



**MOTOR INSURANCE - LONG TERM PACKAGE POLICY-TWO WHEELER-5YEARS(UIN: IRDAN545RP009V01201819) POLICY SCHEDULE**

Policy Number :22300031200160070203  
Geographical Area :India  
Insured Name :Vijayan  
Insured Address :

Previous Policy Number :  
Period of Insurance(Own Damage) :From 0:00 Hrs of 24/02/2020 To Midnight of 23/02/2025  
Period of Insurance(Liability) :From 0:00 Hrs of 24/02/2020 To Midnight of 23/02/2025  
Period of Insurance(CPA Cover) :From 0:00 Hrs of 24/02/2020 To Midnight of 23/02/2021  
Policy Issuing Office Address :

19A maruthamalai murugan nagar, Kalveeram palayam  
City :COIMBATORE District :COIMBATORE  
State :TAMIL NADU Pincode :641046  
Mobile No :9952141372  
Email :relaxrentbikes@gmail.com

DO 14 GURGAON 4, NEW COLONY, ABOVE SBI, GURGAON  
City :GURGAON District :Gurgaon  
State :HARYANA Pincode :122001  
Office Contact Details :0124 2310260 Email Id :pb.support@uiic.co.in  
Fax :0124 2300927 GSTIN :06AAACU5552C1ZN

Business Channel Code:	NA	Business Channel Sub Code:	BRC0000907
Contact No:	18002585970	Broker Name :	Policybazaar Insurance Web Aggregator Pvt. Ltd.
IRDA License Code - Number:	IRDAI/WBA21/15 - 06		

**VEHICLE DETAILS**

Registration Number	TN66NEW	Engine Number	ME4JF50ABKT828060	Year of Manufacture Vehicle Weight(kg.)	2020
RTA Name	TN66 Coimbatore	Chassis Number	JF50ET7828164	Cubic Capacity / GVW	110
Registration Date	24/02/2020	Vehicle Make & Model	HONDA - ACTIVA - 5G (110 CC)	Type of Body	Two Wheeler
AA Membership Name		Seating Capacity	2	Geographical Extension	NoExtn

**INSURED DECLARED VALUE (IN RUPEES)**

Year	Period From	Period Up to	Vehicle IDV
1	24/02/2020	23/02/2021	41104.0
2	24/02/2021	23/02/2022	34614.0
3	24/02/2022	23/02/2023	30287.0
4	24/02/2023	23/02/2024	25960.0
5	24/02/2024	23/02/2025	21634.0

**OTHER DETAILS**

Financier	Branch Name & Address	Policy Subject to IMT Endorsements/Applicable covers
HDFC BANK LTD	Coimbatore	

**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.

**OTHER DETAILS**

**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 or indirectly caused by or contributed to or by arising out of ionizing radiations or contamination by radioactivity from any nuclear fuel. For the purpose of this exception, combustion shall include any self sustaining process of nuclear fission. (5) Any accidental loss or damage or liability directly or indirectly caused by or contributed to, by or arising from nuclear weapons material. (6) Any accidental loss, damage or liability directly or indirectly or proximately or remotely occasioned by contributed to by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or war like operations(whether before or after declaration of war), civil war, mutiny, rebellion, military or usurped power or by any direct or indirect consequence 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 (In Rupees)	DEDUCTIBLES (Under Section I) (In Rupees)						
Owner- Driver (Under section IV)	15,00,000.00	Compulsory	100.00	Imposed	0.00	Voluntary	0.00

**SCHEDULE OF PREMIUM (IN RUPEES)**

A-OWN DAMAGE PREMIUM (From 24/02/2020 To 23/02/2025)		B-LIABILITY PREMIUM (From 24/02/2020 To 23/02/2025)		TOTAL PACKAGE PREMIUM	
Basic Own Damage	843	Basic TP Liability	3285	Package Premium	4403
Anti Theft Device Discount		PA Owner Driver	275	GST @18.00%	793
Nil depreciation without Excess	0	PA for Unnamed persons			
Sub Total(Additions)	0	Sub Total (Additions)			
NCB Discount @ 0 %	0	Sub Total (Deductions)	0		
Total	843	Total	3560		
				TOTAL PAYABLE PREMIUM	5196
				Receipt Date	24/02/2020
				Receipt Amount	5196
				Payment Mode	Online
				Paying Party	Vijayan

**CHEQUE DETAIL**

Cheque Number	Cheque Date	Bank Name	Branch Name	Branch Code	Cheque Signatory	MICR No
PB16852455	24/02/2020	BankName			Vijayan	

**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 on website <http://uiic.co.in/sites/default/files/uploads/downloadcenter/IndianMotorTariff.pdf>.

For terms and conditions for add on covers go to : [http://uiic.co.in/sites/default/files/uploads/downloadcenter/motor\\_additional\\_covers.pdf](http://uiic.co.in/sites/default/files/uploads/downloadcenter/motor_additional_covers.pdf)

**DISCLAIMER:** The policy stands cancelled or void in the event of Cheque Dishonored. The company may cancel the policy by sending 7 days notice in case of fraud, misrepresentation, nondisclosure of material fact or non co-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 from 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. Date & Signature of Proposal: 24/02/2020 00:00:00

In Witness whereof this Policy has been signed at GURGAON this day of , Date

For United India Insurance Company Limited

CONSOLIDATED STAMP DUTY PAID VIDE  
GRN NO. 49278342 DTD 25/06/19 AND  
CIN. NO. 43939653 DTD 24/06/19 ISSUED BY  
TREASURY OFFICER, GURGAON

Duly Constituted Attorneys



**युनाइटेड इंडिया इन्शुरेंस कंपनी लिमिटेड**  
**UNITED INDIA INSURANCE COMPANY LTD.**  
 Registered & Head Office : 24, Whites Road, Chennai 600 014  
 CIN - U93090TN1938GOI000108

मण्डलीय कार्यालय-14 (221400)  
 4, न्यू कॉलोनी, गुडगांव 122001 (हरियाणा)  
 फोन : 0124-2321506, 2320650  
 टेलीफैक्स : 0124-2300927  
 Divisional Office-14 (221400)  
 4, New Colony, Gurgaon-122001 (Haryana)  
 Tel. : 0124-2321506, 2320650  
 Telefax : 0124-2300927

**Claims Settlement Procedure for Policies issued by M/S Policybazaar Insurance Web Aggregator Pvt. Ltd.**

Our Company has signed an agreement for Online Sale of Insurance Policies with M/S Policybazaar Insurance Web Aggregator Pvt. Ltd. Policy will be issued by DO 14, Gurgaon (Office Code 221400) under DR02, Delhi

The claims will be processed and paid by OD Service Hub, RO 2 Delhi only (220091)

All operating Offices are hereby informed that with reference to our Circular Ref. no. HO:MOT:OD:CIR:02:17 Dated on 13.06.2017 receipt of intimation for claim on policy where Policybazaar Insurance Web Aggregator Pvt. Ltd. is the intermediary, the following steps to be followed:-

Confirmation of Policy details from GC Core at local office by entering policy number.

Immediate appointment of the surveyor of the eligible category as per estimate of loss and as per Company guidelines. Wherever spot or re-inspection survey is required to be done the same may be arranged. In case of Fire/Theft/TP injury/ Death, immediate investigation to be arranged. Scanned copy of Claim Intimation, Details of Estimate of loss and Surveyor/Investigator Details to be mailed to the following email id:

email - pbclaim.uiic@gmail.com & pb.claims@uiic.co.in

Once Loss assessment is completed, the surveyor should send the survey report with all enclosures (a) to (h) mentioned below by email in a "pdf" format to the above mentioned email Id's. Thereafter the following to be sent by speed post/registered post at the address mentioned below:

All the documents relating to the claim like:

- a) Claim Intimation,
- b) Estimates,
- c) Survey reports ( Spot, Final, Re-inspection),
- d) Bills / Cash Memos, Receipts,
- e) Vehicular Documents, FIR details, Fire brigade report Investigation report,
- g) NEFT details,
- h) Previous policy copy / Pre-inspection report details to be collected from insured in case of old vehicle whereas, in case of new vehicle, copy of purchase invoice.

**Address of Servicing Office:**

Motor OD Service Hub  
 United India Insurance Co, Ltd, 1st Floor, CORE IV  
 SCOPE Minar, Laxmi Nagar Distt. Centre  
 Delhi- 110092  
 Phone - 011- 22526229

In case of any further clarifications, the operating offices may contact DROII Service Hub In Charge. The above mentioned instructions to be implemented with immediate effect.

पंजीकृत एवं प्रधान कार्यालय .24, व्हाइट्स रोड, चेन्नई-600014  
 Regd. & Head Office : 24, Whites Road, Chennai-600014