



Consolidated Stamp Duty Paid Vids  
Govt. of Kerala Taxes (J) Department  
Order: G.O.(P) No. 20/2025/Taxes  
Dated: 13 Feb 2025



**POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE**

**UIN NUMBER - IRDAN190P0004201314**

<b>Insured's Name</b>	: URBX COLLEGE OF AVIATION		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
<b>Customer ID</b>	: POC8561019	<b>Office Code</b>	: RAVIPURAM BUSINESS OFFICE (761000)
<b>Address</b>	: 38/1728,PUKATTUPADY ROAD,PIPE LINE JN,THRIKKAKARA,EDAPPALLY,KOCHI  VADAKODE Trikkakara ,KERALA, 682021	<b>Address</b>	: RAMAN CENTRE II FLOOR VALANJAMBALAM , COCHIN,682016
<b>Phone No</b>	: XXXXXX0622	<b>Phone No</b>	: 04842357258 / 04842357259
<b>E-mail/Fax</b>	: dongeorge@urbxgroup.com, /	<b>E-mail/Fax</b>	: nia.761000@newindia.co.in /
<b>PAN No</b>	:	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: NA / NA	<b>GSTIN</b>	: 32AAACN4165C4ZX
		<b>SAC</b>	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
<b>Policy Number</b>	: 76100048252300000002	<b>Business Source Code</b>	
<b>Period of Insurance</b>	: From: 01/02/2026 12:00:01 AM To: 31/01/2027 11:59:59 PM	<b>Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User</b>	: DIRECT BUSINESS - (1D4023150)
<b>Date of Proposal</b>	: 01-Feb-26	<b>Agent/Bancassurance/S pecified Person</b>	:
<b>Prev. Policy no.</b>	:	<b>Phone No</b>	: NA / NA
<b>Client Type</b>	: Non-Corporate	<b>E-mail/Fax</b>	: / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ In words)	Receipt No. & Date
27,000	4,860	31,860	RUPEES THIRTY-ONE THOUSAND EIGHT HUNDRED SIXTY ONLY	7610008125000001636 7 - 08/01/26

<b>No of Students</b>	180	<b>Medical Expenses per student (Inclusive of OPD)</b>	10000
<b>Limit per student</b>	100000	<b>Special conditions</b>	1.Med Extn ₹ 25000/-, 2.OP Treatment cover for ₹ 10000/- 3.Coverage as per Table B of PA Policy 4.Proper attendance reg.must be maintained 5.Every student must be included in the coverage. 6.Parents are not covered under policy
<b>Limit per accident</b>	0		

<b>No of parents</b>	0		
<b>Total SI of Parents or Guardian for payment of Tuition and Hostel fees</b>	0	<b>Payment of tuition and hostel fee for remaining semesters in the students account with the Institute in case the Parent/Guardian dies due to accident</b>	0

This policy shall be subject to STUDENTS SAFETY PACKAGE INSURANCE policy clauses attached herewith..

Signature valid

Digitally signed  
by: NIAS/HR  
REDACTED  
Date: 2026.01.08

Policy No. : 76100048252300000002 Document generated by 33744 at 08/01/2026 12:58:49 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 27,000
SGST	9	2430
CGST	9	2430
IGST	0	0
KERALA FLOOD CESS	0	0

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 08th day of January, 2026.

Date of Issue: 08/01/2026

For and on behalf of  
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Mudrank \_\_\_\_\_ Dt. \_\_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_  
number \_\_\_\_\_ dt. \_\_\_\_\_

08/01/26  
लिबिन गोपी LIBIN GOPI  
व.क्र.सं. S.R. No: 36137  
वरिष्ठ व्यवसाय प्रबंधक  
SR. BUSINESS MANAGER  
रविपुरम RAVIPURAM

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.

Tax Invoice No : 76100025P0026258

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C



### COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : RAVIPURAM BUSINESS OFFICE (761000)  
Address : RAMAN CENTRE  
II FLOOR  
VALANJAMBALAM, COCHIN, 682016  
KOCHI M G ROAD  
Insured Pan Number :  
Phone : 04842357258  
Email : nia.761000@newindia.co.in  
Fax :  
Collection Number : 76100081250000016367  
Collection Date : 08/01/2026  
Business Source Code : 1D4023150  
PAN No of Payer :

Received with thanks from URBX COLLEGE OF AVIATION.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
76100048252300000002	Bank-761000	31860.00	9100.761000	BA00014617-761000-9100

Total = ₹ 31860.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Bank Credit Advice	31860.00	7237100 1	08-JAN-26	FEDERAL BANK	ERNAKULAM	7610002510073553	N.A.

Total = ₹ 31860.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
27000.00	4860.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NA	NA	48

For The New India Assurance Company Limited

Date of Issue:  
08/01/2026

Cashier's Initial

Authorized Signatory

Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence.
2. NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/ if there is insufficient premium balance.

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.

Tax Invoice No : 76100025P0026258

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

Signature valid

Digitally signed  
By: NIA  
Date: 08.01.2026  
12:58:53 IST

Policy No. : 76100048252300000002 Document generated by 33744 at 08/01/2026 12:58:49 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.



## THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.



### STUDENTS SAFETY INSURANCE POLICY

'WHEREAS the insured named in the schedule herein (hereinafter called the 'Insured') has made and/or caused to be made to the NEW INDIA ASSURANCE CO. LTD., (hereinafter called 'the Company') proposal and/or declaration dated as stated in the schedule hereto which together with any statements and warranties contained therein shall be the basis of this contract and is/are deemed to be incorporated herein for the insurance hereinafter set forth in respect of persons detailed in the schedule of Insured Persons (hereinafter called the 'Insured Persons').

Now this policy witnessed that subject to and in consideration of the payment made or agreed to pay to the Company the premium for the period stated in the schedule or for any further period for which the Company may accept payment for the renewal of this policy and subject to the terms, provisions, exceptions and conditions herein expressed or contained or hereon endorsed, the Company shall pay to the INSURED to the extent, unless agreed and stated otherwise and in the manner hereinafter provided that if any of the Insured Persons shall :

1. Sustain any bodily injury resulting solely and directly from accident caused by external violent and visible means, the sum hereinafter set forth in respect of any of the Insured Persons specified in the schedule :
  - (a) If such injury shall within six calendar months of its occurrence be the sole and direct cause of the death of the Insured person the sum of Rupees Ten Thousand.
  - (b) If such injury within six (6) calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of :
    - (i) Sight of both eyes, or of the actual loss by physical separation of the two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, the sum of Rupees Ten Thousand.
    - (ii) Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the sum of Rupees Ten Thousand.
  - (c) If such injury shall within six calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of :
    - (i) The sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot the sum of Rupees Five Thousand.
    - (ii) Total and irrecoverable loss of use of a hand or a foot without physical separation, the sum of Rupees Five Thousand.

**NOTE :** For the purpose of Clauses (b) and (c) above, 'physical separation' of a hand or foot means separation of hand at or above the wrist and/or of the foot at or above the ankle.

- (d) If such injury shall, as a direct consequences thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in being occupied with or giving attention to his normal activities of any description whatsoever the sum of Rupees Ten Thousand.
- (e) If such injury shall within six calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of use or of the actual loss by physical

separation of the following then the percentage of Rupees Ten Thousand in the manner indicated below :

Percentage of Capital Sum Insured

i)	Loss of toes – all	20
	Great – both phalanges	5
	Great – one phalanges	2
	Other than great, if more than One toe lost each	1
ii)	Loss of hearing – both ears	50
iii)	Loss of hearing – one ear	15
iv)	Loss of four fingers and thumb of one hand	40
v)	Loss of four fingers	35
vi)	Loss of thumb – both phalanges	25
	one phalanx	10
vii)	Loss of index finger – three phalanges	10
	two phalanges	8
	one phalanx	4
viii)	Loss of middle finger – three phalanges	6
	two phalanges	4
	one phalanx	2
ix)	Loss of ring finger – three phalanges	5
	two phalanges	4
	one phalanx	2
x)	Loss of little finger – three phalanges	4
	two phalanges	3
	one phalanx	2
xi)	Loss of metacarples	
	- first or second (additional)	3
	- third, fourth or fifth (additional)	2
xii)	Any other permanent partial disablement	- percentage as assessed by the Doctor

(f) If such injury shall necessitate treatment to the said insured person in a hospital or nursing home, the medical expenses as may be necessarily, reasonably and actually incurred upto but not exceeding the sum of Rupees Five Hundred for any one accident.

2. The Company's liability however, notwithstanding the liability set apart for a single insured person as narrated hereinabove, shall not exceed the sum of Rupees Five lacs for any one accident or series of accident arising out of one event and the sum of Rupees Ten lacs only in respect of all accident during the period of insurance .

EXCEPTIONS

**PROVIDED ALWAYS THAT :**

The Company shall not be liable under this policy for :

1. Compensation under more than one of the foregoing sub-clauses in respect of the same period of disablement of the insured person except sub-clause (f)
2. Any other payment to the same person after a claim under one of the sub-clauses (a), (b), or (d) has been admitted and become payable.
3. Any payment in case of more than one claim in respect of such insured person under the policy during any one period of insurance by which the maximum liability of the Company specified in the schedule applicable to such insured person exceed the sum payable under sub-clause (a) of this policy to such insured person.
4. Payment of compensation in respect of Death, injury or disablement of the 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 Aviation or Ballooning, or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world (d) while racing on the wheels (other than as a sport activity organized by or under the approval of the insured), (e) while racing on horse back (f) whilst big-game hunting, mountaineering, or being engaged in winter sports, skiing, or ice hockey unless as a sports activity organized or under the approval of the insured, (g) arising or resulting from the insured person committing any breach of law with criminal intent.
5. Payment of compensation in respect of death, injury or disablement of the insured person due to or arising out of or directly or indirectly connected with or traceable to 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 detentions of all kings, princess and people of whatever nation condition or quality whatsoever.
  6. Payment of compensation in respect of death of, or bodily injury or any disease or illness to the insured person :
    - (a) directly or indirectly caused by or contributed to by or arising from ionizing radiations or contamination by radio activity from any nuclear fuel or from any nuclear waste 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 weapons material.

Provided also that the due observance and fulfillment of the terms and conditions of this policy (which conditions and all endorsements hereon are to be read as part of this policy) shall so far as they relate to anything to be done or not to be by the insured and/or insured person be a condition precedent to any liability of the Company under this policy.

7. **Pregnancy Exclusion Clause :**

The insurance under this policy shall not extend to cover death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof.

8. **Consequential loss or any nature.**

### CONDITIONS

1. Upon the happening of any event which may give rise to a claim under this policy, written notice with full particulars must be given to the Company immediately. In case of death, written notice also for the death must, unless reasonable cause is shown be so given before interment cremation, and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation.
2. Proof satisfactory to the Company shall be furnished of all matter upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the insured persons on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company and in the event of death, to make a post-mortem examinations of the body of the insured, such evidence as the Company may from time to time requires shall be furnished and a post-mortem examination report, is necessary, be furnished within the space of 14 days after demand in writing and in the event of a claim in respect of loss of sight, the insured person shall undergo at his/her expense such operation or treatment as the Company may reasonably deem desirable.  
No sum payable under this policy shall carry interest.
3. The Company shall not be liable to make any payment under this policy in respect of any claim, if such claim be in any manner fraudulent or supported by any fraudulent statement or device, whether by the insured or by any person on behalf of the insured.
4. The insured shall on tendering any premium for the renewal of this policy give notice

- in the Company of any disease, physical defect or infirmity with which the insured persons have become affected since the payment of last proceeding premium.
5. The policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the policy or of the subsequent renewal thereof. The Company shall not, however, be bound to give notice that such renewal premium is due.
  6. The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this policy but the receipt of the insured shall in all cases be an effective discharge to the Company.
  7. If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.  
It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided if the Company has disputed or not accepted liability under or in respect of this Policy.  
"It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrators or umpire of the amount of the loss or damage shall be first obtained."  
It is also hereby expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder, and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

#### WARRANTIES

1. Warranted that the Insured shall, throughout the period of insurance keep and maintain a proper record or register containing the names of all the insured persons and other relevant details as are normally kept in any educational institutions.
2. Warranted that the Insured shall declare to the Company any additions in the number of insured persons, as and when arising during the period of insurance and shall pay the additional premium as agreed.
3. Warranted that unless otherwise expressly declared and agreed to be covered by the Company all the Insured persons covered under the within policy are free from any disability / defect which shall be the subject of a liability under the policy.

**N.B. IN THE EVENT OF DISHONOUR OF PREMIUM CHEQUE THE POLICY AUTOMATICALLY STANDS CANCELLED AS FROM INCEPTION.**