





## UNITED INDIA INSURANCE COMPANY LIMITED

CERTIFICATE OF INSURANCE

TWO WHEELER-1 YEAR OWN DAMAGE COVER BUNDLED WITH 5 YEARS LIABILITY COVER UIN: IRDAN545RP0011V01201819

(FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

Policy No.	2902023124P10	6581508	Certificate Number	2902023124P106	5581508		
Customer Id	23332245743		Issuing Office Address	Code	290202		
Name of the Insured	M/s DECOR HUB	ı	P.NO.2 INDRA COLONY, KHEJARLA ROAD, PIPAR CITY - 342601 DIST. JODHPUR (RAJ)				
Address of the Insured	86 A SHAKTI NAGAI PASS JAIPUR 302018 JAIPUR RAJASTHAN	R OPPOSITE TRIVENI NAGAR GOPALPURA BYE	JODHPUR RAJASTHAN Telephone	(02930) 234811			
Business/Occupation	None	Mobile No 9352390471					
Insured's Declared Valu	ıe₹176501		•				

Period of Insurance		Own Damage Fro			From 15:06 Hrs of 04/08/2024 To Midnight of 03/08/2025						
Period or 1	Period of Insurance			Fr	From 15:06 Hrs of 04/08/2024 To Midnight of 03/08/2029						
Particulars of Vehicle Insured											
Registi	ration No.								Cubic	Seating including	
Vehicle	Trailer (if any)	Obsolete Vehicle	e Engine No.	Chassis No.		Make/Model	Type of Body	Year of Mfg	Capacity/KW		
NEW		No	JLXCRD70348	MD2C49MX6RCD08361	08361 BAJAJ AUTO LTD / PULSAR NS 400Z null		Solo with Pillion	2024	373	2	
R	egistration Aut	thority		Geographical Area		Financier					
RJ INDIA		INDIA				•	•				
Amount in v	vords:	ī	wenty thousand	four hundred sixty-sev	en rupees	only					
_			<del></del>								

## Persons or classes of persons entitled to drive

Any person including Insured provided that a person holds an effective driving licence at the time of accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's Licence may also drive the vehicle and such a person satisfies the requirements of Rule 3 of Central Motor Vehicle Rule, 1989

Limits of Liability Under Section II-1 (i) Death or bodily injury in respect of any one accident; As per Motor	Agency/Broker Code: SQUARE INSURANCE BROKERS PVT.	В	RC0000918
	Document Date:		
	DebitNote Number:		
f) Use in connection with Motor Trade	Receipt Date:		04/08/2024
e) Speed Testing and Reliability Trials	Receipt Number :	101290202	24107374883
d) Pace Making	Total(Rounded Off):	₹	20,467.00
c) Organized Racing	Stamp Duty:	₹	1.00
b) Carriage Goods (other than samples or personal luggage)	SGST(9%):	₹	1,561.00
The policy covers use of the vehicle for any purpose other than  a) Hire or Reward	CGST(9%):	₹	1,561.00
Limitations as to use	Premium:	₹	17,345.00
Note:- The policy does not cover liability for death, bodily injury or damage as excluded insection 150 (2) (ii)	and (III); (b) and (c) of the Motor Venicles Act, 1988.		

Direct Business:

Vehicles Act 1988	LTD. , Mobile: 9783300669
Under Section II-I (ii) Damage to third party property in respect of any one claim or series of	Dealer Name/Code:
claims arising out of one event:₹ 100000 /-	

Development Officer Code: Subject to IMT Endorsement No.s, terms and conditions printed herein / attached hereto 22,28 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: 04/08/2024

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.

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

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



**Duly Constituted Attorney** 





## MOTOR INSURANCE - TWO WHEELER-1 YEAR OWN DAMAGE COVER BUNDLED WITH 5 YEARS LIABILITY COVER(UIN: IRDAN545RP0011V01201819) POLICY SCHEDULE

:2902023124P106581508 **Policy Number** 

:India(A) Geographical Area

: M/s DECOR HUB/23332245743 Insured Name/ID

Insured address

A SHAKTI NAGAR OPPOSITE TRIVENI NAGAR GOPALPURA BYE PASS JAIPUR

.GST/UIN No.:- 08AGYPG2150P1ZR

JAIPUR District: City: State: RAJASTHAN Pincode: 302018 Telephone: 9352390471 Mobile:

Business Channel Code: BRC0000918

INSURED DECLARED VALUE (マ)

**Dealer Name:** 

**Previous Policy No** Period of Insurance(Own Damage)

:From 15:06 Hrs of 04/08/2024 To Midnight of

03/08/2025

:From 15:06 Hrs of 04/08/2024 To Midnight of

Period of Insurance(Liability) 03/08/2029

**Policy Issuing Office Address** 

.NO.2 INDRA COLONY, KHEJARLA ROAD, PIPAR CITY - 342601 DIST. JODHPUR (RAJ) ,GST No.:-

08AAACU5552C1Z1

JODHPUR District: State: **RAJASTHAN** Pincode: 342601 Telephone:(02930) 234811

Business Channel Sub Code:
Agent Name:SQUARE INSURANCE BROKERS PVT. LTD. Land Line No:141 4052609, Mobile: 9783300669

VEHICLE DETAILS					
Registration Number	NEW	Obsolete Vehicle & Engine Number	No & JLXCRD70348	Year Of Manufacture	2024
RTA Name	RJ		MD2C49MX6RCD08361	Cubic Capacity/KW	373
Registration Date	04/08/2024	IVehicle Make & Model	BAJAJ AUTO LTD & PULSAR NS 400Z null	Type Of Body	Solo with Pillion
AA Membership Number		Seating Capacity(Including SideCar)	2	Geographical Extension	

Vehicle	Trailer/Sidecar	Electrical/Electronic Accessories	Non Electrical Accessories	CNG Kit	LPG Kit	Total	Insurance Details
176501	0	0	0	0	0	176501	100%
OTHER DETAILS							

Financier	Policy Subject to IMT Endorsements	Applicable Addon-covers/Services	Unique Reference Code
	22,28	Nil Depreciation Without Excess,Road Side	
		Assistance	

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.

LIMITA ITONS 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 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 and/or liability directly or indirectly or proximately or remotely occasioned by or contributed to by or traceable to or arising out of or in connection 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 (₹)	•	DEDUCTIBLES (Under Section I) ( )					
Owner Driver CSI (Under Section III)	0	Compulsory	100	Imposed	0	Voluntary	0
SCHEDULE OF DEPENTING (\$)							

A-OWN DAMAGE PREMIUM (From 04/08/2024 To 03/08/2025)			B-LIABILITY PREMIUM (From 04/08/2024 To 03/08/2029)			TOTAL PREMIUM		
Paris mannium on Vahiala and Assessarias		B. Basic TP ₹ 15		15 117 00	Premium(A+B)	₹17,345.00		
Basic premium on Vehicle and Accessories				15,117.00	CGST(9%)	₹1,561.00		
A. Basic OD	₹	1,627.34	Total	₹	15,117.00	SGST(9%)	₹1,561.00	
Total	₹	1,627.34				TOTAL PAYABLE PREMIUM	₹20,467.00	
			Add:			Stamp Duty	₹1.00	
Add:			LL to Paid Driver IMT 28	₹	250.00	SAC Code	997134	
Nil Depreciation Without Excess	₹	325.47		_		Invoice No & Date	3124I106581508 & 04/08/2024	
Dood Cide Assistance	, Ŧ	35.00	Sub Total (Additions)	₹		Receipt Number	10129020224107374883	
Road Side Assistance	<	25.00				Receipt Date	04/08/2024	
	_			=		Receipt Amount	₹20,467.00	
Sub Total (Additions)	₹	350.47	Gross TP(B)	₹	15,367.00	Payment Mode		
			Gross OD & TP: (A) + (B)	₹	17,345.00	Paying Party	M/s DECOR HUB	
Gross OD(A)	₹	1,978.00						

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 <a href="www.uic.co.in">www.uic.co.in</a>

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DISCLAIMEN: The policy stands Caliculed or voto in the event of a claim 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.

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.

For Roadside Assistance please contact- Europ Assistance India Private Limited, 7th, Floor, E Toll Free Number - 1800/2102051
Date & Signature of Proposal : 04/08/2024
In Witness Whereof this policy has been signed at BO PIPAR CITY 290202 on this 04th day of August ,2024 or Roadside Assistance please contact- Europ Assistance India Private Limited, 7th, Floor, Building No. 2, Star Hub, Near ITC Maratha Hotel, Sahar, Andheri East, Mumbai Suburban, Maharashtra,

Affix Policy Stamp

For United India Insurance Company Limited

**Duly Constituted Attorneys** 

10.95.40.80 IP Address:

SQUARE INSURANCE **Issuing Agent:** BROKERS PVT. LTD. Agent Location:

Printed By: CUSTOMER @ 04/08/2024 3:23:54 PM

Underwritten By - SQUPIP00 ( BROKER )

**Agent User Name:** 

SQUPIP00

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