

**STAR HEALTH AND ALLIED  
INSURANCE COMPANY LIMITED**

MADURAI - UNIT III (DAE)  
No. 200-F, 2nd Floor, Good Shed Street,  
Madurai - 625 001. Ph : 0452 - 4231522

**Group Accident Insurance Policy  
Unique ID: SHAHLGP18123V011718  
Policy Schedule**

<b>Policy No.</b> : P/121318/02/2025/000013	<b>Previous Policy No.</b> :
<b>Proposer's Code</b> : 35755036	<b>GSTIN</b> : 33AAJCS4517L1Z5
<b>Proposer's Name</b> : KARUPPIAH PILLAI THEIVANAI AMMAL EDUCATIONAL TRUST A/c of Latha Mathavan Engineering College	<b>SAC Code</b> : 997133/Accident and Health Insurance Services
<b>Address</b> : LATHA MATHAVAN NAGAR, KIDARIPATTI, MELUR, MADURAI, TAMILNADU - 625301. Kidaripatti, Madurai, Tamil Nadu- 625301	<b>Issuing Office Code</b> : 121318 <b>Issuing Office Name</b> : Branch Office - Direct Agent <b>Address</b> : No:280 B 2ND Floor Goodshed Street, Madurai-625001
<b>Phone No</b> : -/9942903931/ <b>Mail Id</b> : agmmani@yahoo.co.in	<b>Phone No</b> : 0452-4231522 <b>E-mail Id</b> : madurai.bo3@starhealth.in
<b>Proposer GSTIN</b> : 33AAATK5136D1Z3	<b>Place of Supply</b> : Tamil Nadu / State Code : 33
<b>Receipt No</b> : 1323000736	<b>Fulfiller Code</b> : SH4907
<b>Receipt Date</b> : 21/01/2025	<b>Intermediary Code</b> : BA0000065134
<b>Premium</b> :Rs.48798 /- <b>CGST @9%</b> : 4,392/- <b>SGST / UTGST @9%</b> : 4,392/- <b>Stamp Duty</b> :Rs.5/- <b>Total Premium</b> :Rs.57582 /-	<b>Name</b> : T MUTHU <b>Phone No</b> : 0452 2487797/9443456950 <b>E-mail Id</b> : abeanulic@gmail.com

**Total Premium In Words** : Rupees Fifty Seven Thousand Five Hundred Eighty Two Only  
**PERIOD OF INSURANCE** From : 21/01/2025 10:00:00 To : Midnight Of 20/01/2026 23:59:00

**RISK COVERAGE DETAILS**

**No Of Persons Covered** : 581

**Group Accident Insurance Policy - Un Named**

**Total Sum Insured** :RS.58100000 /-

**Total Sum Insured In Words** : Rupees Five Crores Eighty-One Lakhs Only

This Insurance is subjected to exclusion of all pre-existing illness/disabilities as per the printed Policy conditions.

**SPECIAL EXCLUSION:** Any claims relating to nuclear, chemical and biological terrorism is excluded from the scope of the Policy.

**Condition Precedent** : In the event of any claim under the policy or intimation should be given to the company immediately, through toll free no: 1800 425 2255 / 1800 102 4477, 044 2826 3300 (chargeable), or email: support @ starhealth.in or fax - 1800 425 55

**Special Conditions:**

- 1 Coverage not exceeding Rs. 20000/- per Student for Hospitalization Medical Expenses incurred as inpatient for grievous injuries arising out of accidents including OPD Rs.1,000/- only.

OPD can be granted duly recommended by the principal and certified by attending doctor.

- 2 Unnamed Policy: Sum Insured per person Rs. 1,00,000/- against the coverage of Accidental Death and Permanent Total Disablement

- 3 It is hereby warranted that

The College has covered all the students of the college with out any exception.

The college shall allow for inspection of records by the insurer or their authorized representatives in the event of any claim.



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