दि ओरिएण्टल इंश्योरेंस कम्पनी लिमिटेड

THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

भारत सरकार का एक उपक्रम) POPPCY SCEPE Office Coriental House, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi-110 002 पंजीकृत कार्यालयSPECHAL CONTINGENCY INSURANCE

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

Policy No

: 412391/48/2013/143

: 411990/48/2012/314 Prev Policy No

Cover Note Dt.

Address

Cover Note No. Insured's Name

: AB0000026016 - CHRISTIAN

MEDICAL COLLEGE

Issuing Office

: 412391 - EC PORUR

Address

: IDA SCUDDER ROAD

VELLORE 632 004.

: 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.ip

Agent/Broker Details

Dev.Off.Code

: NA0000003085 DIRECT

Agent/Broker

: BA0000120450 S.BHARATHI

Address Tel/Fax/Email : NO.5/10, BHARATHIDASAN STREET, VLASARAVAKKAM, CHENNAI - PIN

600087, CHENNAI, TAMIL NADU, 600087

: //9941793906//bharathiannavelavan@gmail.con

Period of Insuranc: FROM 00:00 ON 01/10/2012 TO MIDNIGHT OF 30/09/2013

Collection No & Dt : CHQ 9510000964 - 01/10/2012

Gross Premium

: 3.00.000

Service Tax: 37,080

Stamp Duty: .5

Total: 3,37,080

Co Insurance Details

None

RISK DETAILS

Risk SI No

Risk Desc

VARIOUS CLINICAL TRAILS FROM 01.10.2012 TO 30.09.2013 EACH AND EVERY TRAIL WILL BE DECLARED WITH PROTOCOL BY THE INSURED -

LIABILITY AGAINST THE INSURED WHILE ADMINISTRING MEDICINES DURING

THE TRAILS. 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 PREMIUN	M			3,00,000.00
ADD :SERVICE TAX				37,080.00
STAMP DUTY				0.50
TOTAL AMOUNT				3,37,080.00

Place:

CHENNAI

Date:

01/10/2012

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.

All the Amounts mentioned in this policy are in Indian Rupees

Now you can buy and renew selected policies online at www.orientalinsurance.org.in

Authorised Signator

इंड्योरेंस कम्पनी लिमिटेड

ข่างโรคเลอก์เลย เข้าสหาสาราชากฎ part of policy number 41239 ในสาราชาการาชาวิทา

25/27 , असफ अली रोड, नई दिल्ली Excess / Deductible : USER ENTERED DEDUCTIBLE

USER ENTERED DEDUCTIBLE USER ENTERED DEDUCTIBLE

THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

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 operaing 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 01ST DAY OF OCTOBER 2012

Entered By

POOVARAGHAVAN E

Examined By:

K.VARADARAJAN

For and on behalf of The Oriental Insurance Company Limited

Authorised Signatory

In case of any CLAIM please contact our CLAIMS SERVICE CENTRE at Oriental House, No.115, Prakasam Salai, 1st Floor, Broadway, Chennai - 600 108. Phone No: 044-2345 8231 Fax No: 044-2538 3607 Email: sycchennai@orientalinsurance.co.in.

Place:

CHENNAI

Date:

01/10/2012

For and on behalf of The Oriental Insurance Company Limited

Authorised

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