

FORMING THE PART OF AND LIST ATTACHED TO APG POLICY: I1252488

INSURED NAME: Vista Homes

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

SL NO	NAME OF EMPLOYEES	DOB	SUM INSURED	MEDICAL EXT	ANY OTHER COVER
1	A.RAMESH	24/05/72	200000	YES	NO
2	K.SUNEEL KUMAR	30/03/75	200000	YES	NO
3	A.GOPI	15/11/80	200000	YES	NO
4	M.KEERTHI	09/05/86	200000	YES	NO
5	D.KARUNAKAR REDDY	17/07/82	200000	YES	NO
6	T.MADHU	09/08/84	200000	YES	NO
7	M.NAGA LAXMI	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
10	G.SANGEETHA	21/11/86	200000	YES	NO
11	M.KRISHNA	21/09/82	200000	YES	NO
12	G B RAMBABU	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
16	V SUNITHA	30/06/79	200000	YES	NO
17	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 INSURANCE COMPANY LTD

  
Authorized Signature

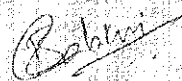
**FORMING THE PART OF AND LIST ATTACHED TO APG POLICY:11252497**

**INSURED NAME: KADAKIA AND MODI HOUSING**

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

SL NO	NAME OF EMPLOYEES	DOB	SUM INSURED	MEDICAL EXT
1	Khizer Mahmood	10.07.1964	200000	YES
2	ROOPA	27.07.1982	200000	YES
3	MURALI KRISHNA	23.01.1981	200000	YES
4	D. Manmohan	21.08.1989	200000	YES
5	MOHD.KHAJA	23.01.1991	200000	YES
6	M.MAHENDER	20.07.1978	200000	YES
7	N.ANIL KUMAR	06.01.1979	200000	YES
8	N Raj Kumar	28.12.1979	200000	YES

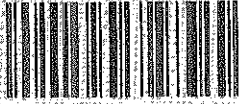
BHARTI AXA GENERAL INSURANCE COMPANY LTD



Authorized Signature

Date: 02 May 2013  
Policy Number: APG/11252497/51/04/C1511Q  
Client ID: 02379785

SMS NP  
02379785 TO  
5667700



M/s KADAKIA AND MODI HOUSING  
5/4/187/3&4 II ND 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.

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.

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 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**

1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli-Bangalore - 37 Toll Free No. 1 800 103 2292


Tel: 91 80 40260100 Fax: 80 40260101

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



**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
 3rd Floor, 6-3-666/B/6,  
 Gokul Towers,  
 Punjagutta  
 Hyderabad-500082  
 Tel: +91 40 4433 7100 Fax: 040-44337101  
 Email: customer.service@bharti-axa.co.in

**GROUP PA**  
**TAX INVOICE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		<b>Policy No. : APG/I1252497/51/04/C1511Q</b>	
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	: From	Hours on 19/04/2013 To Midnight on 18/04/2014	
Transaction No.	: 00001		
Billing Currency	: INR	Exchange Rate	: 1.0000
<b>Gross Premium</b> INR		<b>Charges</b> INR	<b>Total Payable</b> INR
933.00	(S.TAX 12.36%)	115.32	1,048.32
<b>BHARTI AXA GENERAL INSURANCE COMPANY LTD</b>  <b>Authorized Signature</b>			
Issued by - ABSPL051 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 7100 Fax:040-44337101  
Email: customer.service@bharti-axa.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		<b>Policy No. : APG/T1252497/51/04/C1511Q</b>
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
Period of Insurance	:	From Hours on 19/04/2013 To Midnight on 18/04/2014
<b>PREMIUM</b>		
Premium	:	INR 933.00
S.TAX 12.36%	:	INR 115.32
Total Payable	:	INR 1,048.32
<b>RISK DETAILS</b>		
Type of Risk	:	APG GROUP PA
Name of Member Insured	:	NAMED GPA
Date of Birth	:	
Occupation	:	RISK CATEGORY I
Class	:	01
<b>Benefits</b>		<b>Capital Sum Insured (INR)</b>
<b>DEATH+PTD+PPD+TTD+MED</b>		<b>1,600,000.00</b>
Nature of business Construction Company		
NO OF MEMBERS:8		
<b>CONDITIONS:</b>		
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 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 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.		



general insurance

Bharti AXA General Insurance Company Limited

☎ 1800-103 2292
☑ customer.service@bharti-axa.co.in
✉ SMS -SERVICE to 5667700
🌐 www.bharti-axa.co.in

Smart Personal 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 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.

"Family" means the Insured, his/her lawful spouse and maximum of two dependent 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 procured and appropriate premium paid.

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

- 1) Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or its consequence thereat,
- 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),
- 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.

- 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.
- 7) 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, or 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 detentions 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 self-sustaining 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, oiling 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.

**1.4) 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 or termination of such disablement.

**1.5) 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.

**1.6) 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.

**1.7) 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	93 Annual Rate

**1.8) Currency of payment**

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

**1.9) 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 within 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.

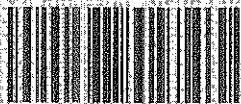
**24) Grievances**

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\_GI 2002\_ENG dated 26-04-2002, notification of Insurance Regulatory and Development Authority (Protection of policy holders' interests) Regulations, 2002.



Date : 02 May 2013  
Policy Number : APG/I1252488/51/04/C1511Q  
Client ID : 02380893

SMS NP  
02380893 TO  
5667700



M/s VISTA HOMES  
5-4-18/7/3 & 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/I1252488/51/04/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 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**

1st Floor, Ferns Icon, Survey No.28, Doddanakurdi Village K.H.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292

Tel: 91 80 40260100 - Fax: 80 40260101

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

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**


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

Hyderabad-500082

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

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

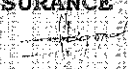
**GROUP PA**  
**TAX INVOICE**  
**NEW BUSINESS**  
**Original**

POLICY INFORMATION		Policy No. : APG/I1252488/51/04/C1511Q	
Source	: (03) 51001500		
Insured Address	: VISTA HOMES : 5-4-187/3 & 4 2ND FLOOR, SOHAM MANSION MG ROAD SECUNDERABAD-500003 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
<b>Gross Premium</b> INR	<b>Charges</b> INR	<b>Total Payable</b> INR	
2,332.00	(S.TAX 12.36%) 288.24	2,620.24	
<b>BHARTI AXA GENERAL INSURANCE COMPANY LTD</b>  <b>Authorized Signature</b>			
Issued by - ABSPL051 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 7100 Fax: 040-44337101  
Email: customer.service@bharti-axa.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		Policy No. : <b>APG/I1252488/51/04/C1511Q</b>
Source	:	(03) 51001500
Insured	:	VISTA HOMES
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
<b>PREMIUM</b>		
Premium	:	INR 2,332.00
S.TAX 12.36%	:	INR 288.24
Total Payable	:	INR 2,620.24
<b>RISK DETAILS</b>		
Type of Risk	:	APG GROUP PA
Name of Member Insured	:	NAMED GPA
Date of Birth	:	
Occupation	:	RISK CATEGORY I
Class	:	01
<b>Benefits</b>		<b>Capital Sum Insured (INR)</b>
DEATH+PTD+PPD+TTD+MEDICAL		4,000,000.00
<b>NUMBER OF MEMBERS COVERED: 20</b>		
<b>NATURE OF BUSINESS: Construction Company</b>		
<b>CONDITIONS:</b>		
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 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		
Stamp duty paid to the account of the District Registrar of Stamps (Acc Head 0030-02-103-01) Bangalore, Karnataka		
<b>BHARTI AXA GENERAL INSURANCE COMPANY LTD</b>		
		
<b>Authorized Signature</b>		
<b>IMPORTANT :</b>		
This Schedule should be read in conjunction with the Terms and Conditions of the Policy.		
Issued by - <b>ABSPL051</b> on <b>30/04/2013</b>		<b>(R)</b>

## Smart Personal 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 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.

"**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 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 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 Neck, 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 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. 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:-

- 1) 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.
- 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).
- 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.

- 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.
- 7) 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 detentions 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 self-sustaining 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.

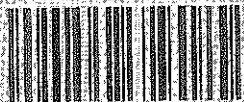
**24) Grievances**

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\_GI-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/11252327/51/04/C1511Q  
Client ID: 04431321

SMS NP  
04431321 TO  
5667700



M/s PARAMOUNT ESTATES  
5-4-187/3 & 4, II ND FLOOR  
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 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 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

Hyderabad-500082

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

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

**GROUP PA**  
**TAX INVOICE**  
**NEW BUSINESS**  
**Original**
**POLICY INFORMATION**

 Policy No. : **APG/I1252327/51/04/C1511Q**

Source : (03) 51001500

 Insured : **PARAMOUNT ESTATES**  
 Address : **5-4-187/3 & 4, II ND FLOOR**  
**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 : INR Exchange Rate : 1.0000

Gross Premium INR	Charges INR	Total Payable INR
1,283.00	(S.TAX 12.36%) 158.58	1,441.58

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**
  
 Authorized Signature

 Issued by - **ABSPL051** on 30/04/2013

(R)

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**

 1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No. 1 800 103 2292  
 Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axa.co.in



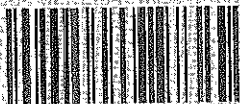
**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
3rd Floor, 6-3-666/B/6,  
Gokul Towers,  
Punjagutta  
Hyderabad-500082  
Tel: #91 40 4433 7100 Fax: 040 44337101  
Email: customer.service@bharti-axa.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		Policy No. : <b>APG/I1252327/51/04/C15110</b>
Source	:	(03) 51001500
Insured	:	PARAMOUNT ESTATES
Address	:	5-4-187/3 & 4, II ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDHRA PRADESH
Period of Insurance	:	From Hours on 19/04/2013 To Midnight on 18/04/2014
<b>PREMIUM</b>		
Premium	:	INR 1,283.00
S.TAX 12.36%	:	INR 158.58
Total Payable	:	INR 1,441.58
<b>RISK DETAILS</b>		
Type of Risk	:	APG GROUP PA
Name of Member Insured	:	NAMED GPA
Date of Birth	:	
Occupation	:	RISK CATEGORY I
Class	:	01
<b>Benefits</b>		<b>Capital Sum Insured (INR)</b>
DEATH+PTD+PPD+TTD+MED		2,200,000.00
<b>NATURE OF BUSINESS:</b> CONSTRUCTION COMPANY		
NO OF MEMBERS COVERED: 11		
<b>CONDITIONS:</b>		
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		

Date: 02 May 2013  
Policy Number: APG/11252375/51/04/C1511Q  
Client ID: 00423126

SMS NP  
00423126 TO  
5667700



M/S ALPINE ESTATES  
5-4-187/3 & 4  
IIND FLOOR SOHAM MANSION  
MG ROAD  
SECUNDRABAD-500003  
ANDHRA 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.

Your GROUP PA policy No. (APG/11252375/51/04/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 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**

1st Floor, Ferns Icon, Survey No.28, Doddanakundi Village K.R.Puram Hobli, Bangalore- 57 Toll Free No: 1 800 103 2292

Tel: 91 80 40260100 Fax: 80 40260101

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





redefining /  
general insurance

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**

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

**GROUP PA  
TAX INVOICE  
NEW BUSINESS  
Original**

**POLICY INFORMATION**

Policy No. : **APG/I1252375/51/04/C1511Q**

Source : (03) 51001500

Insured : **ALPINE ESTATES**

Address : **5-4-187/3 & 4  
IIND FLOOR SOHAM MANSION  
MG ROAD  
SECUNDRABAD-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 : **INR** Exchange Rate : **1.0000**

Gross Premium INR	Charges INR	Total Payable INR
1,283.00	(S.TAX 12.36%) 158.58	1,441.58

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**

  
Authorized Signature

Issued by - **ABSPL051** 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 7100 Fax: 040-44337101

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

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		<b>Policy No. : APG/I1252375/51/04/C15110</b>
Source	:	(03) 51001500
Insured	:	ALPINE ESTATES
Address	:	5-4-187/3 & 4 IIND FLOOR SOHAM MANSION MG ROAD SECUNDRABAD-500003 ANDHRA PRADESH
Period of Insurance	:	From Hours on 19/04/2013 To Midnight on 18/04/2014
<b>PREMIUM</b>		
Premium	:	INR 1,283.00
S. TAX 12.36%	:	INR 158.58
Total Payable	:	INR 1,441.58
<b>RISK DETAILS</b>		
Type of Risk	:	APG GROUP PA
Name of Member Insured	:	NAMED GPA
Date of Birth	:	
Occupation	:	RISK CATEGORY I
Class	:	01
<b>Benefits</b>		<b>Capital Sum Insured (INR)</b>
DEATH+PTD+PPD+TTD+MEDICAL		2,200,000.00
<b>NUMBER OF MEMBERS COVERED:11</b>		
<b>NATURE OF BUSINESS:Construction Company</b>		
<b>CONDITIONS:</b>		
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		





general insurance

Bharti AXA General Insurance  
Company Limited

☎ 1800-103-2292  
✉ customer.service@bharti-axa.co.in  
✉ SMS <SERVICE> to 5667700  
🌐 www.bharti-axa.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 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.

"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 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 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 neck, 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 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. 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 -

- 1) 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.
- 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).
- 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.

- 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.
- 7) 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 detentions 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 self-sustaining 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, mis-description 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.



general insurance

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\_GI-2002\_ENG dated 26-04-2002, notification on Insurance Regulatory and Development Authority (Protection of policy holders' interests) Regulations, 2002.

## Smart Personal 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 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.

"**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 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 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 Neck, 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 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. 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-

- 1) 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.
- 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).
- 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.

- 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.
- 7) 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 detentions 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 self-sustaining 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\_GI-2002\_ENG dated 26-04-2002, notification on Insurance Regulatory and Development Authority (Protection of policy holders' interests) Regulations, 2002.





redefining /  
general insurance

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**

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

**GROUP PA  
TAX INVOICE  
NEW BUSINESS  
Original**

<b>POLICY INFORMATION</b>		<b>Policy No. : APG/11252430/51/04/C15110</b>	
Source	:	(03) 51001500	
Insured	:	MEHTA AND MODI HOMES	
Address	:	5-4-187/3 & 4, 2ND FLOOR 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	:	INR	Exchange Rate : 1.0000
<b>Gross Premium</b>		<b>Charges</b>	<b>Total Payable</b>
INR		INR	INR
2,565.00		(S.TAX 12.36%) 317.03	2,882.03
<p><b>BHARTI AXA GENERAL INSURANCE COMPANY LTD</b></p> <p><i>[Signature]</i></p> <p><b>Authorized Signature</b></p>			
Issued by - ABSPL051 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 7100 Fax: 040-44337101  
 Email: customer.service@bharti-axa.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		Policy No. : <b>APG/I1252430/51/04/C15110</b>
Source	: (03) 51001500	
Insured	: MEHTA AND MODI HOMES	
Address	: 5-4-187/3 & 4, 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDHRA PRADESH	
Period of Insurance	: From Hours on 19/04/2013 To Midnight on 18/04/2014	
<b>PREMIUM</b>		
Premium	: INR 2,565.00	
S. TAX 12.36%	: INR 317.03	
Total Payable	: INR 2,882.03	
<b>RISK DETAILS</b>		
Type of Risk	: APG GROUP PA	
Name of Member Insured	: NAMED GPA	
Date of Birth	:	
Occupation	: RISK CATEGORY I	
Class	: 01	
<b>Benefits</b>	<b>Capital Sum Insured (INR)</b>	
<b>DEATH+PTD+PPD+TTD+MEDICAL</b>		<b>4,400,000.00</b>
<b>NO OF MEMBERS COVERED:22</b>		
<b>NATURE OF BUSINESS:Construction Company</b>		
<b>CONDITIONS:</b>		
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 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		





general insurance

Bharti AXA General Insurance Company Limited

1800-103-2292
customer.service@bharti-axa.co.in
SMS <SERVICE> to 5667700
www.bharti-axa.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 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.

"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 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 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 Neck, 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 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. 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-

- 1) 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.
- 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).
- 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.

- 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.
- 7) 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 detentions 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 self-sustaining 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.



general insurance



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)
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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**

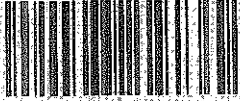
In case the Insured / Insured Person is aggrieved in any way, the Insured / Insured Person may contact the Company at the specified address, during normal business hours. In case the Insured / Insured Person has not got his / her grievances redressed by the Company within 14 days, then he / she may approach 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 : 04 May 2013  
Policy Number : APG/I1255603/51/04/C1511Q  
Client ID : 02380027

SMS NP  
02380027 TO  
5667700



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.

Your GROUP PA policy No (APG/I1255603/51/04/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 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.**

1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 97 Toll Free No: 1 800 103 2292  
Tel: 91 80 40260100 Fax: 80 40260101

Email: customer.service@bharti-axa.co.in Website: www.bharti-axa.co.in

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**

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

**GROUP PA**  
**TAX INVOICE**  
**NEW BUSINESS**  
 Original

<b>POLICY INFORMATION</b>		<b>Policy No. : APG/I1255603/51/04/C1511Q</b>	
Source	:	(03) 51001500	
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 19/04/2013 To Midnight on 18/04/2014	
Transaction No.	:	00001	
Billing Currency	:	INR	Exchange Rate : 1.0000
<b>Gross Premium</b>		<b>Charges</b>	<b>Total Payable</b>
INR		INR	INR
466.00		(S. TAX 12.36%) 57.60	523.60

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**
  
 Authorized Signature

Issued by - ABSPL051 on 30/04/2013

(R)



redefining / general insurance

BHARTI AXA GENERAL INSURANCE COMPANY LTD  
3rd Floor, 6-3-666/B/6,  
Gokul Towers,  
Punjagutta  
Hyderabad-500082  
Tel:+91 40 4433 7100 Fax:040-44337101  
Email: customer.service@bharti-axa.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		<b>Policy No. : APG/I1255603/51/04/C1511Q</b>
Source	: (03) 51001500	
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 19/04/2013 To Midnight on 18/04/2014
<b>PREMIUM</b>		
Premium	: INR 466.00	
S.TAX 12.36%	: INR 57.60	
Total Payable	: INR 523.60	
<b>RISK DETAILS</b>		
Type of Risk	: APG GROUP PA	
Name of Member Insured	: NAMED GPA	
Date of Birth	:	
Occupation	: RISK CATEGORY 1	
Class	: 01	
<b>Benefits</b>		<b>Capital Sum Insured (INR)</b>
DEATH+PPD+PTD+TTD+MEDICAL		800,000.00
NUMBERS OF MEMBERS COVERED:4		
NATURE OF BUSINESS:Construction Company		
<b>CONDITIONS:</b>		
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 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		

GROUP PA

BHARTI AXA GENERAL INSURANCE COMPANY LTD

Continuation page 1



FORMING THE PART OF AND LIST ATTACHED TO APG POLICY: I1252470

INSURED NAME: MODI PROPERTIES & INVESTMENTS PVT LTD

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

SL NO	NAME OF EMPLOYEES	DOB	SUM INSURED	MEDICAL EXT
1	G Kanaka Rao	15.08.1957	200000	YES
2	M. Jayaprakash	27.06.1975	200000	YES
3	G JAI KUMAR	28.07.1980	200000	YES
4	K Martand	01.06.1980	200000	YES
5	B Shekappa	01.01.1966	200000	YES
6	G. Swaroopa	10.01.1968	200000	YES
7	ARUNA	06.02.1974	200000	YES

BIHARTI AXA GENERAL INSURANCE COMPANY LTD



Authorized Signature



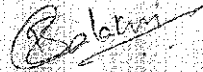
FORMING THE PART OF AND LIST ATTACHED TO APG POLICY:11252574

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
1	Kavadi Yadagiri	05/06/74	200000	YES	NO
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	N.MEGA MALA	04/06/87	200000	YES	NO
6	B.SADANANDAM	07/07/82	200000	YES	NO
7	G.KOUSHIK	11/03/90	200000	YES	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

BHARTI AXA GENERAL INSURANCE COMPANY LTD



Authorized Signature

**FORMING THE PART OF AND LIST ATTACHED TO APG POLICY: 11255603**

**INSURED NAME: Modi Ventures**

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

SL NO	NAME OF EMPLOYEES	DOJ	SUM INSURED	MEDICAL EXT	ANY OTHER COVER
1	M Praveen Babu	17/03/88	200000	YES	NO
2	P Sree swapna	02/07/82	200000	YES	NO
3	K Jagdishwar Reddy	07/09/84	200000	YES	NO
4	N.Narender Reddy	12/04/81	200000	YES	NO

BHARTI AXA GENERAL INSURANCE COMPANY LTD



Authorized Signature

**FORMING THE PART OF AND LIST ATTACHED TO APG POLICY: I1252430**

**INSURED NAME: MEHTA & MODI HOMES**

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

SL NO	NAME OF EMPLOYEES	DOB	SUM INSURED	MEDICAL EXT
1	G Hari Swaroop	09.01.1978	200000	YES
2	A Samba Siva Rao	08.06.1970	200000	YES
3	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	P E Raj Kumar	10.11.1976	200000	YES
7	K Venkata Nagi Reddy	18.03.1981	200000	YES
8	B M Raj Kumar	03.01.1978	200000	YES
9	J Selva Kumar	30.07.1973	200000	YES
10	M Srinivas Yadav	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	Ch. Gopal Reddy	10.06.1983	200000	YES
19	Mohd. Khaja	23.01.1991	200000	YES
20	D Shiya Shanker	17.05.1979	200000	YES
21	P Ashwini	04.10.1988	200000	YES
22	Thomeas Joseph	04.12.1969	200000	YES

BHARTI AXA GENERAL INSURANCE COMPANY LTD

  
Authorized Signature

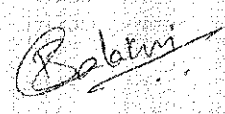
**FORMING THE PART OF AND LIST ATTACHED TO APG POLICY: I1252375**

**INSURED NAME: ALPINE ESTATES**

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

SL NO	NAME OF EMPLOYEES	DOB	SUM INSURED	MEDICAL EXT	ANY OTHER COVER
1	P.Ramesh	02/10/76	200000	YES	NO
2	R.Raghunath	16/11/58	200000	YES	NO
3	S.Sunil kumar	04/12/77	200000	YES	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	YES	NO
9	K.MANOJ KUMAR	14/03/89	200000	YES	NO
10	R.RANI	11/04/85	200000	YES	NO
11	B.RAJA REDDY	04/07/85	200000	YES	NO

BHARTIAXA GENERAL INSURANCE COMPANY LTD

  
 Authorized Signature



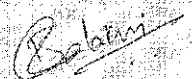
FORMING THE PART OF AND LIST ATTACHED TO APG POLICY: I1252327

INSURED NAME: PARAMOUNT ESTATES

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

SL NO	NAME OF EMPLOYEES	DOB	DOJ	SUM INSURED	MEDICAL EXT
1	M.NAGARJUNA	21/07/82	19/04/13	200000	YES
2	K.SHIRISH KUMAR	06/04/85	19/04/13	200000	YES
3	G.VIJAY RAJ	04/07/78	19/04/13	200000	YES
4	K.PRABHAKER REDDY	15/01/74	19/04/13	200000	YES
5	J.Srinivas	08/06/85	19/04/13	200000	YES
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
9	CH.RAMESH	19/05/81	19/04/13	200000	YES
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



Authorized Signature



general insurance

Bharti AXA General Insurance  
Company Limited

☎ 1800-103-2292  
✉ customer.service@bharti-axa.co.in  
✉ SMS <SERVICE> to 5667700  
🌐 www.bharti-axa.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 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.

"**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 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 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 Neck, 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 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. 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 -

- 1) 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.
- 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).
- 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.

- 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.
- 7) 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 detentions 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 self-sustaining 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**

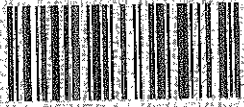
In case the Insured / Insured Person is aggrieved in any way, the Insured / Insured Person may contact the Company at the specified address, during normal business hours. In case the Insured / Insured Person has not got his / her grievances redressed by the Company within 14 days, then he / she may approach 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\_GI-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/II252574/51/04/C15110  
Client ID: 00421463

SMS NP  
00421463 TO  
5667700



M/s MODI AND MODI CONSTRUCTIONS  
5-4-187/3 & 4  
IIND FLOOR SOHAM MANSION  
MG ROAD  
SECUNDERABAD-500003  
ANDHRA 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.

Your GROUP PA policy No (APG/II252574/51/04/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's 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 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  
 Hyderabad-500082  
 Tel: +91 40 4433 7100 Fax: 040-44337101  
 Email: customer.service@bharti-axa.co.in

**GROUP PA**  
**TAX INVOICE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		Policy No. : <b>APG/I1252574/51/04/C1511Q</b>	
Source	:	<b>(03) 51001500</b>	
Insured	:	<b>MODI AND MODI CONSTRUCTIONS</b>	
Address	:	<b>5-4-187/3 &amp; 4 IIND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDHRA PRADESH INDIA 500003</b>	
Period of Insurance	:	<b>From Hours on 19/04/2013 To Midnight on 18/04/2014</b>	
Transaction No.	:	<b>00001</b>	
Billing Currency	:	<b>INR</b>	Exchange Rate : <b>1.0000</b>
<b>Gross Premium</b>		<b>Charges</b>	<b>Total Payable</b>
<b>INR</b>		<b>INR</b>	<b>INR</b>
<b>1,283.00</b>		<b>(S. TAX 12.36%) 158.58</b>	<b>1,441.58</b>
<b>BHARTI AXA GENERAL INSURANCE COMPANY LTD</b>  <b>Authorized Signature</b>			
Issued by - <b>ABSPL051</b> on <b>30/04/2013</b>			<b>(R)</b>



**BHARTI AXA GENERAL INSURANCE COMPANY LTD**

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

Gokul Towers,

Punjagutta

Hyderabad-500082

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

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

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>	Policy No. : <b>APG/I1252574/51/04/C15110</b>
Source	: (03) 51001500
Insured	: <b>MODI AND MODI CONSTRUCTIONS</b>
Address	: 5-4-187/3 & 4 IIND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDHRA PRADESH
Period of Insurance	: From Hours on 19/04/2013 To Midnight on 18/04/2014
<b>PREMIUM</b>	
Premium	: INR 1,283.00
S.TAX 12.36%	: INR 158.58
Total Payable	: INR 1,441.58
<b>RISK DETAILS</b>	
Type of Risk	: <b>APG GROUP PA</b>
Name of Member Insured	: <b>NAMED GPA</b>
Date of Birth	:
Occupation	: <b>RISK CATEGORY I</b>
Class	: <b>01</b>
<b>Benefits</b>	<b>Capital Sum Insured (INR)</b>
<b>DEATH+PTD+PPD+TTD+MED</b>	<b>2,200,000.00</b>
<b>NUMBER OF MEMBERS COVERED: 11</b>	
<b>NATURE OF BUSINESS: Construction Company</b>	
<b>CONDITIONS:</b>	
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	



general insurance

6

Bharti AXA General Insurance Company Limited

1800-103-2292
customer.service@bharti-axa.co.in
SMS <SERVICE> to 5667700
www.bharti-axa.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...

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 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/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 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 -

- 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.

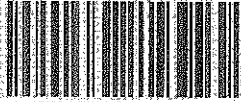
**24) Grievances**

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\_GI-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 : 02379750

SMS NP  
02379750 TO  
5667700



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

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 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



redefining /  
general insurance

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**

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

Gokul Towers,

Punjagutta

Hyderabad-500082

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

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

**GROUP PA  
TAX INVOICE  
NEW BUSINESS  
Original**

<b>POLICY INFORMATION</b>		Policy No. : <b>APG/I1252470/51/04/C1511Q</b>	
Source	:	<b>(03) 51001500</b>	
Insured	:	<b>MODI PROPERTIES &amp; INVESTMENTS PVT LTD</b>	
Address	:	<b>5 4 187/3&amp;4 IIND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH INDIA 500003</b>	
Period of Insurance	:	<b>From Hours on 19/04/2013 To Midnight on 18/04/2014</b>	
Transaction No.	:	<b>00001</b>	
Billing Currency	:	<b>INR</b>	Exchange Rate : <b>1.0000</b>

Gross Premium INR	Charges INR	Total Payable INR
<b>816.00</b>	<b>(S.TAX 12.36%) 100.86</b>	<b>916.86</b>

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**

*[Signature]*  
**Authorized Signature**

Issued by - **ABSPL051** on **30/04/2013**

**(R)**

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**

1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292  
Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axa.co.in



**BHARTI AXA GENERAL INSURANCE COMPANY LTD**

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

Gokul Towers,


Punjagutta

Hyderabad-500082

Tel:+91-40-4435 7100 Fax:040-44337101

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

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
 Original

<b>POLICY INFORMATION</b>		Policy No. : <b>APG/T1252470/51/04/C1511Q</b>
Source	: (03) 51001500	
Insured	: <b>MODI PROPERTIES &amp; INVESTMENTS PVT LTD</b>	
Address	: <b>5 4 187/3&amp;4 IIND FLOOR</b> <b>SOHAM MANSION MG ROAD</b> <b>SECUNDERABAD-500003</b> <b>ANDRA PRADESH</b>	
Period of Insurance	: From	Hours on <b>19/04/2013</b> To <b>Midnight on 18/04/2014</b>
<b>PREMIUM</b>		
Premium	: <b>INR 816.00</b>	
S.TAX 12.36%	: <b>INR 100.86</b>	
Total Payable	: <b>INR 916.86</b>	
<b>RISK DETAILS</b>		
Type of Risk	: <b>APG GROUP PA</b>	
Name of Member Insured	: <b>NAMED GPA</b>	
Date of Birth	:	
Occupation	: <b>RISK CATEGORY I</b>	
Class	: <b>01</b>	
<b>Benefits</b>		<b>Capital Sum Insured (INR)</b>
<b>DEATH+PTD+PPD+TTD+MED</b>		<b>1,400,000.00</b>
Nature of business	<b>Construction Company</b>	
<b>NO OF MEMBERS COVERED: 7</b>		
<b>CONDITIONS:</b>		
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 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		
BHARTI AXA GENERAL INSURANCE COMPANY LTD  Authorized Signature		
<b>IMPORTANT :</b>		
This Schedule should be read in conjunction with the Terms and Conditions of the Policy.		
Issued by - <b>ABSPL051 on 30/04/2013</b>		(R)

GROUPPA

BHARTI AXA GENERAL INSURANCE COMPANY LTD

1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore -37 Toll Free No: 1 800 103 2292

Tel: 91 80 40260100 - Fax: 80 40260101 - Email: customer.service@bharti-axa.co.in

Page 1





general insurance

Bharti AXA General Insurance Company Limited

☎ 1800-103-2292
☎ customer.service@bharti-axa.com
✉ SMS SERVICE to 5667700
www.bharti-axa.com

Smart Personal/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 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.

"Family" means the Insured, his/her lawful spouse and maximum of two dependent 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 procured 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 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 benefits 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%

#### 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 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. 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

- 1) Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or its consequence 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).
- 3) Any other payment after a claim under one of the foregoing Clauses (a) to (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.

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.

7) 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

a) from intentional self-injury, suicide or attempted suicide

b) whilst under the influence of liquor or drugs or other intoxicants

iii) whilst engaging in aviation or ballooning whilst mounting and 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 detentions 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 self-sustaining 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.



general insurance

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 hereinafore 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/CI/2002, ENG dated 26-04-2002, notification of Insurance Regulatory and Development Authority (Protection of policy holders' interests) Regulations, 2002.





USHA KIRAN COMPLEX, 6th FLOOR, PARADISE CIRCLE  
SAROJINI DEVI ROAD, SECUNDERABAD-500 003, ANDHRA PRADESH  
RTGS / NEFT IFSC : HDFC0000042

Imperia  
Premium Banking

17 04 20 13  
D D M M Y Y Y Y  
Valid for 3 months only

Pay *Bharti Axa G.I.C. Ltd*

Or Bearer  
या धारक को

Rupees रुपये *Two thousand Six hundred & twenty only*

अदा करें ₹ 2620/-

A/c No.  
खाता क्र.

00422320004983

Brn: 0042 Pdt: 232  
HDFC PLUS

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

FC

For VISTA HOMES

Authorized Signatories  
Please sign above / कृपया यहाँ हस्ताक्षर करें

⑈000354⑈ 500240003⑈ 011242⑈ 29



USHA KIRAN COMPLEX, 6th FLOOR, PARADISE CIRCLE  
SAROJINI DEVI ROAD, SECUNDERABAD-500 003, ANDHRA PRADESH  
RTGS / NEFT IFSC : HDFC0000042

A/c. Payee Only

Imperia  
Premium Banking

18/04/13

D D M M Y Y Y Y  
Valid for 3 months only

Pay *Bharati Axa GIC Ltd.*

Or Bearer  
या धारक को

Rupees रुपये *Two thousand Eight hundred & eighty two only*

अदा करें ₹ 2882/-

A/c No.  
खाता क्र.

00422000011257

CA

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

For MEHTA AND MODI HOMES

Authorized Signatories  
Please sign above / कृपया यहाँ हस्ताक्षर करें

⑈915749⑈ 500240003⑈ 133699⑈ 29



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A/c Payee Only

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

17042017  
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SESA(SA)ICY CTS-2010 140312

Pay *Bharti Axa G.I.C Ltd*

Or Bearer  
या धारक व

Rupees रुपये *five hundred & twenty four only*

अदा करें

₹ *524/-*

A/c No.  
खाता क्र.

00422000021800

CA

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

*[Signature]*

For MODI VENTURE

Authorised Signatory  
Please sign above / कृपया यहाँ हस्ताक्षर करें

⑈63305⑈ 500240003⑈ 224877⑈ 29

**HDFC BANK**

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

A/c Payee Only

*Imperia*  
Premium Banking

18042013  
D D M M Y Y Y Y  
Valid for 3 months only

SESA(SA)ICY CTS-2010 260313

Pay *BHARTI AXA G.I.C. LTD*

Or Bearer  
या धारक को

Rupees रुपये *One thousand four hundred  
fourty one only*

अदा करें

₹ *1,441/-*

A/c No.  
खाता क्र.

00422320005034

Brn: 0042 Pdt: 232  
HDFC PLUS

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*[Signature]*

For PARAMOUNT ESTATES

Authorised Signatory  
Please sign above / कृपया यहाँ हस्ताक्षर करें

⑈000630⑈ 500240003⑈ 014511⑈ 29

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Premium Banking

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

18042013  
D D M M Y Y Y Y  
Valid for 3 months only

SESA(SA)ICY CTS-2010 020313

Pay *Bharti Axa G.I.C. Ltd*

Or Bearer  
या धारक को

Rupees रुपये *One thousand four hundred  
and fourty one only*

अदा करें

₹ *1441/-*

A/c No.  
खाता क्र.

00422320004966

Brn: 0042 Pdt: 232  
HDFC PLUS

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

*[Signature]*

For ALPINE ESTATES

Authorised Signatory  
Please sign above / कृपया यहाँ हस्ताक्षर करें

Not Exceeding Rs.50,000/-

*Seddy*

FC

⑈000585⑈ 500240003⑈ 010898⑈ 29



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

Imperia  
Premium Banking

18042013

Valid for 3 months, if issued from 1st April, 2012

Pay Bharti Axa G.I.C Ltd.

Or Bearer

या धारक को

Rupees रुपये One thousand fourty Eight Only

अदा करें

₹ 1048/-

A/c No.

00422000023348

CA

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

For KADAKIA AND MOD HOUSING

*[Signature]*  
Authorised Signatories  
Please sign above / कृपया यहाँ हस्ताक्षर करें

⑈697817⑈ 500240003⑈ 239500⑈ 29



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

A/c. Payee Only

Imperia  
Premium Banking

18042013

D D M M Y Y Y Y  
Valid for 3 months only

Pay Bharti Axa G.I.C Ltd.

Or Bearer

या धारक को

Rupees रुपये Nine hundred Seventeen Only

अदा करें

₹ 917/-

A/c No.

00422000001120

Brn: 0042 Pdt: 200

CA

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

For MODI PROPERTIES & INVESTMENTS PVT LTD

*[Signature]*  
Authorised Signatories  
Please sign above / कृपया यहाँ हस्ताक्षर करें

FC

⑈009021⑈ 500240003⑈ 007225⑈ 29



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

Payee's A/c Only

Imperia  
Premium Banking

18042013

D D M M Y Y Y Y  
Valid for 3 months only

Pay Bharti Axa G.I.C Ltd.

Or Bearer

या धारक को

Rupees रुपये Two thousand Seven hundred  
Eighty five one only.

अदा करें

₹ 2,751/-

A/c No.

00422320004922

Brn: 0042 Pdt: 232

HDFC PLUS

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

For GREENWOOD ESTATES

*[Signature]*  
Authorised Signatories  
Please sign above / कृपया यहाँ हस्ताक्षर करें

FC

Not Exceeding Rs. 50,000/-

⑈001003⑈ 500240003⑈ 000000⑈ 29



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

Imperia  
Premium Banking

18042013

Valid for 3 months, if issued from 1st April, 2012

Pay BHARTI AXA G.I.C. LTD

Or Bearer  
या धारक का

Rupees रुपये Two Hundred & Sixty-Two only

अदा करें

₹ 262-00

A/c No.

00422000011309

CA

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

*(Signature)*

SYED MEHDI

Please sign above / कृपया यहाँ हस्ताक्षर करें

⑈725435⑈ 500240003⑈ 134530⑈ 29



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

Payer's A/c Only

Imperia  
Premium Banking

18042013

Valid for 3 months only

Pay BHARTI AXA G.I.C. LTD

Or Bearer  
या धारक का

Rupees रुपये One Thousand Four Hundred  
& Forty-one only

अदा करें

₹ 1441-00

A/c No.

00422000016924

Brn: 0042 Pdt: 200  
CA

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

For MODI & MODI CONSTRUCTIONS

*(Signature)*

Authorised Signatories

Please sign above / कृपया यहाँ हस्ताक्षर करें

FC

⑈000871⑈ 500240003⑈ 203436⑈ 29

Modi Properties & Investments Pvt. Ltd.	
(GPA) Group Personal Accident Insurance Policy 2013 - 2014	
Sum of Premium Amount	Total
Company	
GMG	524
GWE	2751
KNM	1048
MEHDI	262
MFH	1441
MNM	1441
MPIPL	917
PMR - II	1441
SOB	1310
VISTA	2620
VSC	1572
Grand Total	15327

AUTHORIZED SIGNATURE  
 - 3 APR 2013  
 SOHAM MOULI  
 MANAGING DIRECTOR

*(Handwritten Signature)*

**Cheque in favour of : BHARTI AXA G.I.C. LTD**



**Mehta & Modi Homes**

5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3, A.P.  
Phone No. 040 66335531, Fax 040 27544058

**(GPA) Group Personal Accident Insurance Policy 2013 - 2014**

Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	A Suresh	05.01.1975	200,000	131.00	A Bhavani	Wife
2	A Samba Siva Rao	08.06.1970	200,000	131.00	A Laxmi Sujatha	Wife
3	Thomas Joseph	04.12.1969	200,000	131.00	Gloria Joseph	Wife
4	K Hemendra	12.04.1962	200,000	131.00	H. K. Henna	Wife
5	P E Raj Kumar	10.11.1976	200,000	131.00	P Salomi snyrna	Wife
6	D Mahesh Babu	25.05.1994	200,000	131.00	D. Malleshwari	Mother
7	M Srinivas Yadav	06.06.1971	200,000	131.00	M Laxmi	Wife
8	D. Pavan Kumar	12.05.1990	200,000	131.00	D. Rani	Mother
9	T Dakshina Murthy	13.12.1983	200,000	131.00	T Kamalamma	Mother
10	G Murali Mohan	10.07.1978	200,000	131.00	G Mallesh	Father
11	K. Satyanaravana Chary	10.09.1966	200,000	131.00	K. Revanthi	Sou
12	Praveen Pathak	14.04.1978	200,000	131.00	Yamuna	Wife
13	G Jagdish	13.07.1976	200,000	131.00	G Sai Leela	Wife
14	A Laxrukanth	26.06.1979	200,000	131.00	A Vani Sudha	Wife
15	M Mounika	22.02.1982	200,000	131.00	M. Kumara Swamy	Wife
16	J Selva Kumar	30.07.1973	200,000	131.00	S Kavitha	Wife
17	A Vijay Kumar Goud	27.01.1986	200,000	131.00	A.S.Rani	Mother
18	S. Navanitha	30.11.1988	200,000	131.00	S Santosh	Husband
19	K Purshotham	04.04.1985	200,000	131.00	K. Pushpalatha	Wife
20	G. Satish Kumar	30.11.1987	200,000	131.00	G. Nirmala	Mother
21	D Shiva Shanker	17.05.1979	200,000	131.00	Manjula	Wife
22	P Ashwini	04.10.1988	200,000	131.00	P Saraswathi	Mother
				<b>2882.00</b>		



Modi Properties & Investments Pvt. Ltd.						
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 2013 - 2014						
Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	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
3	G.Jai Kumar	28.07.1980	200,000	131.00	G. Deepika	Wife
4	Aruna	06.02.1974	200,000	131.00	K.Pravallika	daughter
5	K Martand	01.06.1980	200,000	131.00	K.Indu Bai	Wife
6	B Shekappa	01.01.1966	200,000	131.00	D. Shantamma	Wife
7	G. Swareopa	10.01.1968	200,000	131.00	G. Narasimha	Husband
				917.00		

*Dar*

Vista Homes

5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3, A.P.  
Phone No. 040 66555551, Fax 040 27544058

(GPA) Group Personal Accident Insurance Policy 2013 - 2014

Sl.No	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	A Ramesh	24.05.1972	200,000	131.00	A Rajeshwari	Wife
2	K Suneel Kumar	30.03.1975	200,000	131.00	Tulasi	Wife
3	A Gopi	15.11.1980	200,000	131.00	A. Babu	Father
4	M Keerthi	09.05.1986	200,000	131.00	M Laxmi	Mother
5	D Karunakar Reddy	17.07.1982	200,000	131.00	Bharathamma	Mother
6	T Madhu	09.08.1984	200,000	131.00	T Bhantamma	Mother
7	M Nagalaxmi	22.10.1973	200,000	131.00	M Srinivas	Husband
8	D Rohit	16.10.1990	200,000	131.00	D. Sarala	Mother
9	Neelesh K. Dave	05.01.1981	200,000	131.00	S K Dave	Mother
10	G. Sangeetha	21.11.1985	200,000	131.00	G. Parjatham	Mother
11	M. Krishna	21.09.1982	200,000	131.00	M. Suguna	Mother
12	G B Rambabu	06.11.1958	200,000	131.00	Jyothi	Wife
13	M Srinivas Rao	01.07.1962	200,000	131.00	Rajani Devi	Wife
14	V Naveena Yadav	17.06.1971	200,000	131.00	L Kalavathi	Mother
15	V Ravi	14.08.1985	200,000	131.00	V Sarojana	Mother
16	V Sumitha	30.06.1979	200,000	131.00	V Advarith	Son
17	B. Mallikarjun	14.11.1982	200,000	131.00	Sridevi	Wife
18	Y V Shanaja	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	K Ranga Charyulu	09.09.1960	200,000	131.00	K. Padmaja	Wife
				2620.00		

**Kadakia & Modi Housing**

5-4-1873&4, II nd Floor, Soham Mansion, MG Road, Sec bad-3, A. P.  
Phone No. 040 6633555 | Fax 040 27544058

**(GPA) Group Personal Accident Insurance Policy-2013 - 2014**

Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	Khizer Mahmood	10.07.1964	200,000	131.00	K. Nasreen	Wife
2	M Roopa	27.07.1982	200,000	131.00	M Chandrakala	Mother
3	D. Mannohan	21.08.1989	200,000	131.00	D Jaya laxmi	Mother
4	N Raj Kumar	28.12.1979	200,000	131.00	Rajeswari	Mother
5	B. Murali krishna	23.01.1981	200,000	131.00	B. Subasini	Mother
6	Mohd. Khaja	23.01.1991	200,000	131.00	Zainab bee	Mother
7	M Mahender	20.07.1978	200,000	131.00	M Sabitha	Wife
8	N Anil Kumar	06.01.1979	200,000	131.00	N Narsimha	Father
				1048.00		

*David*



**Paramount Estates**

5-4-187/3&4, II nd Floor, Sohan Mansion, MG Road, Sec'bad-3, A P.  
 Phone No. 040 66335551, Fax 040 27544058

**(GPA) Group Personal Accident Insurance Policy 2013 - 2014**

Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	M. Nagarjuna	21.07.1982	200,000	131.00	M. Baswaraj	Father
2	K. Shirish Kumar	06.04.1985	200,000	131.00	K. Vasantha	Mother
3	G. Vijay Raj	04.07.1978	200,000	131.00	G. Swetha	Wife
4	K. Prabhakar Reddy	15.01.1974	200,000	131.00	K. Saritha Reddy	Wife
5	Uma Maheshwari	13.09.1974	200,000	131.00	Pavani	Daughter
6	E. Navaneetha	29.06.1985	200,000	131.00	P. madhu	Husband
7	K. Pushalatha	26.06.1985	200,000	131.00	K. Purshotham	Husband
8	Ch Ramesh	19.05.1981	200,000	131.00	Ch. Renuka	Wife
9	N. Hansa	31.05.1985	200,000	131.00	Susheela	Mother
10	B. Sudharshan	06.04.1967	200,000	131.00	B. Manjula	Wife
11	J. Srinivas	08.06.1985	200,000	131.00	J. Ramulamma	Mother
				<b>1441.00</b>		

*(Signature)*

Alpine Estates						
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 2013 - 2014						
Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	P Ramesh	02.10.1976	200,000	131.00	P Uma devi	Wife
2	R. Raghunath	16.11.1958	200,000	131.00	R. Lalithamma	Wife
3	S Sunil Kumar	04.12.1977	200,000	131.00	S Sucharitha	Mother
4	CH Venkatramana Reddy	05.03.1974	200,000	131.00	Ch Vimala	Wife
5	K Venkata Nagi Reddy	18.03.1981	200,000	131.00	K Chinamma	Mother
6	Swathi	23.08.1987	200,000	131.00	Srimidhi	Daughter
7	K Gopi Krishna	05.05.1974	200,000	131.00	K Uma Devi	Wife
8	D Raj Kumar	03.11.1984	200,000	131.00	Sushma	Wife
9	K Manoj Kumar	14.03.1989	200,000	131.00	K Uma Devi	Mother
10	R Rani	11.04.1985	200,000	131.00	R. Pushpa	Mother
11	B Raja Reddy	04.07.1985	200,000	131.00	B Laxmi	Mother
				<b>1441.00</b>		

*Doranna*

**Greenwood Estates**

5-4-1873&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3, A.P.  
Phone No. 040 66535551, Fax: 040 27544058

**(GPA) Group Personal Accident Insurance Policy 2013 - 2014**

Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	Ranjith Prakash	14.07.1972	200,000	131.00	Sulakshana Ranjith	Wife
2	P Harry Daniel	21.09.1966	200,000	131.00	Christina Philip	Wife
3	T Suryanarayana	09.09.1976	200,000	131.00	T Pallavi	Wife
4	M. Suresh	30.05.1980	200,000	131.00	Rajeswari	Mother
5	M Ramakrishna	02.12.1982	200,000	131.00	M Katyani	Wife
6	S Nagamani	02.08.1969	200,000	131.00	S Gopal Rao	Husband
7	A. Anand Kumar Netha	15.10.1971	200,000	131.00	A. Someswari	Wife
8	Lavanya	21.01.1988	200,000	131.00	Bikshapathi	Husband
9	G Vineela	07.02.1984	200,000	131.00	G. Naga Lakshmi	Mother
10	G. Rajesh	18.08.1978	200,000	131.00	G Vishnu	Brother
11	J Rambabu	08.02.1980	200,000	131.00	Sujatha	Wife
12	P. Ravi Kumar	29.10.1978	200,000	131.00	B. Kavitha	Wife
13	B Praveen	01.10.1983	200,000	131.00	B. Susheela	Mother
14	Md Shekeer	02.06.1981	200,000	131.00	Samreen Sulhana	Wife
15	A. Vishwanath	16.03.1982	200,000	131.00	A Laxmi	Mother
16	D Phani Kumar	04.07.1984	200,000	131.00	D Bala	Mother
17	N Renuka Devi	29.12.1988	200,000	131.00	N Krishnaveni	Mother
18	P Srinivas	09.07.1982	200,000	131.00	P Mamatha	Wife
19	M. Raj Kumar	01.06.1969	200,000	131.00	M. Sarala	Wife
20	K Vasu Dev	04.01.1970	200,000	131.00	K. Vijaya	Wife
21	I. Rama Krishna	20.05.1978	200,000	131.00	I. Govardhani	Wife
				<b>2751.00</b>		



Modi & Modi Constructions						
5-4-1873&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3, A.P.						
Phone No. 040 6633555   Fax 040 27544058						
(GPA) Group Personal Accident Insurance Policy 2013 - 2014						
Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	Kavadi Yadagir	05.06.1974	200,000	131.00	K Manjula	Wife
2	K. Krishna Prasad	16.06.1964	200,000	131.00	K Jayasree	Wife
3	N. Rajya laxmi	24.04.1978	200,000	131.00	N. Venkat Kaundinya	husband
4	N. Megamala	04.06.1987	200,000	131.00	N. Krishnaveni	Mother
5	B. Sadanandam	07.07.1982	200,000	131.00	G. Swaroopa	Sister
6	G. Koushik	11.03.1990	200,000	131.00	G. Rajyalaxmi	Mother
7	M Malla Reddy	07.08.1965	200,000	131.00	M Kusuma Devi	Wife
8	L. Ramacharyulu	15.08.1962	200,000	131.00	M D N S S Kalvami	Sister
9	A R Vikas Kumar	05.11.1982	200,000	131.00	A R Swaraja Laxmi	Mother
10	Ch. Gopal Reddy	10.06.1983	200,000	131.00	Ch Raji Reddy	Father
11	T. Bhasker	26.04.1980	200,000	131.00	T. Sulhasini	Wife
				<b>1441.00</b>		

*David*



**Modi Ventures**

5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3, A.P.

Phone No. 040 66333551, Fax 040 27544058

**(GPA) Group Personal Accident Insurance Policy 2013 - 2014**

Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	M Praveen Babu	17.03.1988	200,000	131.00	M Vijaya laxmi	Mother
2	N Narendar Reddy	12.04.1981	200,000	131.00	Rajamma	Mother
3	P Sree swapna	02.07.1982	200,000	131.00	P Man Mohan	Husband
4	K Jagdishwar Reddy	07.09.1984	200,000	131.00	Yakub Reddy	Father
				<b>524.00</b>		



Sved Mehdi						
5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3, A.P.						
Phone No. 040 6635555   Fax 040 27544058						
<b>(GPA) Group Personal Accident Insurance Policy 2013 - 2014</b>						
SLNo.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	K Sravan Kumar	26.08.1987	200,000	131.00	K Java Laxmi	Mother
2	P.Raghu	10.10.1964	200,000	131.00	Suutha	Wife
				<b>262.00</b>		

*[Signature]*

Date : 14 May 2012  
Policy Number : APG/10889122/51/04/C1511Q  
Client ID : 02379750

SMS NP  
02379750 TO  
5667700



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.

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**

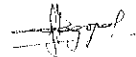
1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292

Tel:91 80 40260100 Fax:80 40260101

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

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
 3rd Floor, 6-3-666/B/6,  
 Gokul Towers,  
 Punjagutta  
 Hyderabad-500082  
 Tel:+91 40 4433 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**TAX INVOICE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		<b>Policy No. : APG/I0889122/51/04/C15110</b>	
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
<b>Gross Premium</b> INR	<b>Charges</b> INR		<b>Total Payable</b> INR
700.00	(S.TAX 12.36%) 86.52		786.52 ✓
<p><b>BHARTI AXA GENERAL INSURANCE COMPANY LTD</b></p> <p></p> <p><b>Authorized Signature</b></p>			
Issued by - INB2743 on 14/05/2012			



BHARTI AXA GENERAL INSURANCE COMPANY LTD  
 3rd Floor, 6-3-666/B/6,  
 Gokul Towers,  
 Punjagutta  
 Hyderabad-500082  
 Tel:+91 40 4433 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

GROUP PA  
 POLICY SCHEDULE  
 NEW BUSINESS  
 Original

<b>POLICY INFORMATION</b>		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	
Period of Insurance	:	From	Hours on 16/04/2012 To Midnight on 15/04/2013
<b>PREMIUM</b>			
Premium	:	INR 700.00	
S.TAX 12.36%	:	INR 86.52	
Total Payable	:	INR 786.52	
<b>RISK DETAILS</b>			
Type of Risk	:	APG GROUP PA	
Name of Member Insured	:	NAMED GPA	
Date of Birth	:		
Occupation	:	RISK CATEGORY I	
Class	:	01	
<u>Benefits</u>		<u>Capital Sum Insured (INR)</u>	
DEATH+PTD+PPD+TTD+MED		1,200,000.00	
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

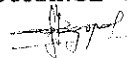
BHARTI AXA GENERAL INSURANCE COMPANY LTD  
3rd Floor, 6-3-666/B/6,  
Gokul Towers,  
Punjagutta  
Hyderabad-500082  
Tel:+91 40 4433 7100 Fax:040-44337101  
Email: customer.service@bharti-axagi.co.in

GROUP PA  
POLICY SCHEDULE  
NEW BUSINESS  
Original

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

G. Swaroopa                      10.01.1968                      200000                      YES

BHARTI AXA GENERAL INSURANCE COMPANY LTD



Authorized Signature

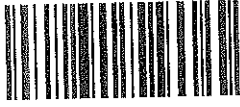
**IMPORTANT :**

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

Issued by - INB2743 on 14/05/2012

Date : 14 May 2012  
Policy Number : APG/I0889172/51/04/C1511Q  
Client ID : 02380916

SMS NP  
02380916 TO  
5667700



M/s M/S SYED MEHDI & RAZIABANO  
15 16/1/2/B  
MUSHEERABAD  
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.

Your GROUP PA policy No (APG/I0889172/51/04/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**

1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292  
Tel:91 80 40260100 Fax:80 40260101

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

BHARTI AXA GENERAL INSURANCE COMPANY LTD  
 3rd Floor, 6-3-666/B/6,  
 Gokul Towers,  
 Punjagutta  
 Hyderabad-500082  
 Tel:+91 40 4433 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

GROUP PA  
 TAX INVOICE  
 NEW BUSINESS  
 Original

<b>POLICY INFORMATION</b>		Policy No. : APG/I0889172/51/04/C1511Q	
Source	:	(03) 51000879	
Insured	:	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	
Billing Currency	:	INR	Exchange Rate : 1.0000
<b>Gross Premium</b>		<b>Charges</b>	<b>Total Payable</b>
INR		INR	INR
233.00		(S.TAX 12.36%) 28.80	261.80
<p>BHARTI AXA GENERAL INSURANCE COMPANY LTD</p>  Authorized Signature			
Issued by - INB2743 on 14/05/2012			

BHARTI AXA GENERAL INSURANCE COMPANY LTD  
 3rd Floor, 6-3-666/B/6,  
 Gokul Towers,  
 Punjagutta  
 Hyderabad-500082  
 Tel:+91 40 4433 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

GROUP PA  
 POLICY SCHEDULE  
 NEW BUSINESS  
 Original

<b>POLICY INFORMATION</b>		Policy No. : APG/I0889172/51/04/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	
<b>PREMIUM</b>			
Premium	:	INR 233.00	
S.TAX 12.36%	:	INR 28.80	
Total Payable	:	INR 261.80	
<b>RISK DETAILS</b>			
Type of Risk	:	APG GROUP PA	
Name of Member Insured	:	NAMED GPA	
Date of Birth	:		
Occupation	:	RISK CATEGORY I	
Class	:	01	
<b>Benefits</b>		<u>Capital Sum Insured (INR)</u>	
DEATH+PTD+PPD+TTD+MED		400,000.00	
NATURE OF BUSINESS:02			
NO OF MEMBERS COVERED:02			
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 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

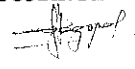


**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
3rd Floor, 6-3-666/B/6,  
Gokul Towers,  
Punjagutta  
Hyderabad-500082  
Tel:+91 40 4433 7100 Fax:040-44337101  
Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

**Policy No. : APG/I0889172/51/04/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.

Issued by - INB2743 on 14/05/2012

**GROUP PA**

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292  
Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axagi.co.in

Page 2

Date : 14 May 2012  
Policy Number : APG/10889328/51/04/C1511Q  
Client ID : 02379702

SMS NP  
02379702 TO  
5667700



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.

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

Advisor Name: BHARTI AXA DIRECT A/C-HYDERABAD

Contact : (Office) 918040260100 , (Res.) 918040260100

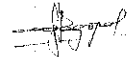
Warm regards,

G. Rajagopal

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 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**TAX INVOICE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		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
<b>Gross Premium</b>		<b>Charges</b>	<b>Total Payable</b>
INR		INR	INR
1,632.00		(S.TAX 12.36%) 201.72	1,833.72
<p><b>BHARTI AXA GENERAL INSURANCE COMPANY LTD</b></p>  <b>Authorized Signature</b>			
Issued by - INB2743 on 14/05/2012			

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
 3rd Floor, 6-3-666/B/6,  
 Gokul Towers,  
 Punjagutta  
 Hyderabad-500082  
 Tel:+91 40 4433 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		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	
Period of Insurance	:	From Hours on 16/04/2012 To Midnight on 15/04/2013	
<b>PREMIUM</b>			
Premium	:	INR 1,632.00	
S.TAX 12.36%	:	INR 201.72	
Total Payable	:	INR 1,833.72	
<b>RISK DETAILS</b>			
Type of Risk	:	APG GROUP PA	
Name of Member Insured	:	NAMED GPA	
Date of Birth	:		
Occupation	:	RISK CATEGORY I	
Class	:	01	
<u>Benefits</u>		<u>Capital Sum Insured (INR)</u>	
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
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


BHARTI AXA GENERAL INSURANCE COMPANY LTD  
3rd Floor, 6-3-666/B/6,  
Gokul Towers,  
Punjabgutta  
Hyderabad-500082  
Tel:+91 40 4433 7100 Fax:040-44337101  
Email: customer.service@bharti-axagi.co.in

GROUP PA  
POLICY SCHEDULE  
NEW BUSINESS  
Original

Policy No. : APG/I0889328/51/04/C1511Q

D Karunakar Reddy	17.07.82	16/04/12	200000	YES
B Prabhu Das	13.05.84	16/04/12	200000	YES
M Mahender	20.07.78	16/04/12	200000	YES
P Narendar	17.04.71	16/04/12	200000	YES
N Hamsa	31.05.85	16/04/12	200000	YES
Md Shakeer	02.06.81	16/04/12	200000	YES
N Narendar Reddy	12.04.81	16/04/12	200000	YES
K Manoj Kumar	14.03.89	16/04/12	200000	YES
B 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.

Issued by - INB2743 on 14/05/2012

GROUP PA  
BHARTI AXA GENERAL INSURANCE COMPANY LTD  
1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292  
Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axagi.co.in

Page 2



Date : 23 Apr 2012  
Policy Number : APG/10865599/51/04/C1511Q  
Client ID : 02380027

SMS NP  
02380027 TO  
5667700



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.

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.

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

Advisor Name: BHARTI AXA DIRECT A/C-HYDERABAD

Contact : (Office) 918040260100 , (Res.) 918040260100

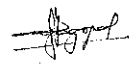
Warm regards,

G. Rajagopal

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 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**TAX INVOICE**  
**NEW BUSINESS**  
**Original**

POLICY INFORMATION		Policy No. : APG/I0865599/51/04/CI511Q
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
<b>Gross Premium</b> INR	<b>Charges</b> INR	<b>Total Payable</b> INR
1,632.00	(S.TAX 12.36%) 201.72	1,833.72
<p><b>BHARTI AXA GENERAL INSURANCE COMPANY LTD</b></p>  Authorized Signature		
Issued by - INB2743 on 23/04/2012		

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
 3rd Floor, 6-3-666/B/6,  
 Gokul Towers,  
 Punjagutta  
 Hyderabad-500082  
 Tel:+91 40 4433 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
 Original

<b>POLICY INFORMATION</b>		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
<b>PREMIUM</b>			
Premium	:	INR 1,632.00	
S.TAX 12.36%	:	INR 201.72	
Total Payable	:	INR 1,833.72	
<b>RISK DETAILS</b>			
Type of Risk	:	APG GROUP PA	
Name of Member Insured	:	NAMED GPA	
Date of Birth	:		
Occupation	:	RISK CATEGORY I	
Class	:	01	
<u>Benefits</u>		<u>Capital Sum Insured (INR)</u>	
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
A Ramesh	24.05.1972 ✓	16/04/12	200000 YES
K Shirish Kumar	06.04.1985 ✓	16/04/12	200000 YES
G B Rambabu	06.11.1958 /	16/04/12	200000 YES
K Prabhaker Reddy	15.01.1974 /	16/04/12	200000 YES
A Gopi	15.11.1980 /	16/04/12	200000 YES

GROUP PA

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
 1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292  
 Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axagi.co.in

Continuation page 1

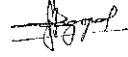
**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
3rd Floor, 6-3-666/B/6,  
Gokul Towers,  
Punjagutta  
Hyderabad-500082  
Tel:+91 40 4433 7100 Fax:040-44337101  
Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

Policy No. : APG/I0865599/51/04/C1511Q

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 Reddy	07.09.1984	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

GROUPPA

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**

1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292  
Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axagi.co.in

Page 2

Date : 24 Apr 2012  
Policy Number : APG/10865629/51/04/C1511Q  
Client ID : 02379882

SMS NP  
02379882 TO  
5667700



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.

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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,

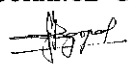
G. Rajagopal

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 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA  
 TAX INVOICE  
 NEW BUSINESS  
 Original**

<b>POLICY INFORMATION</b>		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
<b>Gross Premium</b> INR	<b>Charges</b> INR		<b>Total Payable</b> INR
1,632.00	(S.TAX 12.36%) 201.72		1,833.72
<p><b>BHARTI AXA GENERAL INSURANCE COMPANY LTD</b></p>  <b>Authorized Signature</b>			
Issued by - INB2743 on 24/04/2012			

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
 3rd Floor, 6-3-666/B/6,  
 Gokul Towers,  
 Punjagutta  
 Hyderabad-500082  
 Tel:+91 40 4433 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
 Original

<b>POLICY INFORMATION</b>		<b>Policy No. : APG/I0865629/51/04/C1511Q</b>	
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	
<b>PREMIUM</b>			
Premium	:	INR 1,632.00	
S.TAX 12.36%	:	INR 201.72	
Total Payable	:	INR 1,833.72	
<b>RISK DETAILS</b>			
Type of Risk	:	APG GROUP PA	
Name of Member Insured	:	NAMED GPA	
Date of Birth	:		
Occupation	:	RISK CATEGORY I	
Class	:	01	
<b>Benefits</b>		<u>Capital Sum Insured (INR)</u>	
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			
<b>EMP NAME</b>	<b>DOB</b>	<b>DOJ</b>	<b>S.I MED</b>
Kavadi Yadagiri	05.06.1974	16/04/12	200000 YES
K Krishna Prasad	16.06.1964	16/04/12	200000 YES
G. Vijay Raj	04.07.1978	16/04/12	200000 YES
M Malla Reddy	07.08.1965	16/04/12	200000 YES
B Purushothama Reddy	10.06.1984	16/04/12	200000 YES

GROUP PA

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
 1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292  
 Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axagi.co.in

Continuation page 1

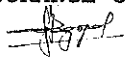
BHARTI AXA GENERAL INSURANCE COMPANY LTD  
3rd Floor, 6-3-666/B/6,  
Gokul Towers,  
Punjagutta  
Hyderabad-500082  
Tel:+91 40 4433 7100 Fax:040-44337101  
Email: customer.service@bharti-axagi.co.in

GROUP PA  
POLICY SCHEDULE  
NEW BUSINESS  
Original

Policy No. : APG/I0865629/51/04/C1511Q

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

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 24/04/2012

GROUPPA

BHARTI AXA GENERAL INSURANCE COMPANY LTD  
1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292  
Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axagi.co.in

Page 2

Date : 24 Apr 2012  
Policy Number : APG/10865634/51/04/C1511Q  
Client ID : 02379785

SMS NP  
02379785 TO  
5667700



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.

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

Head-Operations and Claims

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**

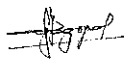
1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Purem Hobli Bangalore - 37 Toll Free No: 1 800 103 2292

Tel:91 80 40260100 Fax:80 40260101

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

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
 3rd Floor, 6-3-666/B/6,  
 Gokul Towers,  
 Punjagutta  
 Hyderabad-500082  
 Tel:+91 40 4433 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**TAX INVOICE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		<b>Policy No. : APG/I0865634/51/04/C1511Q</b>	
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
<b>Gross Premium</b> INR	<b>Charges</b> INR	<b>Total Payable</b> INR	
1,282.00	(S.TAX 12.36%) 158.46	1,440.46	
<p><b>BHARTI AXA GENERAL INSURANCE COMPANY LTD</b></p>  <b>Authorized Signature</b>			
Issued by - INB2743 on 24/04/2012			

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
 3rd Floor, 6-3-666/B/6,  
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 Punjagutta  
 Hyderabad-500082  
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 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		Policy No. : APG/I0865634/51/04/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	
Period of Insurance	:	From	Hours on 16/04/2012 To Midnight on 15/04/2013
<b>PREMIUM</b>			
Premium	:	INR	1,282.00
S.TAX 12.36%	:	INR	158.46
Total Payable	:	INR	1,440.46
<b>RISK DETAILS</b>			
Type of Risk	:	APG	GROUP PA
Name of Member Insured	:	NAMED GPA	
Date of Birth	:		
Occupation	:	RISK CATEGORY I	
Class	:	01	
<u>Benefits</u>		<u>Capital Sum Insured (INR)</u>	
DEATH+PTD+PPD+TTD+MED			2,200,000.00
NATURE OF BUSINESS:Construction Company			
NO OF MEMBERS COVERED:11			
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			
<b>EMP NAME</b>	<b>DOB</b>	<b>SUM INSURED</b>	<b>MEDICAL</b>
Khizer Mahmood	10.07.1964	200000	YES
G Jai Kumar	28.07.1980	200000	YES
L. Ramacharyulu	15.08.1962	200000	YES
D. Manmohan	21.08.1989	200000	YES
G Vineela	07.02.1984	200000	YES

GROUPPA

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
 1st Floor,Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292  
 Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axagi.co.in

Continuation page 1



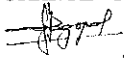
**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
3rd Floor, 6-3-666/B/6,  
Gokul Towers,  
Punjagutta  
Hyderabad-500082  
Tel:+91 40 4433 7100 Fax:040-44337101  
Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

**Policy No. : APG/I0865634/51/04/C1511Q**

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**

  
**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

**GROUPPA**

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292  
Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axagi.co.in

Page 2

Date : 24 Apr 2012  
Policy Number : APG/I0865764/51/04/C1511Q  
Client ID : 02379812

SMS NP  
02379812 TO  
5667700



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.

Your GROUP PA policy No (APG/I0865764/51/04/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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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.

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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

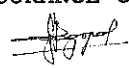
Warm regards,

G. Rajagopal

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 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**TAX INVOICE**  
**NEW BUSINESS**  
 Original

<b>POLICY INFORMATION</b>		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
<b>Gross Premium</b> INR	<b>Charges</b> INR		<b>Total Payable</b> INR
583.00	(S.TAX 12.36%) 72.06		655.06
<p><b>BHARTI AXA GENERAL INSURANCE COMPANY LTD</b></p>  Authorized Signature			
Issued by - INB2743 on 24/04/2012			

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
 3rd Floor, 6-3-666/B/6,  
 Gokul Towers,  
 Punjagutta  
 Hyderabad-500082  
 Tel:+91 40 4433 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		<b>Policy No. : APG/I0865764/51/04/C1511Q</b>	
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	
<b>PREMIUM</b>			
Premium	:	INR 583.00	
S.TAX 12.36%	:	INR 72.06	
Total Payable	:	INR 655.06	
<b>RISK DETAILS</b>			
Type of Risk	:	APG GROUP PA	
Name of Member Insured	:	NAMED GPA	
Date of Birth	:		
Occupation	:	RISK CATEGORY I	
Class	:	01	
<b>Benefits</b>		<u>Capital Sum Insured (INR)</u>	
DEATH+PTD+PPD+TTD+MED		1,000,000.00	
NATURE OF BUSINESS:Construction Company			
NO OF MEMBERS COVERED:05			
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 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			
<b>EMP NAME</b>	<b>DOB</b>	<b>DOJ</b>	<b>S.I MED</b>
P Harry Daniel	21.09.1966	16/04/12	200000 YES
Praveen Pathak	14.04.1978	16/04/12	200000 YES
S. Navanitha	30.11.1988	16/04/12	200000 YES
M Roopa	27.07.1982	16/04/12	200000 YES
J Srinivas	08.06.1985	16/04/12	200000 YES

GROUPPA

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**

Continuation page 1

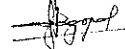
1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292  
 Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axagi.co.in

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
3rd Floor, 6-3-666/B/6,  
Gokul Towers,  
Punjagutta  
Hyderabad-500082  
Tel:+91 40 4433 7100 Fax:040-44337101  
Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

**Policy No. : APG/I0865764/51/04/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.

Issued by - INB2743 on 24/04/2012

**GROUPPA**

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292  
Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axagi.co.in

Page 2

Date : 24 Apr 2012  
Policy Number : APG/I0865767/51/04/C1511Q  
Client ID : 02379722

SMS NP  
02379722 TO  
5667700



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.

Your GROUP PA policy No (APG/I0865767/51/04/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,

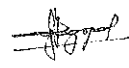
G. Rajagopal

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 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**TAX INVOICE**  
**NEW BUSINESS**  
**Original**

<b>POLICY INFORMATION</b>		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 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
<b>Gross Premium</b> INR		<b>Charges</b> INR	<b>Total Payable</b> INR
2,448.00		(S.TAX 12.36%) 302.57	2,750.57
<p><b>BHARTI AXA GENERAL INSURANCE COMPANY LTD</b></p>  <b>Authorized Signature</b>			
Issued by - INB2743 on 24/04/2012			

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
 3rd Floor, 6-3-666/B/6,  
 Gokul Towers,  
 Punjagutta  
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 Tel:+91 40 4433 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
 Original

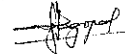
<b>POLICY INFORMATION</b>		Policy No. : APG/I0865767/51/04/C1511Q
Source	:	(03) 51000879
Insured	:	MEHTA AND MODI HOMES
Address	:	5 4 187/3 & 4 2ND FLOOR SOHAM MANSION MG ROAD SECUNDERABAD-500003 ANDRA PRADESH
Period of Insurance	:	From Hours on 16/04/2012 To Midnight on 15/04/2013
<b>PREMIUM</b>		
Premium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

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

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
Original

Policy No. : APG/I0865767/51/04/C1511Q

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**



Authorized Signature

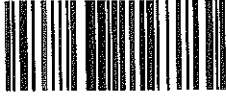
**IMPORTANT :**

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

Issued by - INB2743 on 24/04/2012

Date : 24 Apr 2012  
Policy Number : APG/I0865770/51/04/C1511Q  
Client ID : 02380901

SMS NP  
02380901 TO  
5667700



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.

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.

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

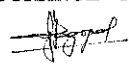
Warm regards,

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 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**TAX INVOICE**  
**NEW BUSINESS**  
 Original

POLICY INFORMATION		Policy No. : APG/I0865770/51/04/C1511Q
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	
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
<b>Gross Premium</b> INR	<b>Charges</b> INR	<b>Total Payable</b> INR
117.00	(S.TAX 12.36%) 14.46	131.46
<p><b>BHARTI AXA GENERAL INSURANCE COMPANY LTD</b></p>  Authorized Signature		
Issued by - INB2743 on 24/04/2012		

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
 3rd Floor, 6-3-666/B/6,  
 Gokul Towers,  
 Punjagutta  
 Hyderabad-500082  
 Tel:+91 40 4433 7100 Fax:040-44337101  
 Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
 Original

<b>POLICY INFORMATION</b>		Policy No. : APG/I0865770/51/04/C1511Q
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
<b>PREMIUM</b>		
Premium	:	INR 117.00
S.TAX 12.36%	:	INR 14.46
Total Payable	:	INR 131.46
<b>RISK DETAILS</b>		
Type of Risk	:	APG GROUP PA
Name of Member Insured	:	NAMED GPA
Date of Birth	:	
Occupation	:	RISK CATEGORY I
Class	:	01
<u>Benefits</u>		<u>Capital Sum Insured (INR)</u>
DEATH+PTD+PPD+TTD+MED		200,000.00
NATURE OF BUSINESS:Construction Company		
NO OF MEMBERS COVERED:01		
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 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
N Kumara swamy	26.06.1988	16/04/12 200000 YES



**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
3rd Floor, 6-3-666/B/6,  
Gokul Towers,  
Punjagutta  
Hyderabad-500082  
Tel:+91 40 4433 7100 Fax:040-44337101  
Email: customer.service@bharti-axagi.co.in

**GROUP PA**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Original**

Policy No. : APG/I0865770/51/04/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.

Issued by - INB2743 on 24/04/2012

**GROUPPA**

**BHARTI AXA GENERAL INSURANCE COMPANY LTD**  
1st Floor, Ferns Icon, Survey No.28, Doddanakundi village K.R.Puram Hobli Bangalore - 37 Toll Free No: 1 800 103 2292  
Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axagi.co.in

Page 2



USHA KIRAN COMPLEX, 6th FLOOR, PARADISE OFFICE  
SAROJINI DEVI ROAD, SECUNDERABAD-500103, ANDHRA PRADESH  
RTGS / NEFT IFSC : HDFC000F042

Imperia A/c Payee Only  
Resident Banking

13/04/12  
1 2 3 4 5 6 7 8 9 0

Pay Bharti Axa GIC Ltd.

Rupees Two thousand Seven hundred

lacs only

अदा करें

Or Bearer  
या धारक को

₹ 2,75,71/-

A/c No. 00422000011257 CA

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

For MEHTA AND MODI HOMES

*[Signature]*

Authorised Signatories  
Please sign above / उपरोक्त पर हस्ताक्षर करें

⑈496588⑈ 500240003⑈ 63699⑈ 29

SBF(C) / CTS-2010 141111



USHA KIRAN COMPLEX, 6th FLOOR PARADISE CIRCLE  
SAROJINI DEVI ROAD, SECUNDERABAD-500 003, ANDHRA PRADESH  
RTGS / NEFT IFSC : HDFC0000042

only

Imperia

Pay Bhasti Axa GIC Ltd

Or Bearer  
या धारक को

Rupees ₹ One thousand four hundred

fourty one Only

अदा करें

A/c No.  
00422000023348

CA

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

For KADAKIA AND MODI HOUSING

Authorized Signatories  
Please sign above

13092012  
P D M Y Y Y Y

₹ 1441 / -

IFSC: 577635115002400031239500129

17 R Sudhakar

ship

SHRINIVAS/ICTS-2010200112



*A/c Only*

PAYABLE AT PAR THROUGH CLEARING/TRANSFER AT ALL BRANCHES OF HDFC BANK LTD

एचडीएफसी बैंक लि. के सभी शाखाओं में समायोजन / स्थानांतरण जरिए एट पार (सममूल्य) वेंच

*Preferred*

Date / दिनांक : 13/01/12

PAY Bharti Axa GIC Ltd

OR BEARER / या धारक को

RUPEES / रुपये Six hundred & fifty five only

Rs. / रु. 655/-

अदा करे

C No. 00422000018418 CA

HDFC BANK LTD. / एचडीएफसी बैंक लि.  
KIRAN COMPLEX, GR FLOOR, PARADISE CIRCLE  
JINI DEVI ROAD, SECUNDERABAD-500 003, ANDHRA PRADESH  
एचडीएफसी कॉम्प्लेक्स, ग्राउण्ड फ्लोर, पैराडिस सर्कल,  
जेनी देवी रोड, सिकंदराबाद, आंध्रप्रदेश - 500 003

RTGS / NEFT IFSC : HDFC0000042

For PARAMOUNT BUILDERS

Authorised Signatories

⑈ 373812⑈ 500240003⑈ 209202⑈ 29



HDFC BANK LTD. / एचडीएफसी बैंक लि.  
KIRAN COMPLEX, GR FLOOR, PARADISE CIRCLE  
JINI DEVI ROAD, SECUNDERABAD-500 003, ANDHRA PRADESH  
एचडीएफसी कॉम्प्लेक्स, ग्राउण्ड फ्लोर, पैराडिस सर्कल,  
जेनी देवी रोड, सिकंदराबाद, आंध्रप्रदेश - 500 003

*Imperia*  
Premium Banking

13042012  
D D M M Y Y Y Y

PAY Bharti Axa GIC Ltd

Or Bearer

या धारक को

RUPEES रुपये Seven hundred & eighty six only

अदा करे

₹ 786/-

A/c No. 00422000001120 CA

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

For MODI PROPERTIES & INVESTMENTS PVT LTD

Authorised Signatories  
Please sign above / कृपया यहाँ हस्ताक्षर करें

⑈ 430758⑈ 500240003⑈ 007225⑈ 29



USHA KIRAN COMPLEX, 6R FLOOR, PARADISE CIRCLE  
MINI DEVI ROAD, SECUNDERABAD-500 003, ANDHRA PRADESH  
RTGS / NEFT IFSC : HDFC0000042

*Imperia*  
Premium Banking

13042012  
D D M M Y Y Y Y

Pay *Bharti Axa GIC Ltd*

Or Bearer  
या धारक को

Rupees रुपये *One thousand eight hundred & thirty four only*

अदा करें

₹ 1834/-

A/c No. 00422000021800 CA  
खाता क्र.

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

For MODI VENTURES

*[Signature]*

Authorised Signatories  
Please sign above / कृपया यहाँ हस्ताक्षर करें

⑈594449⑈ 500240003⑈ 224877⑈ 29



A/c Payee Only

USHA KIRAN COMPLEX, 6R FLOOR, PARADISE CIRCLE  
SAROJINI DEVI ROAD, SECUNDERABAD-500 003, ANDHRA PRADESH  
RTGS / NEFT IFSC : HDFC0000042

*Imperia*  
Premium Banking

14042012  
D D M M Y Y Y Y

Pay *Bharti Axa GIC Ltd.*

Or Bearer  
या धारक को

Rupees रुपये *Eighteen hundred and thirty four only*

अदा करें

₹ 1834.00

A/c No. 00422000016924 CA  
खाता क्र.

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

For MODI & MODI CONSTRUCTIONS

*[Signature]*

Authorised Signatories  
Please sign above / कृपया यहाँ हस्ताक्षर करें

⑈636892⑈ 500240003⑈ 203436⑈ 29

Urgent

Modi Properties & Investments Pvt. Ltd.	
(GPA) Group Personal Accident 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	655
SOB	2751
SYED MEHDI	262
VISTA HOMES	262
Grand Total	14541

✓  
APPROVED BY  
13 APR 2012  
SOLJAN MODI  
MANAGING DIRECTOR

*Soljan Modi*

" Cheque in favour of — Bharti Axa GIC L.t.d. "



Modi Properties & Investments Pvt. Ltd.						
5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A P.						
Phone No. 040 66335551, Fax 040 27544058						
<b>(GPA) Group Personal Accident Insurance Policy 2012 - 2013</b>						
Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	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
3	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
6	G. Swaroopa	10.01.1968	200,000	131.00	G Narasimha	Husband
				<b>786.00</b>		

✓  
**APPROVED BY**  
 13 APR 2012  
 SOHAM MODI  
 MANAGING DIRECTOR

*[Handwritten Signature]*

Melita & Modi Homes						
5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A P.						
Phone No. 040 66335551, Fax 040 27544058						
<u>(GPA) Group Personal Accident Insurance Policy 2012 - 2013</u>						
Sl.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	G. Bhavana	Wife
2	A Samba Siva Rao	08.06.1970	200,000	131.00	A. Laxmi Sujatha	Wife
3	G Jagdish	13.07.1976	200,000	131.00	G Sai Leela	Wife
4	K Suneel Kumar	30.03.1975	200,000	131.00	Tulasi	Wife
5	K Hemendra	12.04.1962	200,000	131.00	H. K. Hema	Wife
6	P E Raj Kumar	10.11.1976	200,000	131.00	P Salomi snyrna	Wife
7	K Venkata Nagi Reddy	18.03.1981	200,000	131.00	K Chinamma	Mother
8	B M Raj Kumar	03.01.1978	200,000	131.00	B. Susheela	Mother
9	J Selva Kumar	30.07.1973	200,000	131.00	S Kavitha	Wife
10	M Srinivas Yadav	06.06.1971	200,000	131.00	M Laxmi	Wife
11	T Dakshina Murthy	13.12.1983	200,000	131.00	T Kamamma	Mother
12	A R Vikas Kumar	05.11.1982	200,000	131.00	A R Swaraja Laxmi	Mother
13	G Murali Mohan	10.07.1978	200,000	131.00	G Mallesh	Father
14	A Suresh	05.01.1975	200,000	131.00	A Bhavani	Wife
15	A Laxmikanth	26.06.1979	200,000	131.00	A Vani Sudha	Wife
16	B. Murali Krishna	23.01.1981	200,000	131.00	B. Suhasini	Mother
17	G. Satish Kumar	30.11.1987	200,000	131.00	G. Nirmala	Mother
18	Ch. Gopal Reddy	10.06.1983	200,000	131.00	Ch Raji Reddy	Father
19	Mohd. Khaja	23.01.1991	200,000	131.00	Zainab bee	Mother
20	D Shiva Shanker	17.05.1979	200,000	131.00	Manjula	Wife
21	P Ashwini	04.10.1988	200,000	131.00	P Saraswathi	Mother
				<b>2751.00</b>		

✓

**APPROVED BY**  
13 APR 2012  
SOHAM MODI  
MANAGING DIRECTOR

*Soham Modi*

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						
<u>(GPA) Group Personal Accident Insurance Policy 2012 - 2013</u>						
Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	N Kumara swamy	26.06.1988	200,000	131.00	N. Siddaiah	Father
				<b>131.00</b>		

*D. J. Srinivas*

✓  
**APPROVED BY**  
 13 APR 2012  
 SOHAM MODI  
 MANAGING DIRECTOR

Vista Homes

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**

Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	V Subramanyam Sharma	07.01.1981	200,000	131.00	V. Vasundhara	Wife
2	Ahmed Shahed UL Haque	28.02.1967	200,000	131.00	Naseem Anjum	Wife
				<b>262.00</b>		



APPROVED BY  
13 APR 2012  
SOFIEM MODI  
MANAGING DIRECTOR

<b>Syed Mehdi</b>						
5-4-187/3&4, II nd Floor, Sofham Mansion, MG Road, Sec'bad-3. A P.						
Phone No. 040 66335551, Fax 040 27544058						
<b>(GPA) Group Personal Accident Insurance Policy 2012 - 2013</b>						
Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	N. Praveen Kumar	22.09.1981	200,000	131.00	Rajitha	Wife
2	P.Raghu	10.10.1964	200,000	131.00	Sunitha	Wife
				<b>262.00</b>		

*[Signature]*

W  
**APPROVED BY**  
 1 9 APR 2012  
 SCHEME MANAGER  
 MANAGING DIRECTOR


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						
Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	Khizer Mahmood	10.07.1964	200,000	131.00	K. Nasreen	Wife
2	G Jai Kumar	28.07.1980	200,000	131.00	G. Deepika	Wife
3	L. Ramacharyulu	15.08.1962	200,000	131.00	<del>M.D.N.S. Keerani</del> ANITHA	Sister
4	D. Mannohan	21.08.1989	200,000	131.00	D. Jaya laxmi	Mother
5	G Vineela	07.02.1984	200,000	131.00	G. Naga Lakshmi	Mother
6	E. Navaneetha	29.06.1985	200,000	131.00	E Yellamma	Mother
7	B Sudharshan	06.04.1967	200,000	131.00	B. Manjula	Wife
8	N Raj Kumar	28.12.1979	200,000	131.00	Rajeswari	Mother
9	N Anil Kumar	06.01.1979	200,000	131.00	N Narsimha	Father
10	P Srinivas	09.07.1982	200,000	131.00	P Mamatha	Wife
11	N Renuka Devi	29.12.1988	200,000	131.00	N Krishnaveni	Mother
				1441.00		

*(Signature)*

APPROVED  
13 APR 2012  
SOHAM MODI  
MANAGING DIRECTOR

wife

Modi Ventures						
5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A. P.						
Phone No. 040 66335551, Fax 040 27544058						
<u>(GPA) Group Personal Accident Insurance Policy 2012 - 2013</u>						
Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	A Ramesh	24.05.1972	200,000	131.00	A Rajeshwari	Wife
2	K Shirish Kumar	06.04.1985	200,000	131.00	K Vasantha	Mother
3	G B Rambabu	06.11.1958	200,000	131.00	Jyothi	Wife
4	K Prabhaker Reddy	15.01.1974	200,000	131.00	K. Saritha Reddy	Wife
5	A Gopi	15.11.1980	200,000	131.00	A. Babu	Father
6	M Srinivas Rao	01.07.1962	200,000	131.00	Rajani Devi	Wife
7	M Keerthi	09.05.1986	200,000	131.00	M Laxmi	Mother
8	P. Anjaiah	14.11.1965	200,000	131.00	P. Sujatha	Wife
9	K Jagdishwar Reddy	07.09.1984	200,000	131.00	Yakub Reddy	Father
10	K Ranga Charyulu	09.09.1960	200,000	131.00	K Padmaja	Wife
11	P Sree swapna	02.07.1982	200,000	131.00	P Man Mohan	Husband
12	R. Sanjay Kumar	31.12.1983	200,000	131.00	R. Pushpa	Mother
13	M Praveen Babu	17.03.1988	200,000	131.00	M Vijaya laxmi	Mother
14	R Rani	11.04.1985	200,000	131.00	R. Pushpa	Mother
				<b>1834.00</b>		

  
**APPROVED BY**  
 13 APR 2013  
 SOHAM MODI  
 MANAGING DIRECTOR



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 2754058						
<b>(GPA) Group Personal Accident Insurance Policy 2012 - 2013</b>						
Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	P Harry Daniel	21.09.1966	200,000	131.00	Christina Philip	Wife
2	Praveen Pathak	14.04.1978	200,000	131.00	Yamuna	Wife
3	S. Navanitha	30.11.1988	200,000	131.00	S Santosh	Husband
4	M Roopa	27.07.1982	200,000	131.00	M Chandrakala	Mother
5	J Srinivas	08.06.1985	200,000	131.00	J Ramulamma	Mother
				<b>655.00</b>		

*[Handwritten Signature]*

**APPROVED BY**  
 13 APR 2012  
 SOHAM MODI  
 MANAGING DIRECTOR

Alpine Estates						
5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Secbad-3. A P.						
Phone No. 040 66335551, Fax 040 27544058						
<u>(GPA) Group Personal Accident Insurance Policy 2012 - 2013</u>						
Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	P Ramesh	02.10.1976	200,000	131.00	P Uma devi	Wife
2	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
5	K Purshotham	04.04.1985	200,000	131.00	K Pushpalatha	Wife
6	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
8	M Mahender	20.07.1978	200,000	131.00	M Sabitha	Wife
9	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
				<b>1834.00</b>		

*Manoj Kumar*


APPROVED BY  
13 APR 2012  
SOHAM MANSION  
MANAGING DIRECTOR

Greenwood Estates						
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						
Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	Ranjith Prakash	14.07.1972	200,000	131.00	Sulakshana Ranjith	Wife
2	K. Satyanarayana Chary	10.09.1966	200,000	131.00	K. Revanth	Son
3	T Suryanarayana	09.09.1976	200,000	131.00	T Pallavi	Wife
4	S Sunil Kumar	04.12.1977	200,000	131.00	S Sucharitha	Mother
5	M. Suresh	30.05.1980	200,000	131.00	Rajeswari	Mother
6	T Madhu	09.08.1984	200,000	131.00	T Bhantamma	Mother
7	M Ramakrishna	02.12.1982	200,000	131.00	M Kalyani	Wife
8	S Nagamani	02.08.1969	200,000	131.00	S Gopal Rao	Husband
9	M. Nagarjuna	21.07.1982	200,000	131.00	M. Baswaraj	Father
10	G. Rajesh	18.08.1978	200,000	131.00	G Vishnu	Brother
11	J Rambabu	08.02.1980	200,000	131.00	Sujatha	Wife
12	Y V Shailaja	24.02.1977	200,000	131.00	Y V Draksha	Mother
13	B Praveen	01.10.1983	200,000	131.00	B. Susheela	Mother
14	B. Mallikarjun	14.11.1982	200,000	131.00	Sridevi	Wife
15	A Vishwanath	16.03.1982	200,000	131.00	A Laxmi	Mother
16	D Phani Kumar	04.07.1984	200,000	131.00	D Bala	Mother
17	D. Pavan Kumar	12.03.1990	200,000	131.00	D. Rani	Mother
18	Muktar Ahmed	01.05.1968	200,000	131.00	Shahnaz	Wife
19	K Vasu Dev	04.01.1970	200,000	131.00	K Vijaya	Wife
20	M. Rajesh	13.03.1986	200,000	131.00	M Nirmala	Mother
21	L. Rama Krishna	20.05.1978	200,000	131.00	I Govardhani	Wife
				2751.00		

*[Handwritten Signature]*

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13 APR 2012  
MANAGING DIRECTOR

Modi & Modi Constructions						
5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Sec'bad-3. A P.						
Phone No. 040 66335551, Fax 040 27544058						
<u>(GPA) Group Personal Accident Insurance Policy 2012 - 2013</u>						
Sl.No.	Name of the Employee	Date of Birth	Sum Assured	Premium Amount	Name of the Nominee	Relation ship
1	Kavadi Yadagiri	05.06.1974	200,000	131.00	K Manjula	Wife
2	K Krishna Prasad	16.06.1964	200,000	131.00	K Jayasree	Wife
3	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
5	B Purushothama Reddy	10.06.1984	200,000	131.00	Rameswaramma	Mother
6	V Sunitha	30.06.1979	200,000	131.00	V Advait	Son
7	P. Ravi Kumar	29.10.1978	200,000	131.00	B. Kavitha	Wife
8	V Naveena Yadav	17.06.1971	200,000	131.00	L Kalavathi	Mother
9	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
11	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
14	M Mounika	22.02.1982	200,000	131.00	M. Kumara Swamy	Wife
				<b>1834.00</b>		

  
**APPROVED BY**  
**13 APR 2012**  
**MANAGING DIRECTOR**