
Original

: customer.service@pnarti-axagi.co.ii	
POLICY INFORMATION	Policy No. : APG/I0865629/51/04/C1511Q
Source	: (03) 51000879
Insured	: MODI AND MODI CONSTRUCTIONS
Address	: 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH INDIA 500003
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/04/2013
Transaction No.	: 00001
Billing Currency	: INR Exchange Rate : 1.0000
Gross Premium INR	Charges Total Payable INR
1,632.00	(S.TAX 12.36%) 201.72 1,833.72

BHARTI AXA GENERAL INSURANCE COMPANY LTD

- Popul

Authorized Signature

Issued by - INB2743 on 24/04/2012

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in GROUP PA
POLICY SCHEDULE
NEW BUSINESS
Original

Capital Sum Insured (INR)

2,800,000.00

POLICY INFORMATION	Policy No.: APG/I0865629/51/04/C1511Q
Source	: (03) 51000879
Insured	: MODI AND MODI CONSTRUCTIONS
Address	: 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/04/2013
PREMIUM	
Premium	: INR 1,632.00
S.TAX 12.36%	: INR 201.72
Total Payable	: INR 1,833.72
RISK DETAILS	
Type of Risk	: APG GROUP PA
Name of Member Insured	l : NAMED GPA
Date of Birth	:

NATURE OF BUSINESS: Construction Company

NO OF MEMBERS COVERED: 14

DEATH+PTD+PPD+TTD+MED

#### CONDITIONS:

Occupation

Benefits

Class

1.Named GPA -from the date of policy inception 14 employee's are covered under the policy---- list of the employees is attached with the Policy

: RISK CATEGORY I

: 01

- 2.Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.
- 3.TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104 week
- 4.Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less
- 5.All other terms and conditions of the GPA policy will be applicable

S.I MED DOB DOJ. EMP NAME Kavadi Yadagiri 05.06.1974/16/04/12 200000 YES K Krishna Prasad 16.06.1964/16/04/12 200000 200000 04.07.1978 16/04/12 G. Vijay Raj 200000 YES 07.08.1965 16/04/12 M Malla Reddy B Purushothama Reddy 10.06.1984 16/04/12 YES 200000

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in

GROUP PA POLICY SCHEDULE NEW BUSINESS Original

V Sunitha	30.06.1979/16/04/12	200000	YES		
P. Ravi Kumar	29.10.1978 16/04/12	200000	YES		
V Naveena Yadav	17.06.1971 16/04/12	200000	YES		
V Ravi	14.08.1985 16/04/12	200000	YES		
Ch Ramesh	19.05.1981/16/04/12	200000	YES		
T. Bhasker	26.04.1980/16/04/12	200000	YES		
K Sravan Kumar	26.08.1987 16/04/12	200000	YES		
S. Ashwini	01.12.1984 16/04/12	200000	YES		
M Mounika	22.02.1982 16/04/12	200000	YES		

1. 10 m

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

This Schedule should be read in conjunction with the Terms and Conditions of the Policy.

- INB2743 on 24/04/2012

Date:

24 Apr 2012

Policy Number:

APG/10865634/51/04/C1511Q

Client ID:

02379785



M/s KADAKIA AND MODI HOUSING 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH

M/s KADAKIA AND MODI HOUSING,

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage.

SMS NP

02379785 TO

5667700

Your GROUP PA policy No (APG/10865634/51/04/C1511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your Insurance coverage are available in the enclosed policy document.

Bharti AXA General Insurance combines the reputation of Bharti, India leading Business Conglomerate and the financial expertise of AXA, one of the largest insurers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance.

Bharti AXA GI has over 116 points of presence across India and is today amongst the fastest growing Insurance Companies in the country, with a premium Income of more than Rs. 300 Crores in the current financial year.

We are the 1st Insurance Company to come with the dual ISO 9001:2008 and ISO 27001:2005 certification so that we could offer our customers best in class service standards.

Our bouquet of 56 products covers all your Insurance needs whether it be Health, Motor, Personal Accident, Home Insurance, or any other insurance pertaining to your business activities. Our service network extends to cashless facilities in 3700 hospitals and 1800 garages across India where you can avail of preferential service.

We take pride in going the extra mile in our service and look forward to a lasting relationship.

Should you require any assistance / clarification on your policy or any information pertaining to our other products, please contact us at the numbers below:

Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA DIRECT A/C-HYDERABAD Contact: (Office) 918040260100 , (Res.) 918040260100

Warm regards,

G. Rajagopal

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in

1,282.00

GROUP PA TAX INVOICE NEW BUSINESS Original

1,440.46

POLICY INFORMATION	Policy No. : APG/10865634/51/04/C1511Q
Source	: (03) 51000879
Insured	: KADAKIA AND MODI HOUSING
Address	: 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH INDIA 500003
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/04/2013
Transaction No.	: 00001
Billing Currency	: INR Exchange Rate : 1.0000

12.36%) 158.46

(S.TAX

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

Issued by '- INB2743 on 24/04/2012

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tél:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in GROUP PA
POLICY SCHEDULE
NEW BUSINESS
Original

2,200,000.00

POLICY INFORMATION		Policy No. : APG/I0865634/51/04/C1511Q
Source	(03)	51000879
Insured	KADAK]	A AND MODI HOUSING
Address	SOHAM SECUNI	37/3&4 2ND FLOOR MANSION MG ROAD DERABAD-500003 PRADESH
Period of Insurance	From	Hours on 16/04/2012 To Midnight on 15/04/2013
PREMIUM		
Premium	INR 1	, 282 . 00
S.TAX 12.36%	INR 1	58.46
Total Payable	INR 1	,440.46
RISK DETAILS		
Type of Risk	APG	GROUP PA
Name of Member Insured	NAMED	GPA
Date of Birth		
Occupation	RISK (	CATEGORY I
Class	01	
Benefits		Capital Sum Insured (INR)

NATURE OF BUSINESS: Construction Company

NO OF MEMBERS COVERED:11

DEATH+PTD+PPD+TTD+MED

#### CONDITIONS:

- 1.Named GPA -from the date of policy inception 11 employee's are covered under the policy---- list of the employees is attached with the Policy
- 2.Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.
- 3.TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- or actual wages whichever is less per week for 104 week
- 4.Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less
- 5.All other terms and conditions of the GPA policy will be applicable

DOB	SUM INSURED	MEDICAL
10.07.1964	200000	YES
28.07.1980 🧪	200000	YES
15.08.1962	2,00000	YES
21.08.1989	200000	YES
07.02.1984	200000	YES
	10.07.1964 28.07.1980 15.08.1962 21.08.1989	10.07.1964     200000       28.07.1980     200000       15.08.1962     200000       21.08.1989     200000

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in

GROUP PA
POLICY SCHEDULE
NEW BUSINESS
Original

E. Navaneetha	29.06.1985 🦯	200000	YES	
B Sudharshan	06.04.1967 🦟	200000	YES	
N Raj Kumar	28.12.1979	200000	YES	
N Anil Kumar	06.01.1979	200000	YES	
P Srinivas	09.07.1982	200000	YES	
N Renuka Devi	29.12.1988	200000	YES	

BHARTI AXA GENERAL INSURANCE COMPANY LTD

-107d

Authorized Signature

IMPORTANT :

This Schedule should be read in conjunction with the Terms and Conditions of the Policy.

Issued by - INB2743 on 24/04/2012

Date: 24 Apr 2012

Policy Number:

APG/I0865764/51/04/C1511Q

Client ID:

02379812



M/s PARAMOUNT BUILDERS 5 4 187/3 & 4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH

#### M/s PARAMOUNT BUILDERS,

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage.

SMS NP

02379812 TO 5667700

Your GROUP PA policy No (APG/10865764/51/04/C1511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your Insurance coverage are available in the enclosed policy document.

Bharti AXA General Insurance combines the reputation of Bharti, India leading Business Conglomerate and the financial expertise of AXA, one of the largest insurers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance.

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We are the 1st Insurance Company to come with the dual ISO 9001:2008 and ISO 27001:2005 certification so that we could offer our customers best in class service standards.

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We take pride in going the extra mile in our service and look forward to a lasting relationship.

Should you require any assistance / clarification on your policy or any information pertaining to our other products, please contact us at the numbers below:

Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA DIRECT A/C-HYDERABAD Contact: (Office) 918040260100 , (Res.) 918040260100

Warm regards,

G. Rajagopal

3rd Floor, 6-3-666/B/6, Gokul Towers,

Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101
Email: customer.service@bharti-axagi.co.in

GROUP PA TAX INVOICE NEW BUSINESS Original

POLICY INFORMATION	Policy No.: APG/I0865764/51/04/C1511Q
Source	: (03) 51000879
Insured	: PARAMOUNT BUILDERS
Address	: 5 4 187/3 & 4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH INDIA 500003
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/04/2013
Transaction No.	: 00001
Billing Currency	: INR Exchange Rate : 1.0000
Gross Premium INR	Charges Total Payable INR INR
583.00	(S.TAX 12.36%) 72.06 655.06

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

Issued by - INB2743 on 24/04/2012

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in GROUP PA
POLICY SCHEDULE
NEW BUSINESS
Original

1,000,000.00

POLICY INFORMATION		Policy No.: APG/I0865764/51/04/C1511Q
Source	·	(03) 51000879
Insured	:	PARAMOUNT BUILDERS
Address	:	5 4 187/3 & 4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH
Period of Insurance	:	From Hours on 16/04/2012 To Midnight on 15/04/2013
PREMIUM		
Premium	:	INR 583.00
S.TAX 12.36%	:	INR 72.06
Total Payable	:	INR 655.06
RISK DETAILS		
Type of Risk	:	APG GROUP PA
Name of Member Insured	:	NAMED GPA
Date of Birth	:	
Occupation	:	RISK CATEGORY I
Class	:	01
Benefits		Capital Sum Insured (INR

NATURE OF BUSINESS: Construction Company

NO OF MEMBERS COVERED:05

DEATH+PTD+PPD+TTD+MED

#### CONDITIONS:

- 1. Named GPA -from the date of policy inception 5 employee's are covered under the policy---- list of the employees is attached with the Policy
- 2.Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.
- 3.TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104
- 4.Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less
- 5.All other terms and conditions of the GPA policy will be applicable

EMP NAME	DOB	DOJ	s.I	MED
P Harry Daniel	21.09.196	6 - 16/04/12	200000	YES
Praveen Pathak	14.04.197	8/ 16/04/12	200000	YES
S. Navanitha	30.11.198	88/16/04/12	200000	YES
M Roopa	27.07.198	32 16/04/12	200000	YES
J Srinivas	08.06.198	35 16/04/12	200000	YES

BHARTI AXA GENERAL INSURANCE COMPANY LTD 3rd Floor, 6-3-666/B/6, Gokul Towers,

Punjagutta

Punjagutta
Hyderabad-500082
Tel:+91 40 4433 7100Fax:040-44337101
Email: custorner.service@bharti-axagi.co.in

GROUP PA POLICY SCHEDULE NEW BUSINESS Original

Policy No. : APG/I0865764/51/04/C1511Q	
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	BHARTI AXA GENERAL INSURANCE COMPANY LTD
	- Agg-f
	Authorized Signature
IMPORTANT : This Schedule should be read in conjunction	with the Terms and Conditions of the Policy.
Issued by - INB2743 on 24/04/2012	

Date: 24 Apr 2012

Policy Number:

APG/10865767/51/04/C1511Q

Client ID:

02379722



M/s MEHTA AND MODI HOMES 5 4 187/3 &4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH

#### M/s MEHTA AND MODI HOMES,

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage.

SMS NP

02379722 TO 5667700

Your GROUP PA policy No (APG/10865767/51/04/C1511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your Insurance coverage are available in the enclosed policy document.

Bharti AXA General Insurance combines the reputation of Bharti, India leading Business Conglomerate and the financial expertise of AXA, one of the largest insurers worldwide with operations in 56 countries, into an entity that seeks to redefine standards in the area of General Insurance.

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Should you require any assistance / clarification on your policy or any information pertaining to our other products, please contact us at the numbers below:

Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA DIRECT A/C-HYDERABAD Contact: (Office) 918040260100 , (Res.) 918040260100

Warm regards,

G. Rajagopal

3rd Floor, 6-3-666/B/6, Gokul Towers,

Goku Towers, Punjagutta Hyderabad-500082 Tel:+91 40 4433 7100Fax:040-44337101

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in GROUP PA TAX INVOICE NEW BUSINESS Original

POLICY INFORMATION	Policy No.: APG/I0865767/51/04/C1511Q
Source	: (03) 51000879
Insured	: MEHTA AND MODI HOMES
Address  Period of Insurance	: 5 4 187/3 &4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH INDIA 500003 : From Hours on 16/04/2012 To Midnight on 15/04/2013
Transaction No.	: 00001
Billing Currency	: INR Exchange Rate : 1.0000
Gross Premium INR	Charges Total Payable INR
2,448.00	(S.TAX 12.36%) 302.57 2,750.57

BHARTI AXA GENERAL INSURANCE COMPANY LTD

-807-

Authorized Signature

Issued by - INB2743 on 24/04/2012

3rd Floor, 6-3-666/B/6, Gokul Towers,

Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in

GROUP PA
POLICY SCHEDULE
NEW BUSINESS
Original

POLICY INFORMATION	Policy No.: APG/I0865767/51/04/C1511Q
Source	: (03) 51000879
Insured	: MEHTA AND MODI HOMES
Address	: 5 4 187/3 &4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/04/2013
PREMIUM	
Premium	: INR 2,448.00
S.TAX 12.36%	: INR 302.57
Total Payable	: INR 2,750.57
RISK DETAILS	
Type of Risk	: APG GROUP PA
Name of Member Insured	l : NAMED GPA
Date of Birth	:
Occupation	: RISK CATEGORY I
Class	: 01
Benefits	Capital Sum Insured (INR)
DAETH+PTD+PPD+TTD+MED	4,200,000.00

NATUER OF BUSINESS: Construction Company

NO OF MEMBERS COVERED: 21

#### CONDITIONS:

- 1.Named GPA -from the date of policy inception 21 employee's are covered under the policy---- list of the employees is attached with the Policy Copy as Annexure
- 2.Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.
- 3.TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104
- 4.Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less
- 5.All other terms and conditions of the GPA policy will be applicable

BHARTI AXA GENERAL INSURANCE COMPANY LTD 3rd Floor, 6-3-666/B/6, Gokul Towers, Purious the

Punjagutta Hyderabad-500082

Tel:+ Emai

GROUP PA POLICY SCHEDULE NEW BUSINESS

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licy No. : APG/1086576	7/51/04/C1511Q				
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INB2743 on 24/04/2012

Issued by

Date: 24 Apr 2012

Policy Number:

APG/I0865770/51/04/C1511Q

Client ID: 02380901

M/s MODI BUILDERS METHODIST COMPLEX 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH

M/s MODI BUILDERS METHODIST COMPLEX,

We thank you for choosing Bharti AXA General Insurance as the preferred choice for your Insurance needs. We value your patronage.

SMS NP

02380901 TO

5667700

Your GROUP PA policy No (APG/I0865770/51/04/C1511Q) is enclosed. The terms, conditions, guidelines and other relevant details of your Insurance coverage are available in the enclosed policy document.

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Toll free Number: 1 800 103 2292

Advisor Name: BHARTI AXA DIRECT A/C-HYDERABAD Contact: (Office) 918040260100 , (Res.) 918040260100

Warm regards,

G. Rajagopal

3rd Floor, 6-3-666/B/6, Gokul Towers,

Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in GROUP PA TAX INVOICE NEW BUSINESS Original

POLICY INFORMATION	Policy No.: APG/I0865770/51/04/C1	511Ω
Source	: (03) 51000879	
Insured	: MODI BUILDERS METHODIST COMPLEX	
Address	: 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH INDIA 500003 : From Hours on 16/04/2012 To Midnight on 19	5/04/2013
Period of Insurance		, , , , , , , , , , , , ,
Transaction No.	: 00001	
Billing Currency	: INR Exchange Rate : 1.0000	
Gross Premium INR	Charges Total Paya INR INR	ble
117.00	(S.TAX 12.36%) 14.46 131.46	

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Authorized Signature

Issued by - INB2743 on 24/04/2012

3rd Floor, 6-3-666/B/6, Gokul Towers, Punjagutta Hyderabad-500082

Tel:+91 40 4433 7100Fax:040-44337101 Email: customer.service@bharti-axagi.co.in

GROUP PA POLICY SCHEDULE NEW BUSINESS Original

200,000.00

	Policy No. : APG/10865770/51/04/C1511Ω
Source	: (03) 51000879
Insured	: MODI BUILDERS METHODIST COMPLEX
Address	: 5 4 187/3&4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH
Period of Insurance	: From Hours on 16/04/2012 To Midnight on 15/04/2013
PREMIUM	
Premium	: INR 117.00
S.TAX 12.36%	: INR 14.46
Total Payable	: INR 131.46
RISK DETAILS	
Type of Risk	: APG GROUP PA
Name of Member Insur	ed : NAMED GPA
Date of Birth	:
Occupation	: RISK CATEGORY I
Class	: 01

NATURE OF BUSINESS: Construction Company

NO OF MEMBERS COVERED:01

DEATH+PTD+PPD+TTD+MED

### CONDITIONS:

- 1.Named GPA -from the date of policy inception 1 employee's are covered under the policy---- list of the employees is attached with the Policy
- 2.Accidental Death +Permanent Total Disability+Permanent Partial Disability+Temporary Total Disability is covered under the policy.
- 3.TTD ---Weekly benefit is restricted to 1% of the sum insured or Rs 5000/- whichever is less per week for 104
- 4. Accidental medical expenses is covered up to 10% of SI or 40% of claim amount or the actual whichever is less
- 5.All other terms and conditions of the GPA policy will be applicable

MED DOB DOJ S.I EMP NAME N Kumara swamy 26.06.1988 46/04/12 200000 YES

BHARTI AXA GENERAL INSURANCE COMPANY LTD 3rd Floor, 6-3-666/B/6, Gokul Towers, Decision of the Company of the C Punjagutta

Hyder Tel:+9 Email

GROUP PA POLICY SCHEDULE

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- INB2743 on 24/04/2012

This Schedule should be read in conjunction with the Terms and Conditions of the Policy.

13/04/12	29%   15%   15%	Or Bearer	या धारक को	~ /15+25 N	For BREUTA ARIO CASO (	TO INCRITA AND MODI HOMES		Authorised Signatories Please sign above / কৃমবা যায় জন্মান কং
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USHA KIRAN COMPLEX, GB FLOOR PARADISE CIRCLE SAROUINI DEVI ROAD, SECUNDERABAD 500 003.ANDHRA PRADESH FTGS./ NEFT IFSC: HDFC0000042  Pay  Bay  BAY  BAY  BAY  BAY  BAY  BAY  BAY  BA	S CTS-2010 S Rupees Sutal	No.		######################################		
्डा। <u>०</u> ०	C/ CTS-2010 2	NASAAHSE				

PAYABLE AT PAR THROUGH CLEARING/TRANSFER AT ALL BRANCHES OF HDFC BANK LTD Date / दिनांक : 13/4/1)\_\_\_\_ बैंक लि. के सभी शाखाओं में समाशोधन / स्थानांतरण जरिए एट पार (सममूल्य) वेय Bharti Axa GIC Liz OR BEARER / या धारक को For PARAMOUNT BUILDERS 00422000018418 c No. CA C BANK LTD. / एचडीएफसी बैंक लि. KIRAN COMPLEX, GR FLOOR, PARADISE CIRCLE JINI DEVI ROAD, SECUNDERABAD-500 003, ANDHRA PRADESH ण कॉम्पलेक्स, ग्राउण्ड फ्लोर,पेराडाईस सर्कल, देवी रोड,सिकंद्रसथाद,आंध्रप्रदेश – 500 003 RTGS / NEFT IFSC: HDFC0000042 **Authorised Signatories** 11º 3 7 3 8 1 2 11º 500 24000 312 209 20 211 Or Bearer lupees रुपये अदा करें A/c No. 00422000001120 For MODI PROPERTIES & INVESTMENTS PVT LTD Payable at par through clearing/transfer at all branches of HDFC BANK LTD Authorised Signatories Please sign above /कृपया गर्हों हस्ताहार करें

USHA KIRAN COMPLEX, GR FLOOR, PARADISE CHOLE

JINI DEVI ROAD, SECUNDERABAD-500 003, ANDHRA PRADESH

3/ NEFT IFSC: HDFC0000042 Pay ASESHARSAI(CY CTS-2010 070212 Or Bearer या धारक को Rupees रुपये A/c No. 00422000021800 ्षाता क CA For MODI VENTURES Payable at par through clearing/transfer at all branches of HDFC BANK LTD **Authorised Signatories** Please sign above /कृषया वहाँ उद्शासर करें 翻井井山井田 II 594449II 500 24000 34: 2248771 29

> Or Bearer या धारक को

18314

For MODI & MODI CONSTRUCTIONS

Authorised Signatories Please sign above /कृमया यहाँ हरताकृर अरे

अदा करें

Avc Payes Only

Payable at par through clearing/transfer at all branches of HDFC BANK LTD

USHA KIRAN COMPLEX, GR FLOOR,PARADISE CIRCLE SAROJINI DEVI ROAD,SECUNDERABAD-500 003,ANDHRA PRADESH RTGS / NEFT IFSC: HDFC0000042

00422000016924

Pay Blow

A/c No.

SAFARUETHA.

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Rupees रुपये

Control of the Contro

Modi Properties & Investments Pvt. Ltd.	Pvt. Ltd.
(GPA) Group Personal Accident Insurance Policy 2012 - 2013	t Insurance Policy 2012 - 2013
Sum of Premium Amount	
Company	Total
GMG	1834
GWE	2751
KNM	1441
MBMC	131
MFH	1834
MNM	1834
MPIPL	786
PMR	929
SOB	2751
SYED MEHDI	262
VISTA HOMES	262
Grand Total	14541
TOTAL STATE	0.000 Per 10.000 Per 1

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infavour of - Bhasti Axa GIC Lite.

Server Se

		Modi Pro	perties & Inves	Modi Properties & Investments Pvt. Ltd.	
	5-4-18	7/3&4, II nd Fl	oor, Soham Mansi	5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A P.	
		Phone No	o. 040 66335551,F	Phone No. 040 66335551, Fax 040 27544058	
	(GP,	A) Group Pers	onal Accident In	(GPA) Group Personal Accident Insurance Policy 2012 - 2013	
SI.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Name of the Nominee Amount	Relation ship
	G Kanaka Rao	15.08.1957	200,000	131.00 G. Dhana Lakshmi	Wife
2	M. Jayaprakash	27.06.1975	200,000	131.00 Aruna	Wife
m	Uma Maheshwari	13.09.1974	200,000	131.00 Pavani	Daughter
4	K Martand	01.06.1980	200,000	131.00 K Indu Bai	Wife
5	B Shekappa	01.01.1966	200,000	131.00 D. Shantamma	Wife
9	G. Swaroopa	10.01.1968	200,000	131.00 G Narasimha	Husband
			COLUMN CO	786.00	



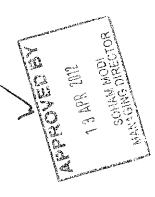
A A A PR TUIT.

	5-4-18	7/3&4, II nd Fl	5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A P.	ion, MG Road,	Sec'bad-3. A P.	
	A MANUAL PROPERTY OF THE PROPE	Phone No	Phone No. 040 66335551, Fax 040 27544058	Fax 040 275440	58	
	<u>45)</u>	A) Group Pers	(GPA) Group Personal Accident Insurance Policy 2012 - 2013	surance Policy	2012 - 2013	
SI.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	G Hari Swaroop	09.01.1978	200,000	131.00	131.00 G. Bhavana	Wife
2	A Samba Siva Rao	08.06.1970	200,000	131.00	131.00 A Laxmi Sujatha	Wife
3	G Jagdish	13.07.1976	200,000	131.00	131.00 G Sai Leela	Wife
4	K Suneel Kumar	30.03.1975	200,000	131.00 Tulasi	Tulasi	Wife
2	K Hemendra	12.04.1962	200,000	131.00	131.00 H. K. Hema	Wife
9	P E Raj Kumar	10.11.1976	200,000	131.00	131.00 P Salomi smyrna	Wife
7	K Venkata Nagi Reddy	18.03.1981	200,000	131.00	131.00 K Chinamma	Mother
∞	B M Raj Kumar	03.01.1978	200,000	131.00	131.00 B. Susheela	Mother
6	J Selva Kumar	30.07.1973	200,000	131.00	131.00 S Kavitha	Wife
10	M Srinivas Yadav	06.06.1971	200,000	131.00	131.00 M Laxmi	Wife
_	T Dakshina Murthy	13.12.1983	200,000	131.00	131.00 T Kamalamma	Mother
12	A R Vikas Kumar	05.11.1982	200,000	131.00	131.00 A R Swaraja Laxmi	Mother
13	G Murali Mohan	10.07.1978	200,000	131.00	131.00 G Mallesh	Father
4	A Suresh	05.01.1975	200,000	131.00	131.00 A Bhavani	Wife
15	A Laxmikanth	26.06.1979	200,000	131.00	131.00 A Vani Sudha	Wife
16	B. Murali krishna	23.01.1981	200,000	131.00	131.00 B. Suhasini	Mother
17	G. Satish Kumar	30.11.1987	200,000	131.00	131.00 G. Nirmala	Mother
18	Ch. Gopal Reddy	10.06.1983	200,000	131.00	131.00 Ch Raji Reddy	Father
19	Mohd. Khaja	23.01.1991	200,000	131.00	131.00 Zainab bee	Mother
20	D Shiva Shanker	17.05.1979	200,000	131.00	131.00 Manjula	Wife
21	P Ashwini	04.10.1988	200,000	131.00	131.00 P Saraswathi	Mother

SONAM MODI MAKAGING DIRECTOR



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	and about one of the			Relation shin	duic ironaniani	Father	
Modi Builders Methodist Complex	5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A P.	Phone No. 040 66335551, Fax 040 27544058	(GPA) Group Personal Accident Insurance Policy 2012 - 2013	Premium Name of the Nominee	Amount	131.00 N. Siddaiah	131.00
Builders Metho	oor, Soham Mans	. 040 66335551,	onal Accident In	Pearing A certification	nameer mine	200,000	
Modi E	7/3&4, II nd Flo	Phone No	A) Group Pers	Date of	Birth	26.06.1988	
	5-4-18		(GP)	Nome of the Employee		N Kumara swamy	
				CIVIO	31.140.	1	



		The state of the s		Relation ship		Wife	Wife	
	5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A P.	.058	y 2012 - 2013	Name of the Nominee		131.00 V. Vasundhara	131.00 Naseem Anjum	
nes	sion, MG Road	Fax 040 27544	isurance Polic	Premium	Amount	131.00	131.00	262.00
Vista Homes	oor, Soham Mans	Phone No. 040 66335551, Fax 040 27544058	(GPA) Group Personal Accident Insurance Policy 2012 - 2013	Sum Assured		200,000	200,000	
	7/3&4, II nd Flo	Phone No	A) Group Pers	Date of	Birth	07.01.1981	28.02.1967	
	5-4-18	1 annual -	(GP)	Name of the Employee	•	V Subramanyam Sharma	Ahmed Shahed UL Haque	
				SI.No.		1	2	

Land In

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				Relation ship	Wife	/ Wife	How was come	Tim Har Ex
	5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A P.	44058	(GPA) Group Personal Accident Insurance Policy 2012 - 2013	Name of the Nominee	131.00 Rajitha	131.00 Sunitha	/ 00	No. of the state o
<u>lē</u> :	ion, MG Ro	Fax 040 275	surance Po	Premium Amount	131.	131.	262.00	
Syed Mehdi	oor, Soham Mans	Phone No. 040 66335551, Fax 040 27544058	onal Accident In	Sum Assured	200,000	200,000		
	37/3&4, II nd Flo	Phone No.	A) Group Perso	Date of Birth	22.09.1981	10.10.1964		
	5-4-1		(GP	Name of the Employee	N. Praveen Kumar	P.Raghu		C. Common and the Com
				Sl.No.	_	2		

							E E	<u>.</u>													
		A Annual Strong Conference of the Strong Confe		Relation ship	Wife	Wife	A Sister	Mother	Mother	Mother	Wife	Mother	Father	Wife	, Mother	.comesis	and and the same of the	S. Valence of	STOR TO STORY	\	
	, Sec'bad-3. A P.	058	y 2012 - 2013	Name of the Nominee	131.00 K. Nasreen	131.00 G. Deepika	131.00 MDNSS Kalyani ANITHA	131.00 D Jaya laxmi	131.00 G. Naga Lakshmi	131.00 E Yellamma	131,00 B. Manjula	131.00 Rajeswari	131.00 N Narsimha	131.00 P Mamatha	131.00 N Krishnaveni			A Comment of the Comm	O CONTRACTOR		
Housing Housing	sion, MG Road,	Fax 040 27544(	nsurance Policy	Premium Amount	131.00	131.00	131.00	131.00	131.00	131.00	131.00	131.00	131.00	131.00	131.00	1441.00					
Kadakia & Modi Housing	5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A P.	Phone No. 040 66335551, Fax 040 27544058	(GPA) Group Personal Accident Insurance Policy 2012 - 2013	Sum Assured	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000						
X	7/3&4, II nd Flo	Phone No.	A) Group Perso	Date of Birth	10.07.1964	28.07.1980	15.08.1962	21.08.1989	07.02.1984	29.06.1985	06.04.1967	28.12.1979	06.01.1979	09.07.1982	29.12.1988						
W. 1997	5-4-18		(GP	Name of the Employee	Khizer Mahmood	G Jai Kumar	L. Ramacharyulu	D. Manmohan	G Vineela	E. Navaneetha	B Sudharshan	N Raj Kumar	N Anil Kumar	P Srinivas	N Renuka Devi			-7			
ļ				Sl.No.	1	2 (	3	4	8	9	7	8	6	10	11 1			- Ze		1	

			Modi Ventures	ures		
	5-4-187	/3&4, II nd Fl	5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A P.	sion, MG Road,	Sec'bad-3. A P.	
		Phone No	Phone No. 040 66335551, Fax 040 27544058	Fax 040 275440	58	
	(GPA	Group Pers	(GPA) Group Personal Accident Insurance Policy 2012 - 2013	isurance Policy	2012 - 2013	
Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
-	A Ramesh	24.05.1972	200,000	131.00	131.00 A Rajeshwari	Wife
2	K Shirish Kumar	06.04.1985	200,000	131.00	131.00 K Vasantha	Mother
co	G B Rambabu	06.11.1958	200,000	131.00 Jyothi	Jyothi	Wife
4	K Prabhaker Reddy	15.01.1974	200,000	131.00	131.00 K. Saritha Reddy	Wife
5	A Gopi	15.11.1980	200,000	131.00	131.00 A. Babu	Father
9	M Srinivas Rao	01.07.1962	200,000	131.00	131.00 Rajani Devi	Wife
7	M Keerthi	09.05.1986	200,000	131.00	131.00 M Laxmi	Mother
∞	P. Anjaiah	14.11.1965	200,000	131.00	131.00 P. Sujatha	Wife
9	K Jagdishwar Reddy	07.09.1984	200,000	131.00	131.00 Yakub Reddy	Father
10	K Ranga Charyulu	0961.60.60	200,000	131.00	131.00 K Padmaja	Wife
П	P Sree swapna	02.07.1982	200,000	131.00	131.00 P Man Mohan	Husband
12	R. Sanjay Kumar	31.12.1983	200,000	131.00	131.00 R. Pushpa	Mother
13	M Praveen Babu	17.03.1988	200,000	131.00	131.00 M Vijaya laxmi	Mother
14	R Rani	11.04.1985	200,000	131.00	131.00 R. Pushpa	Mother
				1834.00	/	2,420

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	d, Sec'bad-3. A P.	4058	icy 2012 - 2013	Name of the Nominee Relation ship	131.00 Christina Philip Wife	131.00 Yamuna Wife	131.00 S Santosh Husband	131.00 M Chandrakala Mother	131.00 J Ramulamma Mother	0
Paramount Builders	5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A P.	Phone No. 040 66335551, Fax 040 27544058	(GPA) Group Personal Accident Insurance Policy 2012 - 2013	Sum Assured Amount	200,000 131.00	200,000 131.00	200,000 131.00	200,000	200,000	655.00
	5-4-187/3&4, II nd Flo	Phone No	(GPA) Group Pers	ee Date of Birth	21.09.1966	14.04.1978	30.11.1988	27.07.1982	08.06.1985	
		- Investigation	The state of the s	Name of the Employee	P Harry Daniel	Praveen Pathak	S. Navanitha	M Roopa	J Srinivas	
				SI.No.	-	2	'n	4	S	



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			Alpine Estates	ates	
	5-4-18	7/3&4, II nd Fl	oor, Soham Mans	5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A P.	
		Phone No	3. 040 66335551,1	Phone No. 040 66335551, Fax 040 27544058	
	(GE)	A) Group Pers	onal Accident In	(GPA) Group Personal Accident Insurance Policy 2012 - 2013	
SI.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Name of the Nominee	Relation ship
	P Ramesh	02.10.1976	200,000	131.00 P Uma devi	Wife
7	R. Raghunath	16.11.1958	200,000	131.00 R. Lalithamma	Wife
3	Kushal Dutt	07.07.1961	200,000	131.00 Vijaya	Wife
4	CH Venkatramana Reddy	05.03.1974	200,000	131.00 Ch Vimala	Wife
S	K Purshotham	04.04.1985	200,000	131.00 K Pushpalatha	Wife
9	D Karunakar Reddy	17.07.1982	200,000	131.00 Bharathamma	Mother
7	B Prabhu Das	13.05.1984	200,000	131.00 Elizabeth	Wife
∞	M Mahender	20.07.1978	200,000	131.00 M Sabitha	Wife
0	P Narendar	17.04.1971	200,000	131.00 P Devika	Wife
10	N Hamsa	31.05.1985	200,000	131.00 Susheela	Mother
11	Md Shakeer	02.06.1981	200,000	131.00 Samreen Sultana	Wife
12	N Narendar Reddy	12.04.1981	200,000	131.00 Rajamma	Mother
13	K Manoj Kumar	14.03.1989	200,000	131.00 K Uma Devi	Mother
14	B Raja Reddy	04.07.1985	200,000	131.00 B. Laxmi	Mother
				1934 00	A STATE OF THE STA

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5-4-187/3&4, II nd Flo           Phone No.           GCPA) Group Perso           Phone No.           Ranjith Prakash         14.07.1972           K.Satyanarayana Chary         10.09.1966           T Suryanarayana Chary         10.09.1976           S Sunil Kumar         09.09.1976           S Sunil Kumar         00.03.1980           M. Suresh         02.12.1982           M. Suresh         02.12.1982           M. Nagarjuna         02.12.1982           S Nagamani         02.08.1984           M. Nagarjuna         21.07.1982           G. Rajesh         18.08.1978           J Rambabu         04.02.1977           B Praveen         01.10.1983           B Wallikarjun         14.11.1982           A Vishwanath         16.03.1982           D Phani Kumar         04.07.1984           D. Pavan Kumar         12.03.1990           Muktar Ahmed         01.05.1968           K Vasu Dev         04.07.1970           M. Rajesh         13.03.1986           I. Rama Krishna         20.05.1978				Greenwood Estates	Estates			
Phone No. 040 6633551, Fax 040 27544058   CGPA) Group Personal Accident Insurance Policy 2012 - 2013     Name of the Employee Birth		5-4-18	7/3&4, II nd Fl	oor, Soham Man	sion, MG Road,	Sec'bad-3. A P.		
Name of the Employee   Date of Birth   Sum Assured   Premium   Name of the Nomine		TO THE	Phone No	040 66335551,	Fax 040 27544(	)58		
Name of the Employee         Date of Birth Birth         Sum Assured Amount Amount Amount Amount Birth Prakash         Premium Amount Amount Birth Amount 14.07.1972         Sum Assured Amount 131.00 Sulakshana Ranjith Prakash           K. Satyanarayana Chary         10.09.1966         200,000         131.00 K. Revanth 131.00 K. Revanth 131.00 Sucharitha           K. Satyanarayana Chary         09.01.976         200,000         131.00 K. Revanth 131.00 Sucharitha           M. Suresh         30.51.1980         200,000         131.00 Kalyani           M. Suresh         00.08.1984         200,000         131.00 Kalyani           M. Suresh         02.12.1982         200,000         131.00 Kalyani           S. Nagamani         02.08.1984         200,000         131.00 M. Baswaraj           M. Nagarjuna         02.08.1982         200,000         131.00 M. Baswaraj           G. Rajesh         18.08.1978         200,000         131.00 M. Sushara           J. Kambabu         08.02.1980         200,000         131.00 M. Sushara           J. Kambabu         08.02.1980         200,000         131.00 M. Sushara           J. Kasubabu         14.11.1982         200,000         131.00 M. Sushara           J. V. Shailaja         24.02.1987         200,000         131.00 M. Baswaraj           J. Pavan Kumar <t< td=""><td></td><td>(GP)</td><td>A) Group Pers</td><td>onal Accident In</td><td>nsurance Police</td><td>v 2012 - 2013</td><td></td><td></td></t<>		(GP)	A) Group Pers	onal Accident In	nsurance Police	v 2012 - 2013		
Ranjith Prakash         14.07.1972         200,000         131.00         Sulakshana Ranjith           K.Satyanarayana Chary         10.09.1966         200,000         131.00         K. Revanth           T Suryanarayana         09.09.1976         200,000         131.00         Fallavi           S Sunil Kumar         04.12.1977         200,000         131.00         Sucharitha           M. Suresh         30.05.1980         200,000         131.00         Rajeswari           M. Suresh         02.12.1982         200,000         131.00         Rajeswari           M. Nagarjuna         02.12.1982         200,000         131.00         Rajeswari           M. Nagarjuna         21.07.1982         200,000         131.00         Sopal Rao           M. Nagarjuna         21.07.1982         200,000         131.00         Svishna           J. Rambabu         08.02.1980         200,000         131.00         Svishna           J. Kambabu         08.02.1982         200,000         131.00         Svishna           J. Valikarjun         14.11.1982         200,000         131.00         Sridevi           D. Pavani Kumar         16.03.1984         200,000         131.00         Sridevi           Muktar Ahmed	SI.No.		Date of Birth	Sum Assured	Premium Amount	Name of the Nomin		ation ship
K. Satyanarayana Chary         10.09,1966         200,000         131.00         K. Revanth           T Suryanarayana         09.09,1976         200,000         131.00         Fallavi           S Sunil Kumar         04.12,1977         200,000         131.00         Sucharitha           M. Suresh         30.05,1980         200,000         131.00         Sucharitha           M. Suresh         30.05,1984         200,000         131.00         Thalavari           M. Naganawishna         02.12,1982         200,000         131.00         M. Kalyani           S Nagamani         02.08,1969         200,000         131.00         M. Baswaraj           M. Nagarjuna         21,07,1982         200,000         131.00         M. Baswaraj           G. Rajesh         18.08,1978         200,000         131.00         M. Sujatha           Y V Shailaja         24,02,1977         200,000         131.00         Sujatha           A Vishwanath         16.03,1982         200,000         131.00         Sukasheda           D Phani Kumar         16.03,1982         200,000         131.00         Sukasheda           D Phani Kumar         16.03,1982         200,000         131.00         Sukasheda           Muktar Ahmed	-	Ranjith Prakash	14.07.1972	200,000	131.00	Sulakshana Ranjith		Wife
T Suryanarayana         09.09,1976         200,000         131.00         F Pallavi           S Sunil Kumar         04.12,1977         200,000         131.00         Sucharitha           M. Suresh         30.05,1980         200,000         131.00         Rajeswari           T Madhu         09.08,1984         200,000         131.00         T Bhantamma           M Ramakrishna         02.12,1982         200,000         131.00         M Kalyani           S Nagamani         02.08,1969         200,000         131.00         M Kalyani           S. Nagamani         02.08,1969         200,000         131.00         M Saswaraj           G. Rajesh         18.08,1978         200,000         131.00         C Vishuu           J Rambabu         08.02,1980         200,000         131.00         Susheela           B Praveen         14.11,1982         200,000         131.00         Susheela           B. Mallikarjun         14.11,1982         200,000         131.00         N Draskhe           B. Mallikarjun         14.11,1982         200,000         131.00         N Draskhe           D Phani Kumar         16.03,1984         200,000         131.00         D Rami           Muktar Ahmed         01.05,1968	2	K.Satyanarayana Chary	10.09.1966	200,000	131.00	K. Revanth		Son
S Sunil Kumar         04.12.1977         200,000         131.00         Rajesswari           M. Suresh         30.05.1980         200,000         131.00         Rajesswari           T Madhu         09.08.1984         200,000         131.00         T Bhantamma           M Ramakrishna         02.12.1982         200,000         131.00         M Kalyani           S Nagamari         02.08.1969         200,000         131.00         M Sawaraj           G. Rajesh         18.08.1978         200,000         131.00         G Vishnu           J Rambabu         08.02.1980         200,000         131.00         G Vishnu           J Rambabu         18.08.1977         200,000         131.00         S Susheela           B Praveen         01.10.1983         200,000         131.00         S Iskeela           B. Mallikarjun         14.11.1982         200,000         131.00         B Iskeela           B. Mallikarjun         16.03.1982         200,000         131.00         B Iskeela           D Phani Kumar         16.03.1982         200,000         131.00         B Iskeela           D. Pavan Kumar         12.03.1990         200,000         131.00         B Iskeela           K Vasu Dev         04.01.1970	m	T Suryanarayana	09.09.1976	200,000	131.00	T Pallavi		Wife
M. Suresh         30.05.1980         200,000         131.00         Rajeswari           T Madduu         09.08.1984         200,000         131.00         T Bantamma           M Ramakrishna         02.12.1982         200,000         131.00         M Kalyani           S Nagamani         21.07.1982         200,000         131.00         S Gopal Rao           M. Nagarjuna         21.07.1982         200,000         131.00         M Baswaraj           G. Rajesh         18.08.1978         200,000         131.00         O Vishnu           J Rambabu         08.02.1980         200,000         131.00         Sujatha           J Rambabu         08.02.1980         200,000         131.00         Svisheela           B Praveen         01.10.1983         200,000         131.00         Svisheela           B. Malikariun         16.03.1982         200,000         131.00         Brami           D. Pavan Kumar         16.03.1982         200,000         131.00         Brami           Muktar Ahmed         01.05.1968         200,000         131.00         K Vijaya           M. Rajesh         13.03.1986         200,000         131.00         M Nirmala           I. Rama Krishna         20.05.1978         2	4	S Sunil Kumar	04.12.1977	200,000	131.00	S Sucharitha	Į į	Mother
T Madhu         09.08.1984         200,000         131.00         T Bhantamma           M Ramakrishna         02.12.1982         200,000         131.00         M Kalyani           S Nagamani         02.08.1969         200,000         131.00         M Baswaraj           M. Nagarjuna         12.07.1982         200,000         131.00         M Baswaraj           G. Rajesh         18.08.1978         200,000         131.00         G Vishru           J Rambabu         08.02.1980         200,000         131.00         V Draksha           Y V Shailaja         24.02.1977         200,000         131.00         V Draksha           B Praveen         01.10.1983         200,000         131.00         N Susheela           B. Mallikarjun         14.11.1982         200,000         131.00         A Laxmi           D Phani Kumar         16.03.1982         200,000         131.00         B Laxmi           Muktar Ahmed         01.05.1968         200,000         131.00         K Vijaya           M. Rajesh         13.03.1986         200,000         131.00         K Vijaya           M. Rajesh         13.03.1986         200,000         131.00         K Vijaya           M. Rajesh         20.05.1978	5	M. Suresh	30.05.1980	200,000	131.00	Rajeswari	V.	Mother
M Ramakrishna         02.12.1982         200,000         131.00         M Kalyani           S Nagamani         02.08.1969         200,000         131.00         M. Baswaraj           M. Nagarjuna         21.07.1982         200,000         131.00         M. Baswaraj           G. Rajesh         18.08.1978         200,000         131.00         Svjatha           J Rambabu         08.02.1980         200,000         131.00         Svjatha           Y V Shailaja         24.02.1977         200,000         131.00         Svjatha           B Praveen         01.10.1983         200,000         131.00         Svjatka           B. Mallikarjun         14.11.1982         200,000         131.00         Svjatevi           A Vishwanath         16.03.1982         200,000         131.00         A Laxmi           D Phani Kumar         12.03.1990         200,000         131.00         Shahaz           Muktar Ahmed         01.05.1968         200,000         131.00         K Vijaya           M. Rajesh         13.03.1986         200,000         131.00         K Vijaya           M. Rajesh         20.05.1978         200,000         131.00         K Vijaya	9	T Madhu	09.08.1984	200,000	131.00	T Bhantamma		Mother
S Nagamani       02.08.1969       200,000       131.00       Gopal Rao         M. Nagarjuna       21.07.1982       200,000       131.00       M. Baswaraj         G. Rajesh       18.08.1978       200,000       131.00       G Vishmu         J Rambabu       08.02.1980       200,000       131.00       Sujatha         Y V Shailaja       24.02.1977       200,000       131.00       Y Draksha         B Praveen       01.10.1983       200,000       131.00       Svidevi         B. Mallikarjun       14.11.1982       200,000       131.00       Sridevi         A Vishwanath       16.03.1982       200,000       131.00       Sridevi         D Phani Kumar       12.03.1982       200,000       131.00       D Rani         D. Pavan Kumar       12.03.1990       200,000       131.00       Shahnaz         Muktar Ahmed       01.05.1968       200,000       131.00       Shahnaz         M. Rajesh       13.03.1986       200,000       131.00       M Vijaya         M. Rajesh       200,050       131.00       M Nirmala         J. Rama Krishna       20.05.1978       200,000       131.00       M Orandhani	7	M Ramakrishna	02.12.1982	200,000	131.00	M Kalyani		Wife
M. Nagarjuna       21.07.1982       200,000       131.00       M. Baswaraj         G. Rajesh       18.08.1978       200,000       131.00       G Vishnu         J Rambabu       08.02.1980       200,000       131.00       Svjatha         Y V Shailaja       24.02.1977       200,000       131.00       Y V Draksha         B Praveen       01.10.1983       200,000       131.00       X V Draksha         B. Mallikarjun       14.11.1982       200,000       131.00       Sridevi         A Vishwanath       16.03.1982       200,000       131.00       A Laxmi         D Phani Kumar       04.07.1984       200,000       131.00       D Bala         D. Pavan Kumar       12.03.1990       200,000       131.00       Shahnaz         K Vasu Dev       01.05.1968       200,000       131.00       K Vijaya         M. Rajesh       13.03.1986       200,000       131.00       K Vijaya         M. Rajesh       20.05.1978       200,000       131.00       I Govardhani         I. Rama Krishna       20.05.1978       200,000       131.00       I Govardhani	00	S Nagamani	02.08.1969	200,000	131.00	S Gopal Rao	工	Iusband
G. Rajesh       18.08.1978       200,000       131.00       GVishnu         J Rambabu       08.02.1980       200,000       131.00       Sujatha         Y V Shailaja       24.02.1977       200,000       131.00       Y V Draksha         B Praveen       01.10.1983       200,000       131.00       Svisheela         B. Malikarjun       14.11.1982       200,000       131.00       Sridevi         A Vishwanath       16.03.1982       200,000       131.00       A Laxmi         D Phani Kumar       04.07.1984       200,000       131.00       D Bala         D. Pavan Kumar       12.03.1980       200,000       131.00       Shahnaz         K Vasu Dev       04.01.1970       200,000       131.00       K Vijaya         M. Rajesh       13.03.1986       200,000       131.00       K Vijaya         I. Rama Krishna       20.05.1978       200,000       131.00       I Govardhani	9	M. Nagarjuna	21.07.1982	200,000	131.00	M. Baswaraj		Father
J Rambabu       08.02.1980       200,000       131.00       Sujatha         Y V Shailaja       24.02.1977       200,000       131.00       Y V Draksha         B Praveen       01.10.1983       200,000       131.00       Sridevi         B. Mallikarjun       14.11.1982       200,000       131.00       Sridevi         A Vishwanath       16.03.1982       200,000       131.00       A Laxmi         D Phani Kumar       04.07.1984       200,000       131.00       D Raia         Muktar Ahmed       01.05.1968       200,000       131.00       Shahnaz         K Vasu Dev       04.01.1970       200,000       131.00       K Vijaya         M. Rajesh       13.03.1986       200,000       131.00       K Vijaya         I. Rama Krishna       20.05.1978       200,000       131.00       I Govardhani	10	G. Rajesh	18.08.1978	200,000	131.00	G Vishnu	114	3rother
Y V Shailaja       24.02.1977       200,000       131.00       Y V Draksha         B Praveen       01.10.1983       200,000       131.00       B. Susheela         B. Mallikarjun       14.11.1982       200,000       131.00       Sridevi         A Vishwanath       16.03.1982       200,000       131.00       A Laxmi         D Phani Kumar       04.07.1984       200,000       131.00       D Bala         D. Pavan Kumar       12.03.1990       200,000       131.00       D Rani         Muktar Ahmed       01.05.1968       200,000       131.00       Shahnaz         K Vasu Dev       04.01.1970       200,000       131.00       K Vijaya         M. Rajesh       13.03.1986       200,000       131.00       I Govardhani         I. Rama Krishna       20.05.1978       200,000       131.00       I Govardhani	=	J Rambabu	08.02.1980	200,000	131.00	Sujatha		Wife
B Praveen       01.10.1983       200,000       131.00       B. Susheela         B. Mallikarjun       14.11.1982       200,000       131.00       Sridevi         A Vishwanath       16.03.1982       200,000       131.00       A Laxmi         D Phani Kumar       04.07.1984       200,000       131.00       D Bala         D. Pavan Kumar       12.03.1990       200,000       131.00       D Rani         Muktar Ahmed       01.05.1968       200,000       131.00       Shahnaz         K Vasu Dev       04.01.1970       200,000       131.00       K Vijaya         M. Rajesh       13.03.1986       200,000       131.00       I Govardhani         I. Rama Krishna       20.05.1978       200,000       131.00       I Govardhani	12	Y V Shailaja	24.02.1977	200,000	131.00	Y V Draksha	4	Mother
B. Mallikarjun       14.11.1982       200,000       131.00       Ardevi         A Vishwanath       16.03.1982       200,000       131.00       A Laxmi         D Phani Kumar       04.07.1984       200,000       131.00       D Bala         D. Pavan Kumar       12.03.1990       200,000       131.00       D. Rani         Muktar Ahmed       01.05.1968       200,000       131.00       K Vijaya         K Vasu Dev       04.01.1970       200,000       131.00       K Vijaya         M. Rajesh       13.03.1986       200,000       131.00       I Govardhani         I. Rama Krishna       20.05.1978       200,000       131.00       I Govardhani	13	B Praveen	01.10.1983	200,000	131.00	B. Susheela	V	Mother
A Vishwanath       16.03.1982       200,000       131.00       A Laxmi         D Phani Kumar       04.07.1984       200,000       131.00       D Bala         D. Pavan Kumar       12.03.1990       200,000       131.00       D Rani         Muktar Ahmed       01.05.1968       200,000       131.00       Shahnaz         K Vasu Dev       04.01.1970       200,000       131.00       K Vijaya         M. Rajesh       13.03.1986       200,000       131.00       I Govardhani         I. Rama Krishna       20.05.1978       200,000       131.00       I Govardhani	14	B. Mallikarjun	14.11.1982	200,000	131.00	Sridevi	. <u></u>	Wife
D Phani Kumar         04.07.1984         200,000         131.00         D Bala           D. Pavan Kumar         12.03.1990         200,000         131.00         D. Rani           Muktar Ahmed         01.05.1968         200,000         131.00         Shahnaz           K Vasu Dev         04.01.1970         200,000         131.00         K Vijaya           M. Rajesh         13.03.1986         200,000         131.00         I Govardhani           I. Rama Krishna         20.05.1978         200,000         131.00         I Govardhani	15	A Vishwanath	16.03.1982	200,000	131.00	A Laxmi	<b>V</b>	Mother
D. Pavan Kumar       12.03.1990       200,000       131.00       D. Rani         Muktar Ahmed       01.05.1968       200,000       131.00       Shahnaz         K Vasu Dev       04.01.1970       200,000       131.00       K Vijaya         M. Rajesh       13.03.1986       200,000       131.00       M Nirmala         I. Rama Krishna       20.05.1978       200,000       131.00       I Govardhani	16	D Phani Kumar	04.07.1984	200,000	131.00	D Bala	l	Mother
Muktar Ahmed         01.05.1968         200,000         131.00         Shahnaz           K Vasu Dev         04.01.1970         200,000         131.00         K Vijaya           M. Rajesh         13.03.1986         200,000         131.00         M Nirmala           I. Rama Krishna         20.05.1978         200,000         131.00         I Govardhani	17	D. Pavan Kumar	12.03.1990	200,000	131.00	D. Rani	l l	Mother
K Vasu Dev         04.01.1970         200,000         131.00 K Vijaya           M. Rajesh         13.03.1986         200,000         131.00 M Nirmala           I. Rama Krishna         20.05.1978         200,000         131.00 I Govardhani           2751.00         2751.00	18	Muktar Ahmed	01.05.1968	200,000	131.00	Shahnaz		Wife
M. Rajesh         13.03.1986         200,000         131.00 M Nirmala           I. Rama Krishna         20.05.1978         200,000         131.00 I Govardhani           2751.00         2751.00	19	K Vasu Dev	04.01.1970	200,000	131.00	K Vijaya		Wife
L. Rama Krishna         20.05.1978         200,000         131.00 I Govardhani         V           2751.00         2751.00         324.00         3251.00	20	M. Rajesh	13.03.1986	200,000	131.00	M Nirmala		Mother
	21	I. Rama Krishna	20.05.1978	200,000	131.00	I Govardhani	A STATE OF THE PARTY OF THE PAR	Vife
						A CONTRACTION		,26° 0000 \$
					2751.00			And Market

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_		Σ	Mods & Mods Constructions	netmictions	
The second second	5-4-18	7/3.8.4 II nd FI	oor Soham Mans	5-4-187/3-84 II nd Floor Soham Mansion MG Road Sec'had-3. A P.	
		Phone No	3. 040 66335551,I	Phone No. 040 6633551, Fax 040 27544058	
	(GP	A) Group Pers	onal Accident In	(GPA) Group Personal Accident Insurance Policy 2012 - 2013	
SI.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Name of the Nominee Amount	Relation ship
	Kavadi Yadagiri	05.06.1974	200,000	131.00 K Manjula	Wife
7	K Krishna Prasad	16.06.1964	200,000	131.00 K Jayasree	Wife
"	G. Vijay Raj	04.07.1978	200,000	131.00 G. Swetha	Wife
4	M Malla Reddy	07.08.1965	200,000	131.00 M Kusuma Devi	Wife
S	B Purushothama Reddy	10.06.1984	200,000	131.00 Rameswaramma	Mother
9	V Sunitha	30.06.1979	200,000	131.00 V Advaith	Son
7	P. Ravi Kumar	29.10.1978	200,000	131.00 B. Kavitha	Wife
00	V Naveena Yadav	17.06.1971	200,000	131.00 L Kalavathi	Mother
0,	V Ravi	14.08.1985	200,000	131.00 V Sarojana	Mother
10	Ch Ramesh	19.05.1981	200,000	131.00 Ch Renuka	Wife
Ţ	T. Bhasker	26.04.1980	200,000	131.00 T. Suhasini	wife
12	K Sravan Kumar	26.08.1987	200,000	131.00 K Jaya Laxmi	Mother
13	S. Ashwini	01.12.1984	200,000	131.00 S. Naveen	Husband
4	M Mounika	22.02.1982	200,000	131.00 M. Kumara Swamy	Wife
				1834.00	
300				Commence of the second	A MPR 2011