



P. S. Kelkar
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JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE
& INFORMATION TECHNOLOGY
Caves Road, Jogeshwari (E), Mumbai-400 050



Principals

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JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE
& INFORMATION TECHNOLOGY
Caves Road, Jogeshwari (E), Mumbai-400 050



**Group Accident Guard Policy
Certificate of Insurance**

Business-TrackOn-1-3395301

Insured Person Name & Correspondence Address:
A SANJU CHANDALIYA . .
M NO 66 SANJAY NAGAR ZOPADPATTI VALMIKI GALLI
DIVALI WEST VALMIKI GALLI
M NO 66 SANJAY NAGAR ZOPADPATTI VALMIKI GALLI
DIVALI WEST VALMIKI GALLI
IBAI-400067
IBAI
MAHARASHTRA
State of Supply: MAHARASHTRA
Post Code: 27

Intermediary code: CA0574
Intermediary Name: INDIA POST
PAYMENTS BANK LIMITED
Intermediary Contact No: 155299
Partner Application No.: 422023000277374

Insured Policyholder Name: INDIA POST PAYMENTS BANK LIMITED
Policy Period: From 07/04/2022 To 06/04/2023

Policy Number: 0239461184
Renewal No: 00
Endorsement No: 00
Certificate No.: 10251610

Insured Person E-mail id: sanjuchandaliya786@gmail.com

Cover Period : From 24/01/2023 To 23/01/2024

Insured Person Contact No.: 9664964925

Sum Insured Type: Fixed
Sum Insured Basis: Fixed

Insured Person details	
Premium (Rs):	338.00
GST 18% (Rs.)	60.84
Gross Premium (Rs)	399.00

TIN: 27AABCT3518Q1ZW-MAHARASHTRA, Service Accounting Code: 997133.

Insured Person Name:	Gender	DOB	Relationship with Insured Person	Id/ Loan Account No.:	(If Credit Linked) Loan Type, Sanction Loan Amount, Disbursed Loan Amount
Sanju Chandaliya	Female	22/07/1989	Self		

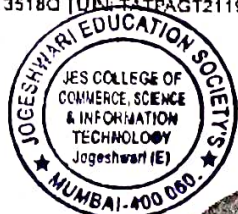
Name	Gender	DOB	Relationship with Insured Person	Address
Sanju Chandaliya			Spouse	

Sl No.	Coverages	Self SI	Spouse SI	Child 1SI	Child 2SI	Child 3SI	Child 4SI	Remarks
	Accidental Death	1,000,000	0	0	0	0	0	AccountHolder
	Accidental Dismemberment and Paralysis	1,000,000	0	0	0	0	0	Covered
	Accidental Medical Expenses	90,000	0	0	0	0	0	IPD & OPD
	(1)IPD	60,000	0	0	0	0	0	
	(2)OPD	30,000	0	0	0	0	0	

"In consideration of additional premium, Point No. 10 under Section 3- General Exclusions pertaining to Act of Terrorism stands deleted."

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.
Tata AIG General Insurance Company Limited.
Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India. Page 1 of 4
Toll Free No. (24x7): 1800 266 7780 OR 1800 229966 (For Senior Citizens) | Fax: 022 6693 8170 | Email: customer.support@tataaig.com
IRDA of India Registration No: 108 | Website: www.tataaig.com | CIN: U95110MH2000PLC128425 | PAN: AABCT3518Q | UIN: TATPAGT21196V022021

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Caves Road, Jogeshwari (E), Mumbai-400 060.



Business-TrackOn-1-3392711

Insured Person Name & Correspondence Address:

BHAVESH SADHU . .

3 PHASE 1 N G SUN CITY THAKUR VILLAGE KANDIVALI EAST
MUMBAI CITY

3 PHASE 1 N G SUN CITY THAKUR VILLAGE KANDIVALI EAST
MUMBAI CITY

3AI-400060

3AI

MAHARASHTRA

State of Supply: MAHARASHTRA

Code: 27

Intermediary code: CA0574

Intermediary Name: INDIA POST
PAYMENTS BANK LIMITED

Intermediary Contact No: 155299

Partner Application No.: 422023000272115

Policyholder Name: INDIA POST PAYMENTS BANK LIMITED

Policy Period: From 07/04/2022 To 06/04/2023

Policy Number: 0239461184

Renewal No: 00

Endorsement No: 00

Certificate No.: 10250624

Insured Person E-mail id: jignaramanandi@gmail.com

Cover Period : From 24/01/2023 To 23/01/2024

Insured Person Contact No.: 9664644228

Sum Insured Type: Fixed

Sum Insured Basis: Fixed

Premium details	
Premium (Rs):	338.00
18% (Rs.)	60.84
Total Premium (Rs)	399.00

Policy No: 27AABCT3518Q1ZW-MAHARASHTRA, Service Accounting Code: 997133.

Insured Details

Insured Person Name:	Gender	DOB	Relationship with Insured Person	Id/ Loan Account No.:	(If Credit Linked) Loan Type, Sanction Loan Amount, Disbursed Loan Amount
Bhavesh sadhu	Female	08/05/1988	Self		

Spouse Details

Name	Gender	DOB	Relationship with Insured Person	Address
Bhavesh sadhu			Spouse	

No.	Coverages	Self SI	Spouse SI	Child 1SI	Child 2SI	Child 3SI	Child 4SI	Remarks
	Accidental Death	1,000,000	0	0	0	0	0	AccountHolder
	Accidental Dismemberment and Paralysis	1,000,000	0	0	0	0	0	Covered
	Accidental Medical Expenses	90,000	0	0	0	0	0	PD & OPD
	(1)IPD	60,000	0	0	0	0	0	
	(2)OPD	30,000	0	0	0	0	0	

"In consideration of additional premium, Point No. 10 under Section 3- General Exclusions pertaining to Act of Terrorism stands deleted."

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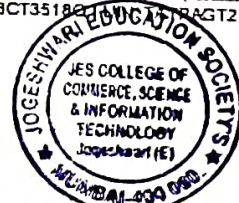
Tata AIG General Insurance Company Limited.

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Toll Free No. (24x7): 1800 266 7780 OR 1800 229966 (For Senior Citizens) | Fax: 022 6693 8170 | Email: customersupport@tataaig.com

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 Caves Road, Jogeshwari (E), Mumbai-400 060.





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Group Accident Guard Policy Certificate of Insurance

Business-Track On-1-3390670

Insured Person Name & Correspondence Address:

AVESH NARBHERAM SADHU . .
3 PHASE 1 N G SUN CITY THAKUR VILLAGE KANDIVALI EAST
MUMBAI CITY
3 PHASE 1 N G SUN CITY THAKUR VILLAGE KANDIVALI EAST
MUMBAI CITY
3AI-400101
3AI
MAHARASHTRA

Intermediary code: CA0574

Intermediary Name: INDIA POST
PAYMENTS BANK LIMITED
Intermediary Contact No: 155299

Partner Application No.: 422023000273620

State of Supply: MAHARASHTRA
Code: 27

Insured Policyholder Name: INDIA POST PAYMENTS BANK LIMITED
Policy Period: From 07/04/2022 To 06/04/2023

Policy Number: 0239461184
Renewal No: 00
Endorsement No: 00
Certificate No.: 10250770

Insured Person E-mail id: jignaramanandi@gmail.com

Cover Period : From 24/01/2023 To 23/01/2024

Insured Person Contact No.: 9564644228

Sum Insured Type: Fixed
Sum Insured Basis: Fixed

Premium details	
Premium (Rs.):	338.00
T 18% (Rs.)	60.84
Gross Premium (Rs)	399.00

PIN: 27AABCT3518Q1ZW-MAHARASHTRA, Service Accounting Code: 997133.

Insured Details

Insured Person Name:	Gender	DOB	Relationship with Insured Person	Id/ Loan Account No.:	(If Credit Linked) Loan Type, Sanction Loan Amount, Disbursed Loan Amount
avesh narbheram sadhu	Male	04/09/1988	Self		

Spouse Details

Name	Gender	DOB	Relationship with Insured Person	Address
gna sadhu			Spouse	

Sl. No.	Coverages	Self SI	Spouse SI	Child1 SI	Child 2SI	Child 3SI	Child 4SI	Remarks
	Accidental Death	1,000,000	0	0	0	0	0	AccountHolder
	Accidental Dismemberment and Paralysis	1,000,000	0	0	0	0	0	Covered
	Accidental Medical Expenses	90,000	0	0	0	0	0	PD & OPD
	(1)IPD	60,000	0	0	0	0	0	
	(2)OPD	30,000	0	0	0	0	0	

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Tata AIG General Insurance Company Limited.

Tata AIG General Insurance Company Limited, Mumbai - 400 011

Regd Office: 15th Floor, Tower A, Peninsula Business Park, E. M. Amal, Lower Market, Mumbai - 400 011 | Email: customer@tataaig.com

Toll Free No. (24x7): 1800 266 7780 OR 1800 299 9666 | Email: customer@tataaig.com | Phone: 022 299 96666 | Fax: 022 299 96667

IRDA of India Registration No: 108 | Website: www.tataaig.com | PIN: 400 060 | AABCT3518Q1ZW | 22021





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Group Accident Guard Policy Certificate of Insurance

Business-TrackOn-1-3383354

Insured Person Name & Correspondence Address:

TAM S ANSARI . .
ROOM NO 48 BMC COLONY SANTOSH NAGAR GOREGAON
T BMC COLONY
ROOM NO 48 BMC COLONY SANTOSH NAGAR GOREGAON
T BMC COLONY
MBAI-400065
MBAI
MAHARASHTRA
a
State of Supply: MAHARASHTRA
Policy Code: 27

Intermediary code: CA0574

Intermediary Name: INDIA POST
PAYMENTS BANK LIMITED

Intermediary Contact No: 155299

Partner Application No.: 422023000270884

Insured Policyholder Name: INDIA POST PAYMENTS BANK LIMITED
Policy Period: From 07/04/2022 To 06/04/2023

Policy Number: 0239461184
Renewal No: 00
Endorsement No: 00
Certificate No.: 10251838

Insured Person E-mail id: rustam220791@gmail.com

Cover Period : From 24/01/2023 To 23/01/2024

Insured Person Contact No.: 7666055548

Sum Insured Type: Fixed
Sum Insured Basis: Fixed

Premium details	
Net Premium (Rs):	338.00
Tax ST 18% (Rs.)	60.84
Gross Premium (Rs)	399.00

GSTIN: 27AABCT3518Q1ZW-MAHARASHTRA, Service Accounting Code: 997133.

Insured Details

Insured Person Name:	Gender	DOB	Relationship with Insured Person	Id/ Loan Account No.:	(If Credit Linked) Loan Type, Sanction Loan Amount, Disbursed Loan Amount
Rustam S Ansari	Male	22/07/1991	Self		

Nominee Details

Name	Gender	DOB	Relationship with Insured Person	Address
Shamim ansari			Father	

Sr No.	Coverages	Self SI	Spouse SI	Child1SI	Child 2SI	Child 3SI	Child 4SI	Remarks
1	Accidental Death	1,000,000	0	0	0	0	0	AccountHolder's
2	Accidental Dismemberment and Paralysis	1,000,000	0	0	0	0	0	Covered
3	Accidental Medical Expenses	90,000	0	0	0	0	0	PD & OPD
	(1)IPD	60,000	0	0	0	0	0	
	(2)OPD	30,000	0	0	0	0	0	

"In consideration of additional premium, Point No. 10 under Section 3- General Exclusions pertaining to Act of Terrorism is deleted."

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Tata AIG General Insurance Company Limited, Regd Office: 15th Floor, Tower A, Peninsula Finance Centre, Parel, Mumbai - 400 010, Maharashtra

Toll Free No. (24x7): 1800 266 7780 OR 1800 266 6666 (For Senior Citizens) Fax: 022 6699 1170 | Email: customer.support@tataaig.com

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Group Accident Guard Policy Certificate of Insurance

New Business-TrackOn-13392711



Insured Person Name & Correspondence Address:

JIGNA BHAVESH SADHU . .
2E 603 PHASE 1 N G SUN CITY THAKUR VILLAGE KANDIVALU EAST
N G SUN CITY
2E 603 PHASE 1 N G SUN CITY THAKUR VILLAGE KANDIVALU EAST
N G SUN CITY
MUMBAI-400060
MUMBAI
MAHARASHTRA
India
Place of Supply: MAHARASHTRA
State Code: 27

Intermediary code: CA0574

Intermediary Name: INDIA POST
PAYMENTS BANK LIMITED
Intermediary Contact No: 155299

Partner Application No.: 422023000272115

Master Policyholder Name: INDIA POST PAYMENTS BANK LIMITED
Policy Period: From 07/04/2022 To 06/04/2023

Policy Number: 0239461184
Renewal No: 00
Endorsement No: 00
Certificate No.: 10250624

Insured Person E-mail id: jgnaramanandi@gmail.com

Cover Period: From 24/01/2023 To 23/01/2024

Insured Person Contact No.: 9664644229

Sum Insured Type: Fixed
Sum Insured Basis: Fixed

Premium details	
Net Premium (Rs.):	338.00
IGST 18% (Rs.):	60.84
Gross Premium (Rs)	399.00

GSTIN: Z7AABCT3518012W-MAHARASHTRA, Service Accounting Code: 997133.

Insured Details

Insured Person Name:	Gender	DOB	Relationship with Insured Person	if Loan Account No.:	(If Credit Linked) Loan Type, Sanction Loan Amount, Disbursed Loan Amount
Jigna bhavesh sadhu	Female	08/05/1988	Self		

Nominee Details

Name	Gender	DOB	Relationship with Insured Person	Address
Bhavesh sadhu			Spouse	

Sr No.	Coverages	Self SI	Spouse SI	Child1 SI	Child 2 SI	Child 3 SI	Child 4 SI	Remarks
1	Accidental Death	1,000,000	0	0	0	0	0	AccountHolder
2	Accidental Dismemberment and Paralysis	1,000,000	0	0	0	0	0	Covered
3	Accidental Medical Expenses	90,000	0	0	0	0	0	PD & OPD
	(1)IPD	60,000	0	0	0	0	0	
	(2)OPD	30,000	0	0	0	0	0	

In consideration of additional premium, Point No. 10 under Section 3- General Exclusions pertaining to Act of Terrorism stands deleted.

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Toll Free No: (24x7) 1800 266 7780 OR 1800 229966 (For Senior Citizens) | Fax: 022 6693 8170 | Email: customersupport@tataaig.com
RDA of India Registration No: 106 | Website: www.tataaig.com | CIN: U65110W-2000PLC128425 | PAN: AAABCT35180 | URL: TATAPAGT21196V022021



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4	Contra	100,000	0	0	0	0	0	
5	Education Benefit	100,000	0	0	0	0	0	10% of SI or Rs. 100000 or Actuals whichever is lower for

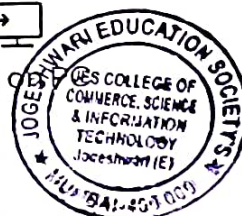


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पेमेन्ट्स बैंक

India Post
Payments Bank

भारतीय डाक



India Post



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प्रियजनांची
सुरक्षा

सादर करत आहोत

ग्रुप अॅक्सिडेंट गार्ड पॉलिसी

अपघातामुळे होणाऱ्या शारीरिक त्याचप्रमाणे
आर्थिक हानीसाठी या विरिद्ध अॅक्सिडेंट विमा
पॉलिसीसह राज्ज व्हा



9969448474 पॉस्टमन - राजल.
online - Adhar no. email & d

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पेमेन्ट्स बैंक

India Post
Payments Bank



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महालाँगिन 06/08/2022

- 1 अपघाती मृत्यू - १० लाख रुपये
- 2 कायमचे अपंगत्व - १० लाख रुपये
- 3 दवाखाना खर्च - ६० हजार रुपये
- 4 मुलांचा शिक्षण खर्च - १ लाख रुपयापर्यंत
(जास्तीत जास्त २ मुलानां प्रतिवर्ष)
- 5 अॅडमिट असेपर्यंत दररोज १००० रुपये (१०दिवस)
- 6 ओपीडी खर्च ३००००/- रुपये
- 7 अपघाताने पॅरालीसीस झाल्यास १० लाख रुपये
- 8 कुटुंबाला दवाखाना प्रवास खर्च २५०००/- रुपये (पर्यंत)

वयोमर्यादा : १८ ते ६५

मात्र रु. ३९९/- (वार्षिक हप्त्या)

सर्व प्रकारचे अपघात, सर्पदंश, विजेचा शॉक, फरशीवरून घसरून पडणे,
गाडीवरील अॅक्सीडेंट अशा सर्वप्रकारच्या अपघाताना सरंक्षण आहे.
अधिक माहितीसाठी आजच आपल्या जवळच्या डाक कार्यालयाशी संपर्क करावा.

नियम व अटी लागू

सी

हानीसाठी या
व्हा



स्थायीस्वरुपी
अंशतः विकलांगपणा

आणि इतर अनेक...

*अटी आणि शर्ती लागू



मृत्यू



संपूर्ण विकलांगपणा



अपघातात्मक
डिसमेंबरमेंट आणि
लकवा



अपघातात्मक
वैद्यकीय खर्च

अपघात: विमा विनंतीच्या अधीन आहे. लाभ, अपवाद, मर्यादा अटी आणि शर्तीबद्दल अधिक माहितीसाठी कृपया विक्री पुस्तिकेतील मजकूर विक्री पूर्ण करण्याआधी काळजीपूर्वक वाचा. उत्पादन आणि सेवांचे लाभ आणि गुणविशेष पूर्णतः दरक स्वरुपाचे आहेत. टाटा एआयजी जनरल कंपनी लिमिटेडचे उत्पादन इंडिया पोस्ट पेमेंट बँक लि.कडून घेणे हे ग्राहकाच्या इच्छेवर संपूर्णपणे अवलंबून आहे. स्वहतीकरणासाठी ग्राहक 1800-266 7780 पर कॉल करा किंवा customersupport@tataaig.com ला लिहा. इंडिया पोस्ट पेमेंट बँक लि.द्वारे ही माहिती देण्यात आली आहे. कॉर्पोरेट ऑफिस-२रा मजला, स्पीड पोस्ट सेंटर बिल्डिंग, मार्केट रोड, भाई बीर सिंग मार्ग, नवी दिल्ली 110001 टाटा एआयजी जनरल इन्श्युरन्स कंपनी लि.चे परवानाप्राप्त एजंट आहेत लायसन्स नं CA0574 CIN:U74999DL2016GOI304561 (IRDA of India पंजीकरण सं.108CIN:U85110MH2000PLC128425). विमा उत्पादन टाटा एआयजी जनरल इन्श्युरन्स कंपनी लिमिटेडद्वारे अंदापरितन करण्यात आले आहे.

टाटा एआयजी जनरल इन्श्युरन्स कंपनी लिमिटेड

नोंदणीकृत कार्यालय:पेनिन्स्युला व्हिझनेस पार्क, टॉवर ए, 15 वा मजला, जी.के मार्ग, लोअर परेल, मुंबई -400013.

24x7 टोल फ्री नं 1800 266 7780 किंवा 1800 22 9966 (केवळ जेष्ठ नागरिकांसाठी)। ईमेल customersupport@tataaig.com | वेबसाइट: www.tataaig.com

IRDA of India रजिस्ट्रेशन नं.108 | CIN: U85110MH2000PLC128425 | ग्रुप अॅक्सिडेंट पॉलिसी UIN: TATPAGT21196V022021