

Hello KRISHNAKANT PARMAR

United India Insurance Company Ltd. policy
is the right choice for your car.

Need assistance?

You're not alone – we are here to support
you every step of the way through your claim.



Claim helpline
1800-258-5881

Here's how Policybazaar helps you after an accident:



24/7 Support

Get help anytime. We'll handle
all the claim paperwork for you.



Quick Repairs

We'll get your car fixed quickly at our
network garage, and deliver it back home.



Easy Settlement

We'll make sure your claim
settlement is quick and smooth.



Download the Policybazaar App
to easily register a claim



MOTOR INSURANCE - PRIVATE CAR PACKAGE POLICY SCHEDULE

Policy Number :22300031250161036229
Geographical Area :India
Insured Name :Mr KRISHNAKANT PARMAR
Insured Address :

Previous Policy Number :22300031240161025009
Insurance Start Date & Time :11-10-2025 00:00(hours)
Insurance Expiry Date & Time :10-10-2026 Midnight
Policy Issuing Office Address :

65,SAI KRIPA MADHUBAN COLONY W ARD NO.8 BARWANI
City :BARWANI
State :MADHYA PRADESH
Mobile No :7489037156
Email :kp.parmar25@gmail.com
Pincode :451551
GSTIN :

Divisional Office-30 (Gurugram) Unit no: 34,35,6A,6B,Ground Floor,
 Vipul Trade Centre, Sector-48, Sohna Road,
City :Gurugram
State :Haryana
Office Contact Details :0124-2213170
Fax :
District :Gurugram
Pincode :122001
Email ID :pb.support@uiic.co.in
GSTIN :06AAACU5552C1ZN

Business Channel Code:	NA	Business Channel Sub Code:	BRC0001039
Mobile No.:	18002585970 (Service) , 18002585881 (Claims)	Broker Name :	M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED
IRDA License Number:	IRDA/ DB 797/ 19		

VEHICLE DETAILS

Registration Number	MP-09-WF-5138	Engine Number	D4FALM083658	Year of Manufacture Vehicle Weight(kg.)	2020
RTA Name	MP09 MP09 INDORE	Chassis Number	MALFC81DLLM141916	Cubic Capacity / GVW / KW	1493
Registration Date	02/11/2020	Vehicle Make & Model	HYUNDAI - VENUE - SX 1.5 CRDI	Type of Body	-
AA Membership Name		Seating Capacity	5	Geographical Extension	

INSURED DECLARED VALUE (IN RUPEES)

Vehicle	Trailer	FiberGlass	Electrical /Electronic Accessories	Non-Electrical Accessories	CNG Kit	LPG Kit	TOTAL	Co-Insurance Details
591,037.00	0	0	0	0	0.00	0.00	591,037.00	0.00

OTHER DETAILS

Financier	Branch Name & Address	Policy Subject to IMT Endorsements/Applicable covers
NARMADA JHABUA GRAMIN BANK	BARWANI	Nil depreciation without Excess,Roadside Cover

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)	0	Compulsory	1,000.00	Imposed	0	Voluntary	0.00

SCHEDULE OF PREMIUM (IN RUPEES)

A-OWN DAMAGE PREMIUM		B-LIABILITY PREMIUM		TOTAL PACKAGE PREMIUM	
Basic Own Damage	18,860.00	Basic TP Liability	3,416.00	Package Premium	8,181.00
Nil Depreciation Premium	7,544.00	PA Owner Driver	0.00	GST @18.00%	1,473.00
Personal Effect	\$LPBPremium\$	Sub Total (Additions)	0.00	TOTAL PAYABLE PREMIUM	9,654.00
Roadside Cover	50.00	Sub Total (Deductions)	0	Stamp Duty	Rs. 1
NCB Discount@50%	4,715.00	Total	3,416.00	Receipt Date	08/10/2025
Sub Total(Additions)	7,594.00			Receipt Amount	9,654.00
Sub Total (Deductions)	21,689.00			Payment Mode	Online
Total	4,765.00			Paying Party	KRISHNAKANT PARMAR

CHEQUE DETAIL

Cheque Number	Cheque Date	Bank Name	Branch Name	Branch Code	Cheque Signatory	MICR No
PB140100484	08/10/2025	564798371286			KRISHNAKANT PARMAR	

Roadzen Assistance India Private Limited, Address: 802-804, Vijaya Building, 17 Barakhamba Road, New Delhi, Contact No.- 7042113114

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

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: 08/10/2025 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. 75907349 DTD 31/03/2021
 ISSUED BY TREASURY OFFICER, GURGAON

Maha

 Duty Constituted Attorneys

IP Address: 10.80.26.202

Print Date: 08/10/2025 03:40:11hours

United India Insurance Company Ltd : IRDA Reg: No : 545

Policy Schedule generated by Policy Bazaar on 08-10-2025 03:40:11hours

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"IN CASE OF CLAIM KINDLY CONTACT OUR NEAREST LOCAL OFFICE".