



Prof. Dr. Shivajirao Kadam
M.Sc., Ph.D.
Chancellor

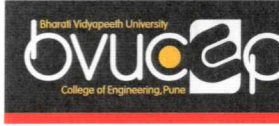
Prof. Dr. Vivek A. Saoji
M.B.B.S., M.S.(Surg.)
Vice Chancellor

Bharati Vidyapeeth
(Deemed to be University)
Pune, India.

Founder Chancellor : Dr. Patangrao Kadam
College of Engineering, Pune

★ Accredited with 'A++' Grade (2024) by NAAC ★
★ Category-I University Status by UGC ★

"Social Transformation Through Dynamic Education"



Dr. Vishwajeet Kadam
B.Tech., M.B.A., Ph.D.
Pro Vice Chancellor

Dr. Rajesh S. Prasad
M.E., Ph.D.
Principal

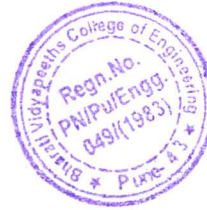
Ref. No. : BVDU / COE / 2589 / 2025 - 26


Date : 11/12/2025

Undertaking

Insurance for Students

It is hereby declared that Student Insurance is provided by the Institute.




Dr. Rajesh S Prasad
(Principal)

Group Personal Accident, ICICI Lombard

Customer Information Sheet / Know Your Policy (Description is illustrative and not exhaustive)

This document provides key information about your policy. You are also advised to go through your policy document.

UIN - ICIPAGP22077V062122

CIN - L67200MH2000PLC129408

Sr.No.	Title	Description	Policy Clause Number																																																
1	Name of Insurance Product/Policy	Group Personal Accident																																																	
2	Policy Number	4005/390919031/00/000																																																	
3	Type of Insurance Product/Policy	Benefit- Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)																																																	
4	Sum insured (Basis) (Along with the Amount)	INR 9,000,000,000.00 Individual SI (as per enrolment annexure Individual SI (Where each member has a separate Sum insured under the policy))																																																	
		<table border="1"> <thead> <tr> <th>Cover Name</th> <th>Cover definition</th> <th>Payout</th> <th>Policy Clause No</th> </tr> </thead> <tbody> <tr> <td colspan="4">Conditions/Endorsements</td> </tr> <tr> <td>1.</td> <td>Subject to Medical Benefits Endorsement</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>The policy is issued on named basis.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td>Age Band 03 - 30 years</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td>Medical Expenses 40% of death/disability claim amount or 10% of S.I or actual which ever is less triggered only when claim is admissible under benefit table A,B,C</td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td>Carriage of Dead Body 2% of SI subject to max to Rs 2,500/-</td> <td></td> <td></td> </tr> <tr> <td>6.</td> <td>Children Education fund for dependent children in case of Death or Permanent total disability of Employee will be covered upto 10,000/- per child (Restricted to 2 children max 25 Years of age)</td> <td></td> <td></td> </tr> <tr> <td>7.</td> <td>GPA Coverage for Students of</td> <td></td> <td></td> </tr> <tr> <td>8.</td> <td>SI Basis Flat INR in lacs 3,00,000</td> <td></td> <td></td> </tr> <tr> <td>9.</td> <td>Total liability of Lombard in respect of each insured beneficiary (member) shall not exceed the amount attached to single UHID/Unique ID irrespective of number of UHIDs/Unique IDs he is covered under the policy</td> <td></td> <td></td> </tr> <tr> <td>10.</td> <td>B = (A) + Loss of Two Limbs, Two eyes or one limb and one eye -100%, Loss of One Limb or One Eye - 50%, Permanent Total Disablement (PTD) from injuries other</td> <td></td> <td></td> </tr> </tbody> </table>	Cover Name	Cover definition	Payout	Policy Clause No	Conditions/Endorsements				1.	Subject to Medical Benefits Endorsement			2.	The policy is issued on named basis.			3.	Age Band 03 - 30 years			4.	Medical Expenses 40% of death/disability claim amount or 10% of S.I or actual which ever is less triggered only when claim is admissible under benefit table A,B,C			5.	Carriage of Dead Body 2% of SI subject to max to Rs 2,500/-			6.	Children Education fund for dependent children in case of Death or Permanent total disability of Employee will be covered upto 10,000/- per child (Restricted to 2 children max 25 Years of age)			7.	GPA Coverage for Students of			8.	SI Basis Flat INR in lacs 3,00,000			9.	Total liability of Lombard in respect of each insured beneficiary (member) shall not exceed the amount attached to single UHID/Unique ID irrespective of number of UHIDs/Unique IDs he is covered under the policy			10.	B = (A) + Loss of Two Limbs, Two eyes or one limb and one eye -100%, Loss of One Limb or One Eye - 50%, Permanent Total Disablement (PTD) from injuries other			
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5

Policy Coverage (what the policy Covers?)
(Policy Clause Number/s)

than those named above -100%
11. Risk Category I & II are covered.
12. Premium to be charged on prorata scale for addition/deletion endorsement
13. Any endorsements will be from the date of addition and not from the inception of the policy
14. Premium shall not be refunded for deletion if any claim is paid during the policy.
15. Terrorism is covered, however, terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from the scope of this policy
16. C = (A) + (B) + Permanent Partial Disablement (PPD)
17. A - Accidental Death only - 100%
Special Conditions:
Below mentioned activity shall be outside the scope of the policy :-
Professional sports team in respect of specific benefit for inability to perform
Participation in any kind of motor speed contest.
While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers)
Underground mining & contractor specializing in tunneling
Naval, military or air force personnel
Radioactivity, Nuclear risks, ionizing radiation
Drivers are excluded from the policy
Animal bite/Snake Bite/Insect bite is not covered.
Perils of the sea are excluded from the scope of the policy.
Exclusions :-
Suicide, attempt to Suicide or intentionally self-inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
Being under influence of drugs, alcohol, or other intoxication or hallucinogens
Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor
Committing any breach of law of land with criminal intent.
Death or disablement resulting from Pregnancy or childbirth
Risk Category III people are out of the scope of the policy :-
Persons working in mines,explosives,Electrical installations on high tension lines,Racing,Circus People,skiing,mountaineering,big game hunting,ballooning,hang gliding,river rafting,winter sports, skiing,ice hockey,polo&such other persons engaged in occupation of similar hazard are not

As per the policy coverage description below.

	covered under GPA	
	For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free no.1800-2666 or may approach us at the sub section Grievance Redressal on our website www.icicilombard.com (Customer Support section). However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and Development Authority (IRDA) through the Integrated Grievance Management Section (IGMS) or IRDA Grievance Call Centre(IGCC) at their toll free no.155255	
	Benefit: Insured Event - Death resulting from Accident	2.1
	Benefit: Insured Event - Permanent Total Disablement	2.2
	(PTD) resulting from Accident	
	Benefit: Insured Event - Permanent Partial Disablement	2.3
	(PPD) resulting from Accident	
	Benefit: Insured Event - Temporary Total Disablement (TTD) resulting from Accident	2.4
	Maximum Liability of the Company for Benefits	2.5
	Mentioned from Section 2.1 to 2.4	
	Extension Covers	3
	Cover for Expenses related to Burns	3.1
	Modification of residential accommodation & vehicle	3.2
	Repatriation of Mortal Remains	3.3
	Ambulance Charges	3.4
	Transportation Allowance (Compassionate visit	3.5
	Travel expenses for medical treatment	3.6
	Catastrophe Evacuation:	3.7
	Cost of clothing damage	3.8
	Loss of Job cover	3.9
	Improved Disability Benefit/ Dismemberment	3.10
	Daily Cash Allowance:	3.11
	Carriage of Dead Body	3.12
	On Duty Cover	3.13
	Children's Education Grant	3.14
	Accidental Hospitalization Expenses	3.15
	Mysterious Disappearance	3.16
	Treatment outside India (along with travelling cost & boarding & lodging of the attendant)	3.17
	Medical Expenses	3.18
	Out Patient Department (OPD) expenses:	3.19
	Loss/damage to School Bag/Books	3.20
	Widowhood cover	3.21

		Purchase of blood	3.22
		Prosthesis & Artificial Limbs	3.23
		Broken Bones	3.24
		Legal Expenses	3.25
6	Exclusions (What does the policy not cover)	<p>The Company shall not be liable under this policy for:</p> <p>(i) Compensation in more than one base benefit other than extensions if opted</p> <p>(ii) Benefit over and above base covers unless opted separately</p> <p>(iii) Payment in multiple claims for same event unless opted separately</p> <p>(iv) Payment of compensation relating to medical expenses until an additional premium is paid for the same as mentioned in Part I Schedule to this policy.</p> <p>(v) Payment of compensation in respect of death, injury or disablement of Insured Person (a) from intentional self-injury, suicide or attempted suicide; (b) whilst under the influence of intoxicating liquor or drugs; (c) whilst engaging in air travel other than as passenger in common carrier</p> <p>(vi) Payment of compensation in respect of death, injury or disablement of Insured Person (a) adventure sports as defined in policy wordings(d) directly or indirectly caused by venereal disease; (e) arising or resulting from the Insured committing any breach of the law.</p> <p>(vii) Claims arising out of war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all kinds.</p> <p>(viii) Payment of compensation in respect of death of, or bodily injury or any disease or illness to the Insured Persons.</p> <p>(a) Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission. (b) Directly or indirectly caused by or contributed to by or arising from nuclear weapon Materials.</p> <p>(ix) Claim for aggravated or prolonged by childbirth or pregnancy or in consequence thereof.</p> <p>(x) Claim for Persons while serving in any branch of the</p>	IV. 4.

		<p>Military or Armed Forces of any country during war or warlike operations.</p> <p>Special Condition applicable to all the Exclusion: If the Company alleges that by reason of any of the above Exclusion i.e. any loss, damage, cost or expenses is not covered by this insurance, the onus of proving the contrary shall be upon the Insured.</p> <p>Note: The above is only an indicative list of policy exclusions. Please refer to the policy wordings for the full listing</p>	
7	<p>Waiting period</p> <p>Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage.</p>	Not applicable	
8	<p>Financial limits of coverage</p> <p>Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount claim amount is more than the specified amount) iv. Any other limit (as applicable)</p>	Sub-limit/Co-pay/Deductible – Not applicable	
		<p>The procedure of lodging the claim shall be as under:</p> <p>Upon the happening of any event giving rise or likely to give rise to a claim under this Policy:</p> <p>(a)</p> <p>? Claims under this policy should be intimated and registered</p>	

9	Claims and Claims procedure	<p>with the Company on our 24x7 toll free helpline 1800 2666 and in writing to our address.</p> <p>? The list of documentation required is provided in the policy wordings.</p> <p>? The Insured shall intimate the claims with all the necessary documents to our claim processing team immediately and in any event within 7 days of claim intimation.</p> <p>(b) The Insured shall deliver to the Company, within 14 days of the date on which the event shall have come to his knowledge, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.</p> <p>Customer to send documents to Company at :-</p> <p>ICICI Lombard General Insurance Company Limited</p> <p>1st, 4th (Half) , 5th and 6th floors, Varun Towers- II , Opp. Hyderabad Public school , Begumpet Hyderabad District Hyderabad , Pin code -500016</p> <p>Benefits payable under this policy will be paid within 15 days of the receipt of claim along with claim form and required documents.</p> <p>Download the Claim Form here https://www.icicilombard.com/downloads</p> <p>Find our extensive list of hospitals providing services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App.</p> <p>List of excluded providers/delisted hospitals is available on our website https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf</p>	5
10	Policy Servicing	<p>You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.com or use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services.</p> <p>For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support.</p>	
		<p>In case of any grievance the insured person may contact the Company through Website: www.icicilombard.com Toll free: 1800 2666 E-mail: customersupport@icicilombard.com ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 , Office no 601 & 602, New linking Road, Malad (West), Mumbai ? 400064</p> <p>There is an interactive voice response (IVR) facility for senior citizens? grievance redressal for easy and faster resolution</p>	

11	Grievances/Complaints	<p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. For branch details, please visit https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf.</p> <p>If Insured person is not satisfied with the redressal of grievance, insured person may contact the grievance redressal officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com</p> <p>If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre (IGCC) at their toll free no. 1800 4254 732 / 155255</p> <p>Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irdai.gov.in, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman</p>	Part III 18
12	Things to remember	<p>Free Look Period Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges.</p> <p>Cancellation: Insured or the Company may cancel this Policy by giving the Company or the insured, as the case may be, 7 days written notice for the cancellation of the Policy, and then the Company shall refund premium on short term rates (if initiated by the insured) or pro rata rates (if initiated by the Company) for the unexpired Policy Period. Policy wordings can be referred for rates applicable.</p> <p>Renewal: The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Personal Accident Insurance product or its nearest substitute (in case the product ICICI Lombard Group Personal Accident Insurance is withdrawn by the Company)</p> <p>The policy shall ordinarily be renewable except on grounds of established fraud, or misrepresentation or non-cooperation by the insured.</p> <p>On renewal of the policy, the benefit provided under the policy and/or terms and condition of the policy including premium may be subject to change</p> <p>Change in Sum Insured: Sum Insured can be changed</p>	

		<p>(increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for enhanced portion of sum insured</p> <p>Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p>
13	Your Obligations	<p>Please disclose all material information including occupancy/Profile of the group members before buying the policy. Non-disclosure may affect the claim settlement.</p> <p>Any changes in the exposure /Sum insured/ Occupancies of the insured members during the policy tenure should be immediately notified to the insurer.</p> <p>Cooperation from the Insured/claimant is solicited in providing all or sufficient documents as per the claims procedure in support of claim.</p>

Declaration by the policy holder:

I have read the above and confirm having noted the details

Place.

Dated.

Signature.

Note

In case of any conflict, the terms and conditions of the policy documents shall prevail.

The product related documents including the Customer Information sheet are available on the website at <https://www.icicilombard.com/downloads>

UIN - ICIPAGP22077V062122

CIN - L67200MH2000PLC129408

GROUP PERSONAL ACCIDENT

UIN- ICIPAGP22077V062122 Misc 05

Part I of Policy: Policy Schedule

Policy No 4005/390919031/00/000 (TRUE COPY)

Issued at MUMBAI

1. Name of the Insured:

BHARATI VIDYAPEETH DEEMED UNIVERSITY

2. Mailing Address of the Insured:

C/O Medical Superintendent Bharati Vidyapeeth Deemed
University, Medical College And Hospital
Wanleswadi, Tal Miraj Sangli
Sangli
Maharashtra Pin- 416416

3. Politically Exposed Persons (PEP)/close relative of PEP

No

4. Intermediary Details:

Agency Code1: 2927175
Agency Name: ASMITA JAGTAP
Agent's mobile no.: 8668949711
Agent's E-mail ID : rajendramohite@yahoo.co.in

5. Period of Insurance :

From: 15/04/2025 Time: 00:00 Hours
To Midnight of 14/04/2026

6. Total number of persons to be insured:

30000

7. Total Capital Sum Insured:

9,000,000,000.00

8. Details of persons to be insured:

As per annexure attached

9. Benefit Table:

A - Accidental Death only - 100%

B = (A) + Loss of Two Limbs, Two eyes or one limb and one eye -100%, Loss of One Limb or One Eye - 50%, Permanent Total Disablement (PTD) from injuries other than those named above -100%

C = (A) + (B) + Permanent Partial Disablement (PPD)

10. Premium

Premium Break Up	(Rs.)	Premium (Rs.)
Stamp Duty	(Rs.)	15.00
*Total Premium	(Rs.)	1,262,933.60

*Premium value mentioned above is inclusive of taxes applicable

11. Conditions/Endorsements

1.	Subject to Medical Benefits Endorsement
2.	The policy is issued on named basis.
3.	Age Band 03 - 30 years
4.	Medical Expenses 40% of death/disability claim amount or 10% of S.I or actual which ever is less triggered only when claim is admissible under benefit table A,B,C
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9.	Total liability of Lombard in respect of each insured beneficiary (member) shall not exceed the amount attached to single UHID/Unique ID irrespective of number of UHIDs/Unique IDs he is covered under the policy
10.	B = (A) + Loss of Two Limbs, Two eyes or one limb and one eye -100%, Loss of One Limb or One Eye - 50%, Permanent Total Disablement (PTD) from injuries other than those named above -100%
11.	Risk Category I & II are covered.
12.	Premium to be charged on prorata scale for addition/ deletion endorsement
13.	Any endorsements will be from the date of addition and not from the inception of the policy
14.	Premium shall not be refunded for deletion if any claim is paid during the policy.
15.	Terrorism is covered, however, terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from the scope of this policy
16.	C = (A) + (B) + Permanent Partial Disablement (PPD)
17.	A - Accidental Death only - 100%

12. Special Conditions:

- Below mentioned activity shall be outside the scope of the policy :-

Professional sports team in respect of specific benefit for inability to perform

Participation in any kind of motor speed contest.

While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers)

Underground mining & contractor specializing in tunneling

Naval, military or air force personnel

Radioactivity, Nuclear risks, ionizing radiation

Drivers are excluded from the policy

Animal bite/Snake Bite/Insect bite is not covered.

Perils of the sea are excluded from the scope of the policy.

Exclusions :-

Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.

Being under influence of drugs, alcohol, or other intoxication or hallucinogens

Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor

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Death or disablement resulting from Pregnancy or childbirth

Risk Category III people are out of the scope of the policy :-

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People,skiing,mountaineering,big game hunting,ballooning,hang gliding,river rafting,winter sports, skiing,ice hockey,polo&such other persons engaged in occupation of similar hazard are not covered under GPA

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free no.1800-2666 or may approach us at the sub section Grievance Redressal on our website www.icicilombard.com (Customer Support section). However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and Development Authority (IRDA) through the Integrated Grievance Management Section (IGMS) or IRDA Grievance Call Centre(IGCC) at their toll free no.155255

13. Clauses:

1. The Cover is subject to inclusion of loss/ damage/ liability due to terrorism activity

14. Warranties:

- | |
|---|
| 1. The claim should be intimated with in the three months of the occurrence of the event, failing to which company shall not be liable to pay the claim |
|---|

Subject otherwise to terms and conditions of Group Personal Accident Insurance Policy.

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at Mumbai on this date 01/05/2025 .

Gaurav Arora

Authorized Signatory

ICICI Lombard General Insurance Company Ltd.

GSTIN Reg. No: 27AAACI7904G1ZN

IL GIC GSTIN Address : 414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA
HSN/SAC code : 997133 - GENERAL INSURANCE SERVICES

Policy shall stand cancelled ab initio in the event of non realisation of the premium



ICICI Lombard General Insurance Company LTD
ICICI LOMBARD HOUSE, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025

The stamp duty of Rs 15.0000 paid in cash or by demand draft or by payorder, vide Receipt/Challan no. CSD112025527 dated 30/01/2025

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West),
Mumbai - 400 064.

CIN: L67200MH2000PLC129408

Registered Office:

ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai - 400 025.

Toll free No. : 1800 2666

Alternate No. : +91 8655 222 666 (chargeable)

Email : customersupport@icicilombard.com

Website : www.icicilombard.com



ICICI Lombard General Insurance Company LTD
ICICI LOMBARD HOUSE, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025