



UNITED INDIA INSURANCE COMPANY LIMITED

DOOR NO 73, SANTA MARIA COMPLEX, 1ST FLOOR BY PASS ROAD CHOCKALINGA NAGAR
MADURAI - 625016 TAMIL NADU
PHONE: (452) 2382706 FAX: EMAIL:

PROFESSIONAL INDEMNITY DOCTORS POLICY POLICY NO.:0904002723P102781105

PERIOD OF INSURANCE
from 00:00 hrs of 12/06/2023
to midnight of 11/06/2024

Insured

M/s VELAMMAL MEDICAL COLLEGE AND HOSPITAL
RESEARCH INSTITUTE AND SPECIALITY HOSPITAL VELAMMAL VILLAGE MADURAI-TUTICRIN
RING ROAD ANNUPPANADI MADURAI 625009
MADURAI
625009
TAMIL NADU

Agent Name

WELLTECH INSURANCE BROKERS PVT
LTD

Agent Code

: BRC0000870

Mobile/Landline Number/Email

: 9940033950 / (44) 23712394
: corporate@wtib.in

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 090400@uiic.co.in

Prof. T. THIRUNAVUKKARASHI
Dean
Velammal Medical College Hospital

and Research Institute Download Customer App(www.uiic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.
Website: <http://www.uiic.co.in>

Printed By : CUSTOMER @ 15/06/2023 9:10:15 AM

"Velammal Village"
Madurai-Tuticorin Ring Road
Anuppanadi, Madurai-625 009



PROFESSIONAL INDEMNITY DOCTORS POLICY SCHEDULE

Policy Number	0904002723P102781105			Previous Policy Number	0904002722P102350609		
Insured Details	Name / ID M/s VELAMMAL MEDICAL COLLEGE AND HOSPITAL/23148390610						
	Tel. (O):			Tel.(R)	Fax		
	Email			Mobile9790671787			
	Business/ Occupation		None				
Period of Insurance	From	00:00 Hrs of 12/06/2023			To	Midnight of 11/06/2024	

RETROACTIVE DATE (DD/MM/YYYY)	LIMIT OF INDEMNITY (₹)
12/06/2021	120,000,000.00

CO-INSURANCE DETAILS:	UIIC 090400 : 100%
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Premium:	156,000.00
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INDEMNITY LIMITS	Any One Year(AOY) (Aggregate) 150,000,000.00, Any One Accident(AOA) 150,000,000.00, AOA/AOY Ratio 1:1
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Territory	Jurisdiction
India	India

AOA : AOY	AOA/AOY Ratio 1:1	Deductible	₹ 0.00
AOA:AOY For Extensions	Any One Year(AOY) (Aggregate) 150,000,000.00, Any One Accident(AOA) 150,000,000.00		

COVERAGE DETAILS

Srl No.	Cover Name	SI (₹)	Premium (₹)	Deductible (₹)
I	IndemnityCover	150,000,000.00	156,000.00	0.00

Country	Compulsory Deductible(₹)
India	0.5% OF CLAIM AMOUNT SUBJECT TO A MINIMUM OF INR 25,000/- AND MAXIMUM OF INR 1,00,000/-


Prof. T. THIRUNAVUKKARASU, M.D.,D.A.,
 Dean
 Velammal Medical College Hospital
 and Research Institute
 "Velammal Village"
 Madurai-Tuticorin Ring Road
 Anuppanadi, Madurai-625 001

Office Copy

Policy No.:0904002723P102781105

Reg No:	
Special Conditions	
Premium in Words	ONE LAKH FIFTY-SIX THOUSAND RUPEES ONLY

PREMIUM COMPUTATION:

Indemnity Premium: ₹ 156,000.00
 Voluntary Excess: ₹ 0.00
 Excess/Deductible: 0.00
 Gross Premium: ₹ 156,000.00

Premium	₹	156,000.00
CGST(9%)	₹	14,040.00
SGST(9%)	₹	14,040.00
Stamp duty	₹	1.00
Total	₹	184,080.00
Receipt Number	:	10109040023103283411
Receipt Date	:	14/06/2023

Agent: WELLTECH INSURANCE BROKERS PVT LTD /
 BRC0000870
 Contact: 9940033950 / (44) 23712394
 corporate@wtib.in

Dev Officer/Agent: BRC0000870

Doctor Details:-

Qualification	Qualification Year	Registration No	Registration Year	Profession	Line Of Specialization	Specialization Description	Address Of Clinic/Business Premises
MBBS	2021		2021	Doctor (Specialists and Consulting Physician and Surgeons)	Family Medicine	NA	AS ABOVE MENTIONED

UnderWriter Remarks: TOTAL NUMBER OF DOCTORS TO BE COVERED IS 171. AOA:AOY: 1:1-RS.15 CRORES.0.5% OF CLAIM AMOUNT SUBJECT TO A MINIMUM OF INR 25,000/- AND MAXIMUM OF INR 1,00,000/-

Customer GST/UIN No.:	33AAATV6606K1ZC	Office GST No.:	33AAACU5552C1ZQ
SAC Code:	997139	Invoice No. & Date:	27231102781105 & 14/06/2023
Amount Subject to Reverse Charges-NIL			

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.

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 12/06/2023

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO 3 MADURAI 090400 on this 05th day of June 2023 .

For United India Insurance Co. Ltd.

CONSOLIDATED
STAMPS DUTY PAID
AS PER TAMILNADU
GOVERNMENT G.O.
(RT.)NO.146 DATED
28-03-2023 FOR THE
PERIOD FROM 01-
04-2023 TO 31-03-
2024.

Authorised Signatory.

Underwritten By - RAT45347 (DO UNDERWRITER) , Approved By -
 PAN27250(RO UNDERWRITER NEW)

This is a system generated document and any manual alteration / correction / overwriting in the document will make it invalid.

Prof. T. THIRUNAVUKKARASU, M.D., D.A.
 Dean
 Velammal Medical College Hospital
 and Research Institute
 "Velammal Village"
 Madurai-Tuticorin Ring Road
 Anuppanadi, Madurai-625 001