

Ref No.: GEN/WEL/SG/0008.3/3994583500

Date: 11/12/2023

To,  
M/S. R V College Of Engineering  
RV VIDYANIKETHANA POST,  
MYSORE ROAD  
Bangalore - 560001  
District: BANGALORE  
KARNATAKA, India  
Contact Details 9742264750



Policy number: 3994583500

Subject: Risk assumption for Kotak Group Accident Protect

Dear M/S. R V College Of Engineering,

We welcome you to Kotak Mahindra General Insurance Company Limited and thank you for choosing us as your preferred service provider.

This is with reference to your above mentioned Policy issued under Kotak Group Accident Protect .

Enclosed please find the Policy Schedule outlining the details of your policy. Kindly note that the proposal is underwritten and policy is issued based on the information submitted to us by you, as well as acceptance of the terms and conditions. Policy schedule must be read in conjunction with the product brochure and policy wordings. Please visit <https://www.kotakgeneral.com/customer-support/downloads> or scan above QR code for detailed policy wording.

We request you to carefully go through the same once again and in case of any disagreement, discrepancy or clarifications, please call us on our toll free number 1800 266 4545 or write to us at [care@kotak.com](mailto:care@kotak.com) within 15 days from the date of this letter. Alternatively, you can also write to us at 8th Floor, Kotak Infinity, Building No. 21 Infinity Park, Off Western Express Highway General AK Vaidya Marg, Malad (E) Mumbai - 400 097, India.

Please note that the information provided by you will be verified at the time of claim and the captioned Policy shall be treated as void in case of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any form whatsoever made by you or by your agent, on your behalf, at any stage.

In case where premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

As a valued customer, we would like to provide regular updates on your policy through email and SMS. We therefore request you to keep us updated of any change in your contact details.

Assuring you of our best services at all times.

Thanking you,

Yours sincerely,

For Kotak Mahindra General Insurance Company Limited



Authorised Signatory

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**Kotak Group Accident Protect**

For any assistance please call 1800 266 4545, please save the number for your reference  
FOR RENEWALS: Visit [www.kotakgeneral.com](http://www.kotakgeneral.com) Call 1800 266 4545

**POLICY SCHEDULE**



**DETAILS OF GROUP/MASTER POLICY HOLDER**

Policy No.	3994583500	Issuance Date	11/12/2023
Issued at	Unit No.Sg-09&Sg-10 Ground Floor South Block, Manipal Centre Building No 47,Dickenson Road Bangalore Karnataka 560042.		
Policy Type	New	Previous Policy No.	AG00061776000101
Name of the Proposer/ Policy Holder	M/S. R V College Of Engineering	GSTIN	
Mailing address of the Policy Holder	RV VIDYANIKETHANA POST, MYSORE ROAD Bangalore - 560001 District: BANGALORE KARNATAKA(29), India		
Place of Supply:	KARNATAKA	Supply State Code:	29
Contact Details of the policy Holder	Mobile No. 9742264750	Email ID SHAMALAS@RVCE.EDU.IN	Sum Insured Basis Fixed
Policy Period	From: Time: 12:00 AM Date: 09/12/2023 To: Midnight of 08/12/2024		Instalment Option No
Instalment Frequency	NA	Total no. of Lives Insured 13228	Total Sum Insured 1460860000
Proposal Category	Non Employer-Employee		

**INTERMEDIARY DETAILS**

Intermediary Code	Intermediary Name	Intermediary's Landline No.	Intermediary's Mobile No.
DIRECT	DIRECT BUSINESS	1800 266 4545	

**COVERAGE DETAILS**

Member/ Employee Category/ Loan Type: Students

Sr. No.	Coverage Opted	Description/ Sum Insured Limits
<b>Section A - Benefits</b>		
1	Accidental Death	100% of Sum Insured
2	Permanent Total Disablement	Upto 100% of Sum Insured
3	Permanent Partial Disablement	Upto 100% of Sum Insured
<b>Section C - Benefits</b>		
1	Accidental Hospitalization Inpatient	Upto INR 20,000

Member/ Employee Category/ Loan Type: Single Earning Parents

Sr. No.	Coverage Opted	Description/ Sum Insured Limits
<b>Section A - Benefits</b>		
1	Accidental Death	100% of Sum Insured
2	Permanent Total Disablement	Upto 100% of Sum Insured
3	Permanent Partial Disablement	Upto 100% of Sum Insured

Member/ Employee Category/ Loan Type: Teaching And Non Teaching Staff

Sr. No.	Coverage Opted	Description/ Sum Insured Limits
<b>Section A - Benefits</b>		
1	Accidental Death	100% of Sum Insured
2	Permanent Total Disablement	Upto 100% of Sum Insured
3	Permanent Partial Disablement	Upto 100% of Sum Insured
<b>Section C - Benefits</b>		
1	Accidental Hospitalization Inpatient	Upto INR 20,000

**Important Condition**

Sr. No	Condition Description
1	Policy Construct : Non Employeeer - Employee
2	Age Band – 15 Years – 60 Years.
3	If Premium is paid by Cheque, the Policy is void ab-initio in case of dishonor of Cheque.
4	Scope of cover as per Policy Wordings attached
5	<ul style="list-style-type: none"> <li>Since the cover will be on unnamed basis, the entire strength of Students, Singlr Earning Parents and Teaching and Non Teaching Staff in the Organisation has to be covered. No selectivity will be allowed. The insured must maintain daily attendance records and make the same available on request. If at the time of the claim it is discovered that Students, Singlr Earning Parents and Teaching and Non Teaching Staff are more than the group strength covered under the policy, the claim shall be repudiated. Regular Endorsement request has to be made with Insurer for addition &amp; deletion of lives.</li> </ul>

**PREMIUM DETAILS**

Taxable value of Services (₹)	CGST @ 9%	SGST @ 9%	Total Amount (₹)
1,69,492.00	15,254.28	15,254.28	<b>2,00,001.00</b>

**DISCLAIMER**

This Policy Schedule shall be read together with the Policy Wordings (which are also available on the Company website i.e. www.kotakgeneral.com). Any word or expression to which a specific meaning has been assigned in any part of the policy or this schedule shall bear the same meaning wherever it may appear.

**TAX DETAILS**

GST Registration No.	29AAFC7016C1ZP	Category	: General Insurance Services
SAC Code	997134	Description	Accident and health insurance services
Invoice Number	3994583500		

**IN THE EVENT OF CLAIM**

**Please send the relevant documents to:**

Kotak Mahindra General Insurance Company Limited  
 8th Floor, Kotak Infinity, Building No. 21  
 Infinity Park, Off Western Express Highway General AK Vaidya Marg, Malad (E)  
 Mumbai - 400 097, India.

**8 AM to 8 PM TOLL FREE NUMBER: 1800 266 4545**

**Email ID : care@kotak.com**

Stamp Duty of ₹ 5.00 is paid as provided under Article 47(B) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. (LOA/CSD/528/2022/2021/Validity Period Dt. 21/11/2022 To Dt. 31/12/2023 (O/w.No. 4882)/Date: 16/11/2022).

In Witness whereof this Policy has been signed for and behalf of Unit No.Sg-09&Sg-10 Ground Floor South Block, Manipal Centre Building No 47,Dickenson Road Bangalore Karnataka 560042. at Mumbai this 11 day of December of 2023

For Kotak Mahindra General Insurance Company Limited



**Authorised Signatory**

This document is digitally signed, hence counter signature / stamp is not required.



TAX INVOICE



Details of Receiver (Billed To)		Details of Supplier (billed by)	
<b>GSTIN/UIN</b>		<b>Name :</b>	Kotak Mahindra General Insurance Company Limited
<b>Customer ID</b>	1013716877	<b>GSTIN :</b>	29AAFCK7016C1ZP
<b>Customer Name</b>	M/S. R V COLLEGE OF ENGINEERING	<b>Pan Number :</b>	AAFCK7016C
<b>Email ID</b>	SHAMALAS@RVCE.EDU.IN	<b>CIN:</b>	U66000MH2014PLC260291
<b>Contact No</b>	9742264750	<b>Address:</b>	Unit No.Sg-09&Sg-10Ground Floor South Block, Manipal CentreBuilding No 47,Dickenson RoadBangalore Karnataka 560042.
<b>Address</b>	RV VIDYANIKETHANA POST,, MYSORE ROAD, BANGALORE, 560001, KARNATAKA, India	<b>Date of Invoice</b>	11/12/2023
<b>IMD Code</b>	4183360000	<b>Invoice No</b>	3994583500
<b>Receipt No</b>	1202401186229	<b>Proposal No</b>	202312080055754
		<b>Partner Application No</b>	
<b>State Code</b>	29	<b>State Code:</b>	29
<b>Place Of Supply Name</b>	KARNATAKA - 29	<b>State Name</b>	KARNATAKA
		<b>IRN</b>	

HSN/SAC Description	HSN / SAC Code	Total Value of Supply (Rs.)	Taxable value of Supply (Rs.)	CGST Rate	CGST Amt (Rs.)	SGST Rate	SGST Amt (Rs.)
Accident and health insurance services	997134	169492	169492	9%	15,254.28	9%	15,254.28
<b>Total</b>		169492	169492		15254.28		15254.28
<b>Total Invoice Value (In Figure)</b>							2,00,001.00
<b>Total Invoice Value (In Words)</b>							Two Lakh One
<b>Whether Tax Payable on a Reverse Basis or Not</b>							No

For : Kotak Mahindra General Insurance Company Limited



Authorized Signatory

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."