





## UNITED INDIA INSURANCE COMPANY LIMITED

CERTIFICATE OF INSURANCE MOTORCYCLE / SCOOTER - PACKAGE UIN: IRDAN545RP0222V01200708

(FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

Policy No.	1701003123P102925512				Certificate Number 1701003123P102925512							
Customer Id	23224082325				Issuing Office Address	Code						
Name of the Insured  Address of the Insured	MR HARI NATH D  NO 1 RASI NAGAR NAGAI ROAD THANJAVUR				DO 1 ČOIMBATORE,1ST FLOOR, 178, DR. NANJAPPA ROAD, COIMBATORE, COIMBATORE, TAMIL NADU 641018 COIMBATORE							
	THANJAVUR TAMIL NADU					TAMIL NADU Telephone (0422) 2300246, (0422) 2300514						
Business/Occupation Insured's Declared Value	Others		le No 99521	41372								
Period of Insurance						From 00:00 Hrs of 18/	/06/2023 To Mic	Inight of 17/0	6/2024			
Particulars of Vehicle I	nsured					•						
Registration No. Vehicle	Trailer (if any)	Obsolete Vehicle	Engine No.	Chassis No.		Make/Model	Type of Body	Year of Mfg	Cubic Capacity/KW	Seating including driver		
TN - 49 - BF - 3393	, , ,	No	10194	10150	Bajaj	Auto Ltd / V15 null	Solo with Pillion	2016	150	2		
Registration Aut	hority		Geograp	hical Area		Financier						
TN49 THANJAVUR -	613001		INDIA									
Amount in words:		Nine hundre	ed five rupees	only								
the person holding an effe	red provi	ded that a person h Irner's Licence may	also drive th	e vehicle and su	uch a perso	time of accident and is not do	of Rule 3 of Centr			. Provided also tha		
Limitations as to use			J	xcluded insection i	50 (2) (II) ar	d (iii); (b) and (c) of the Motor Ve Premium:	enicies act, 1988.		₹	767.00		
The policy covers use of the vehicle for any purpose other than						CGST(9%): ₹ 69						
a) Hire or Reward b) Carriage Goods (other than samples or personal luggage)					SGST(9%): ₹							
c) Organized Racing	indir sam	ipies of personal la	ggage)			Stamp Duty: 1.0						
d) Pace Making					Total(Rounded Off): 905.							
<ul> <li>e) Speed Testing and Relia</li> </ul>						Receipt Number: 1011701002310343						
f) Use in connection with Motor Trade				Receipt Date:				17/06/2023				
					DebitNote Number:							
						Document Date:						
Limits of Liability Under Section II-I (i) Deat Vehicles Act 1988 Under Section II-I (ii) Dam	nage t <u>o</u> t	hird party property	,		Motor	Agency/Broker Code: MANIKANDAN P, Mobile 9786877069 Dealer Name/Code:	<b>:</b> :			AGD0016122		
claims arising out of one event:₹100000 /-						Direct Business:				BD28898		

BDIS Code:

ARUNKUMAR J Subject to IMT Endorsement No.s, terms and conditions printed herein / attached hereto 22 I/We hereby certify that the policy to which the certificate relates as well as the certificate of insurance

are issued in accordance with provisions of Chapter X & XI of M.V Act, 1988. Date of Issue: 17/06/2023

Note:-With reference to IRDAI circular no IRDAI/NL/CIR/MOTP/170/10/2018 dated 09/10/2018 and as per the declaration given in the proposal form by owner driver Compulsory Personal Accident (CPA) cover is removed, since he/she is not holding a valid driving license.

For and On behalf of United India Insurance Co. Ltd.

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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.

 $\underline{\mathsf{IMPORTANT}}$  NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED. The genuineness of the policy can be verified through "Verify Your Policy" link at

www.uiic.co.in.

Duly Constituted Attorney





## MOTOR INSURANCE - MOTORCYCLE / SCOOTER - PACKAGE(UIN: IRDAN545RP0222V01200708) POLICY SCHEDULE

: 1701003123P102925512 Policy Number

Geographical Area

India(A) : MR HARINATH D/23224082325 Insured Name/ID

Insured address

NO 1 RASI NAGAR NAGAI ROAD THANJAVUR

Citv: THANJAVUR District: THANJAVUR TAMIL NADU Pincode: 613001 State 9952141372 Telephone: Mobile:

Business Channel Code: AGD0016122

Dealer Name: Dealer Code: VEHICLE DETAILS

: 2230003122P102244380 **Previous Policy No** Insurance Start Date & Time 18/06/2023 00:00 (hours) Insurance expiry Date & Time :17/06/2024 midnight

Policy Issuing Office Address

DO 1 COIMBATORE, 1ST FLOOR, 178, DR. NANJAPPA ROAD, COIMBATORE, COIMBATORE, TAMIL NADU ,GST No.:- 33AAACU5552C1ZQ

COIMBATORE District: COIMBATORE State: TAMIL NADU Pincode: 641018 Telephone: (0422) 2300246, (0422) 2300514

Business Channel Sub Code: Agent Name:MANIKANDAN P Land Line No: ,Mobile:9786877069

VEHICLE DETAILS						
Registration Number	TN - 49 - BF - 3393	Obsolete Vehicle & Engine	te Vehicle & Engine		2016	
Registration Number	111 - 47 - 61 - 3373	Number	10 & 10194	Manufacture	2010	
RTA Name	TN49 THANJAVUR - 613001	Chassis Number	10150	Cubic Capacity/KW	150	
Registration Date	20/04/2016	Vehicle Make & Model	Bajaj Auto Ltd & V15 nul	Type Of Body	Solo with Pillion	
AA Membership Number		Seating Capacity(Including	2	Geographical		
AA Membership Mumber		SidoCar)	2	Extension		

INSURED DECLARED VALUE (₹

Vehicle	e Trailer/Sidecar	Electrical/Electronic Accessories	Non Electrical Accessories	CNG Kit	LPG Kit	Total	Co- Insurance Details
15000	0	0	0	0	0	15000	100%
OTHER DETA	ILS						

Unique Financier Policy Subject to IMT Endorsements Applicable Addon-covers/Services Reference Code 22

PERSONS OR CLASS OF PERSONS ENTITLED TO DRIVE As parrated in the certificate of insurance attached berewith

PERSONS OR CLASS OF PERSONS ENTITLED TO DRIVE:As narrated in the certificate of insurance attached herewith.

LIMITATIONS AS TO USE:As narrated in the certificate of insurance attached herewith.

LIMITS OF LIABILITY:As narrated in the certificate of insurance attached herewith.

EXCLUSIONS: (1) Any accidental Loss Or Damage and/or liability caused sustained or incurred outside the geographical area. (2) Any claim arising out of any contractual liability. (3) Any accidental loss or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss. (4) Any liability of whatsoever nature directly caused by or contributed to or by arising out of indirectly caused by or contributed to roby arising out of indirectly caused by or contributed to by or arising out of or incomection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war), civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequences of any of the said occurrences or any consequences thereof and in default of such proof the Company shall not be liable to make any payment in respect of such a claim.

PA Cover CSI (5)

Owner Driver CSI 0 Compulsory 100 0 Voluntary 0 Imposed (Under Section IV)

SCHEDULE OF PREMIUM (₹)

A-OWN DAMAGE PREMIUM			B-LIABILITY PREMIUM		TOTAL PREMIUM		
Basic premium on Vehicle and Accessories			B. Basic TP			Premium(A+B)	₹767.00
					714.00	CGST(9%)	₹69.00
A. Basic OD	₹	105.60	Total	₹	714.00	SGST(9%)	₹69.00
Total	₹	105.60				TOTAL PAYABLE PREMIUM	₹905.00
						Stamp Duty	₹1.00
				-		SAC Code	997134
Less :			Gross TP(B) Gross OD & TP:	₹	714.00	Invoice No & Date	3123I102925512 & 17/06/2023
No Claim Bonus 50%	₹	52.80	(A) + (B)	₹	767.00	Receipt Number	10117010023103433937
	<u>`</u>		(4,7 ) (2)			Receipt Date	17/06/2023
Sub Total (Deductions)	₹	52.80				Receipt Amount	₹905.00
						Payment Mode	
Gross OD(A)	₹	53.00				Paying Party	MR HARINATH D

TERMS & CONDITIONS: As per the Indian Motor Tariff, personal copy of the same is available free of cost on request. Further the Indian Motor Tariff is also available and displayed at all United India Insurance company Offices

and of the control website would be written and the control website with the control web

operation of the insured.

IMPORTANT NOTICE: The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the Company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable form the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For Legal interpretation, English Version will hold good. In case of accident the insured must inform United India Insurance Co. Immediately to arrange spot survey.

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 & Signature of Proposal: 17/06/2023 In Witness Whereof this policy has been signed at DO 1 COIMBATORE 170100 on this 17th day of June ,2023

CONSOLIDATED POLICY STAMP DUTY PAID AS PER TAMILNADU GOVT GO RT NO. 81 DT.22/2/2023 FOR THE PERIOD 01/04/2023 TO 31/03/2024

For United India Insurance Company Limited

**Duly Constituted Attorneys** 

10.200.254.53 IP Address: MANIKANDAN P Issuing Agent: Agent Location: 170100

Printed By: MANPPP007 @ 17/06/2023 7:54:32 PM Underwritten By - MANPPP007 ( DIRECT AGENT )

Agent User Name:

MANPPP007