

दि ओरिएण्टल इन्शुरेंस कम्पनी लिमिटेड

(भारत सरकार का एक उपक्रम)

पंजीकृत कार्यालय : ओरिएण्टल हाउस, पुरेवा, ए-25/27, असाफ अली रोड, नई दिल्ली - 110 002.



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

Branch Office : Oriental House,
P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi-110 002

SPECIAL CONTINGENCY INSURANCE POLICY POLICY SCHEDULE

Policy No : 412391/48/2014/146 **Prev Policy No** : 412391/48/2013/143
Cover Note No. : - **Cover Note Dt.** :
Insured's Name : AB0000026016 - CHRISTIAN MEDICAL COLLEGE **Issuing Office** : 412391 - EC PORUR
Address : IDA SCUDDER ROAD VELLORE 632 004. **Address** : GANESH TOWERS, NO.207-A, ARCOT ROAD 2ND FLOOR, OPP. TO VENKATESWARA MAHAL, PORUR, CHENNAI 600 116
CHENNAI TAMIL NADU 600116
Tel./Fax /Email : / / NA **Tel. /Fax /Email** : 044-23860386 / / 412391@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000003085 DIRECT
Agent/Broker : BA0000120450 S.BHARATHI
Address : NO.5/10,BHARATHIDASAN STREET,VLASARAVAKKAM,,CHENNAI - PIN 600087, CHENNAI, TAMIL NADU, 600087
Tel/Fax/Email : //9941793906//bharathiannavelavan@gmail.com

Period of Insuranc : FROM 00:00 ON 01/10/2013 TO MIDNIGHT OF 30/09/2014

Collection No & Dt : CHQ 9510001017 - 30/09/2013

Gross Premium : 3,00,000 **Service Tax** : 37,080 **Stamp Duty** : .5 **Total** : 3,37,080

Co Insurance Details : None

RISK DETAILS

1 **Risk SI No** : 1
Risk Desc : VARIOUS CLINICAL TRAILS FROM 01.10.2013 TO 30.09.2014 EACH AND EVERY TRAIL WILL BE DECLARED WITH PROTOCOL BY THE INSURED'S DOCTOR. LIMIT PER SUBJECT RS.7.50 LACS.

COVER WISE DETAILS

Cover Name	Desc of Peril	Sum Insured	Premium
Public Liability Cover		1,00,00,000	3,00,000.00

SCHEDULE OF PREMIUM

ADD :Public Liability Cover	3,00,000.00
TOTAL PREMIUM	3,00,000.00
ADD :SERVICE TAX	37,080.00
STAMP DUTY	0.50
TOTAL AMOUNT	3,37,080.00

Total Sum Insured In Words : Indian Rupees One Crore Only

Total Premium In Words : Indian Rupees Three Lakhs Thirty-Seven Thousand Eighty Only

Place : CHENNAI
Date : 30/09/2013

For and on behalf of
The Oriental Insurance Company Limited



Authorised Signatory

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

All the Amounts mentioned in this policy are in Indian Rupees

Page 1 of 2

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(भारत सरकार का एक उपक्रम)

पंजीकृत कार्यालय : ओरिएण्टल हाउस, मोहन कोर्ट रोड,

ए-25/27, असाफ अली रोड, नई दिल्ली - 110 002.

Excess / Deductible :

5% of each and every claim subject to minimum of Rs. 10000/-

USER ENTERED DEDUCTIBLE
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Corporate & Regd. Office : Oriental House,

P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi-110 002

The Insurance under this policy is subject to warranties & Clauses otherwise stated herein:

1. In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

Hypothecation / Lease / Hire Names are as per the list attached :

None

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at CHENNAI on 30TH DAY OF SEPTEMBER 2013

Entered By : POOVARAGHAVAN E

Examined By : SATISHKUMAR K.S.

For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory



**FOR ANY CLAIMS
PLEASE CONTACT OUR SERVICE CENTRE**
No.115, II Floor, Oriental House,
Broadway, Prakasam Salai, Chennai - 600 108.
Ph: 044-23458231 / 23458207
E-mail: svcchennai@orientalinsurance.co.in
Fax No: 25383607

Place : CHENNAI

Date : 30/09/2013

For and on behalf of
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll
Free No. 1800 11 8485 and 011 33208485.

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Page 2 of 2

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