

PROFESSIONAL INDEMNITY POLICY FOR MEDICAL ESTABLISHMENTS

PREAMBLE

ICICI Lombard General Insurance Company Limited ("**the Company**"), having received a Proposal and the premium from the Proposer named in the Schedule referred to herein below, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the **Company** and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the **Company** of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons **claiming** payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the limit of indemnity/appropriate benefit will be paid by the **Company**.

PART I OF SCHEDULE

Policy Number:4022/289303345/00/000

Issued at: Mumbai

1	Name of the Insured	TAGORE MEDICAL COLLEGE AND HOSPITAL	
2	Mailing address of the Insured	CHENNAI, 600127	
3	PROFESSIONAL SERVICES	Multi -Specialty Hospital	
4	Territorial Limits	India	
5.	Policy Period	From	April 06, 2023
		To	April 05, 2024
6	COVERAGE	Professional Indemnity Insurance	
7.	Retroactive date	April 06, 2023	
8	Limit of Indemnity	INR 30,000,000 per occurrence and in the aggregate	
9	FORM/WORDING	ICICI Lombard Claims made wording	
10	JURISDICTION	India	
11.	Compulsory Excess (For Each and every Claim)	INR	INR 1,000,000
12	Total Premium	INR	177,000
			Premium is inclusive of 18% GST as applicable
13.	Co-insurance (if any)	NA	NA
14.	Proposal Form date	March 31, 2023	

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15.	Endorsements	1. Sanctions Clause Exclusion 2. Absolute Asbestos Exclusion 3. Amended War Exclusion 4. Asbestos Exclusion 5. Sanctions Clause
16.	Intermediary Details	Intermediary Name: HDFC Branch Banking Intermediary Code: 202147541193

Declaration for PEP

1. Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*?

No

**Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.*

2. Consent for EKYC

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

3. Premium paid from own funds

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.


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The stamp duty of Rs. 0.50/- (Fifty Paise Only) paid in cash or by demand draft or by pay order, vide Receipt/Challan No. CSD52020224718 dated 29th March 2023.

Signed for and on behalf of ICICI Lombard General Insurance Company Limited, at Mumbai on this date April 26, 2023.



Authorised Signatory

GSTIN Reg No: 33AAACI7904G2ZT

ILGIC GSTIN Address : Second and Third Floor, Nungambakkam High Road, Chottabhai Centre,
Chennai, Tamil Nadu 600034

Description of services: General Insurance Business

HSN/SAC : 9971

Policy shall stand cancelled ab initio in the event of non-realization of the premium.

"Note- In case of renewal of the policy, policy benefit and terms & conditions of policy including premium may be subject to change."



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पॉलिसी अनुसूची/ Policy Schedule-Professional Indemnity	
पॉलिसी संख्या / Policy Number: 50170049241000010	ववसाय स्रोत/ <i>Business Source:</i> 501700
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/ <i>Office Code:</i> 501700 कार्यालय पता/ <i>Office Address:</i> CHENNAI DIVISION VII H M Centre, 35/18, North Usman Road, T Nagar, Chennai - 600017. राज्य कोड/ State Code: 33 , Tamil Nadu जीएसटीएन/ GSTIN: 33AAACN9967E1ZA संपर्क संख्या/ <i>Contact Number:</i> मोबाइल संख्या / <i>Mobile Number:</i>	विक्रय चैनल विवरण/ <u>Sales Channel Details</u> कोड/ <i>Code:</i> 9000008707 नाम/ <i>Name:</i> Mr Y Mahesh संपर्क संख्या/ <i>Contact Number:</i> 9840040687 सह दलाल कोड / <i>Co Broker Code:</i> Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nic.co.in



गाहक का नाम/ <i>Customer Name:</i> TAGORE MEDICAL COLLEGE AND HOSPITAL	गाहक आईडी/ <i>Customer ID:</i> 9702359159	पैन/ <i>PAN:</i>
पता/ <i>Address:</i> RATHINAMANGALAM VANDALUR - KELAMBAKKAM ROAD CHENNAI-600127, शहर/ <i>City:</i> CHENGALPATTU, जिला/ <i>District:</i> KANCHEEPURAM, राज्य/ <i>State:</i> TAMIL NADU, पिन/ <i>PIN:</i> 600127. सेल/ <i>Cell:</i> 9940039173	फोन/ <i>Phone:</i> 9940039173	ई-मेल/ <i>E-Mail:</i> tagoreacc@gmail.com

पॉलिसी प्रभावी समय घंट को Policy Effective from 10:00 hours, on 08/04/2024 की मध्य राति तक प्रभावी/ to midnight of 07/04/2025 .			
प्रीमियम / <i>Premium</i>	₹ 1,50,000.00	कवर नोट संख्या तथा तिथि/ <i>Cover Note Number and Date</i>	NA
सीजीएसटी/CGST	₹ 13,500.00	प्रस्ताव संख्या और तिथि/ <i>Proposal Number and Date</i>	8800240412091649 दिनांक/ <i>Dt.</i> 12/04/2024
एसजीएसटी/यूटीजीएसटी SGST/UTGST	₹ 13,500.00		
आईजीएसटी/GST	₹ 0.00		
कम: जीएसटी टीडीएस / Less: GST_TDS	₹ 0.00	रसीद संख्या और तिथि/ <i>Receipt Number and Date</i>	501700812410000262 दिनांक/ <i>Dt.</i> 12/04/2024
वसूली योग्य स्टाम्प शुल्क / Recoverable Stamp Duty	₹ 0.00	पिछली पॉलिसी संख्या तथा समाप्ति तिथि/ <i>Previous Policy Number and Expiry Date</i>	NA
कुल / Total	₹ 1,77,000.00		
(रुपए /Rupees One Lakh Seventy Seven Thousand केवल/Only.)			

Location Address: RATHINAMANGALAM, VANDALUR-KELAMBAKKAM ROAD, CHENNAI,, Chengalpattu, Kancheepuram, Tamil Nadu, 600127.

SL. No	Coverage	Coverage Description	Sum Insured
1	Doctors & Medical Practitioners - Group	375 DOCTORS COVERED UNDER PROFESSIONAL INDEMNITY POLICY (AS PER LIST ATTACHED), SUMINSURED RS.3,00,00,000 PER OCCURRENCE , 1:1	₹ 3,00,00,000.00
	Excess: AS PER PROFESSIONAL INDEMNITY POLICY.		
	Additional Information: NA		

Clauses	As per Annexure I
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FINANCIER DETAILS			
Sr.No.	Type of Finance	Name of Financier	Financier Address

पॉलिसी अनुसूची/ Policy Schedule-Professional Indemnity	
पॉलिसी संख्या/ Policy Number: 50170049241000010	ववसाय स्रोत/ <i>Business Source:</i> 501700
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/ <i>Office Code:</i> 501700 कार्यालय पता/ <i>Office Address:</i> CHENNAI DIVISION VII H M Centre, 35/18, North Usman Road, T Nagar, Chennai - 600017. राज्य कोड/ State Code: 33 , Tamil Nadu जीएसटीएन/ GSTIN: 33AAACN9967E1ZA संपर्क संख्या/ <i>Contact Number:</i> मोबाइल संख्या / <i>Mobile Number:</i>	विक्रय चैनल विवरण/ <u>Sales Channel Details</u> कोड/ <i>Code:</i> 9000008707 नाम/ <i>Name:</i> Mr Y Mahesh संपर्क संख्या/ <i>Contact Number:</i> 9840040687 सह दलाल कोड / <i>Co Broker Code:</i> Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nic.co.in



टिप्पणियां/ Remarks: COMPULSORY EXCESS: RS.10,00,000 FOR EACH AND EVERY CLAIM EXCLUSIONS: SANCTIONS CLAUSE EXCLUSION ABSOLUTE ASBESTOS EXCLUSION AMENDE WAR EXCLUSION ASBESTOS EXCLUSION SANCTIONS CLAUSE WAR EXCLUSION AS PER TERMS AND CONDITIONS OF PROFESSIONAL INDEMNITY POLICY.
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जिसकी गवाही में दिनांक/ माह/ वर्ष को उपरोक्त उल्लिखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निम्नलिखित किए जाएंगे। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाइट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशेष अथर पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन

करेगा चाहे जहाँ भी उल्लिखित हो। यह आशासन दिया जाता है कि पीमियम चेक की अस्वीकृति के मामले में, यह दस्तावेज सतत: आरंभ से ही निरसत मानी जाएगी। **IN WITNESS WHEREOF**, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this

12/April/2024. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that **IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इंश्योरेंस इंडिया लिमिटेड ओम्बड्समैन का विवरण/Ombudsman Details: Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai- 600 018.
 Tel.: 044 - 24333668 / 24335284
 Email: bimalokpal.chennai@cioins.co.in

स्टॉप ड्यूटी
**Stamp
 Duty:**
 (₹ 1.00)

कृते नेशनल इन्शोरेंस कंपनी लिमिटेड/
**For and on behalf of National
 Insurance Company Limited**
 अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**


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टैक्स इनवॉयस/TAX INVOICE

इनवॉयस क्र.सं./Invoice Serial No: 30587L4PE0000010

इनवॉयस तिथि/Invoice Date:

आपूर्तिकर्ता का विवरण/Details of Supplier:

नेशनल इनश्योरेंस कंपनी लिमिटेड/National Insurance Company Limited.,
CHENNAI DIVISION VII H M Centre, 35/18, North Usman Road, T Nagar, Chennai - 600017
राज्य/State : 33 , Tamil Nadu
जीएसटीआन नंबर/
GSTIN No : 33AAACN9967E1ZA

पापकतार का विवरण/Details Of Receiver : TAGORE MEDICAL COLLEGE AND HOSPITAL

पता/Address : RATHINAMANGALAM
VANDALUR - KELAMBAKKAM
ROAD
CHENNAI-600127
शहर/City : CHENGALPATTU,
जिला/District: KANCHEEPURAM,
राज्य/State: TAMIL NADU,
पिन/PIN: 600127.

आपूर्ति का स्थान/Place Of
Supply State : Tamil Nadu
राज्य कोड/State Code : 33
जीएसटीआईएन नंबर/GSTIN No : NA

सैक कोड/SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Disco unt	टैक्स योग्य/ मूल्य/ Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी /SGST/UTGST		आईजीएसटी/IGST		Kerala Flood Cess
					दर/ Rate	राशि/Amount(₹)	दर/ Rate	राशि Amount(₹)	दर/ Rate	राशि/ Amount(₹)	
997139	Other non-life insurance services (excluding reinsurance services)	1,50,000	0%	1,50,000	9%	13,500	9%	13,500	0%	0	0
TOTAL		1,50,000		1,50,000		13,500		13,500		0	0

कुल इनवॉयस मूल्य (अंको में)Total Invoice Value (In figures) : ₹ 1,77,000

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रपए/Rupees One Lakh Seventy Seven Thousand केवल/Only.

रिवर्सर चार्ज के अधीन टैक्स की राशि/ Amount of Tax Subject to Reverse Charge : No

E.&.O.E

कृते नेशनल इनश्योरेंस कंपनी लिमिटेड/
For and on behalf of National Insurance Company
Limited

अधिकृत हस्तातककर्ता/ Authorized Signatory



[Signature]
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CHENNAI-600 127.