**DETAILS FOR PERSONAL ACCIDENT INSURANCE POLICY**

|  |  |
| --- | --- |
| **Name of the Employee** | **SATHYA NARAYANAN SUDHAKAR** |
| **Father’s Name** | **SUDHAKAR G** |
| **Employee Number** | **1253592** |
| **Date of Joining** | **APRIL 21,2022** |
| **Designation** | **SENIOR CONSULTANT** |
| **Date of Birth** | **20/08/1989** |
| **Present Address and Phone No** | **B+14, PHASE 2,**  **PARSN PALM LEGEND,**  **ONDIPUDUR,**  **COIMBATORE 641016** |
| **Permanent Address and Phone No** | **B6, SATHYANAND NIKETAN,**  **SHIVA NAGAR,**  **KALAPATTI,**  **COIMBATORE 641048** |

**Name of the Nominee/Relationship with the Employee:**

|  |  |  |
| --- | --- | --- |
| **Name of the Nominee** | **Relationship with Employee** | **Percentage Payable** |
| **SOUNDARYAA S** | **WIFE** | **50** |
| **SULOCAHANA S** | **MOTHER** | **25** |
| **SUDHAKAR** | **FATHER** | **25** |

**Name and Address of the person to be contacted in case of emergency:**

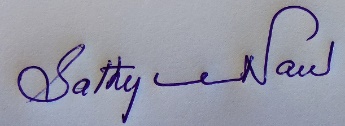
**SUDHAKAR G,**

**7C SOMASUNDAR NAGAR FIRST STREET,**

**MK KOTTAI,**

**TRICHY 620011**

Please mention one emergency point of contact with their name,address and mobile number details.

**Place:** **MYSORE **

**Date:** **APRIL 21,2022 Signature of the Employe****e**