



युनाइटेड इंडिया इंश्यूरेंस कंपनी लिमिटेड
UNITED INDIA INSURANCE COMPANY LTD.
Registered & Head Office : 24, Whites Road, Chennai 600 014



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.	0102003125P111225607	Certificate Number	0102003125P111225607
Customer Id	23510436622	Issuing Office Address	Code 010200
Name of the Insured	MR SAMPATH S		
Address of the Insured	NO 5/78 MARIAMMAN KOVIL STREET AYANKUNJARAM ULUNDURPET 607201 CUDDALORE TAMIL NADU	NO.6, GANGA GRIHA NUNGAMBakkAM HIGH ROAD, CHENNAI CHENNAI, CHENNAI, TAMIL NADU 600034 CHENNAI TAMIL NADU	Telephone (044) 28270296
Business/Occupation	Others	Mobile No. - *****0325	

Insured's Declared Value ₹ 86000

Period of Insurance	Own Damage	From 13:14 Hrs of 12/10/2025 To Midnight of 11/10/2026
	Liability	From 13:14 Hrs of 12/10/2025 To Midnight of 11/10/2030
	CPA Cover	From 13:14 Hrs of 12/10/2025 To Midnight of 11/10/2026

Particulars of Vehicle Insured

Registration No.	Vehicle	Obsolete Vehicle	Engine No.	Chassis No.	Make/Model	Type of Body	Year of Mfg	Cubic Capacity/KW	Seating including driver
NEW		No	JC85EG4162009	ME4JC85MJSG050672	HONDA / SP125 DLX DISK OBD2B SP125 DLX DISK OBD2B	Solo with Pillion	2025	125	2

Registration Authority Geographical Area Financier

TN15Z - KALLAKURICHI INDIA

Amount in words: Five thousand two hundred eight rupees only

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.

Note:- The policy does not cover liability for death, bodily injury or damage as excluded in section 150 (2) (ii) and (iii); (b) and (c) of the Motor Vehicles Act, 1988.

Limitations as to use

The policy covers use of the vehicle for any purpose other than

- a) Hire or Reward
- b) Carriage Goods (other than samples or personal luggage)
- c) Organized Racing
- d) Pace Making
- e) Speed Testing and Reliability Trials
- f) Use in connection with Motor Trade

Premium:	₹ 4,414.00
CGST(9%):	₹ 397.00
SGST(9%):	₹ 397.00
Stamp Duty:	₹ 1.00
Total(Rounded Off):	₹ 5,208.00
Receipt Number :	10101020025114901631
Receipt Date:	12/10/2025
DebitNote Number:	
Document Date:	

Limits of Liability

Under Section II-I (i) Death or bodily injury in respect of any one accident; As per Motor Vehicles Act 1988

Under Section II-I (ii) Damage to third party property in respect of any one claim or series of claims arising out of one event: ₹ 100000/-

Agency/Broker Code:	BRCC0001039000001826
POLICYBAZAAR INSURANCE BROKERS_2826 , Mobile:	
1111011110	
Dealer Name/Code:	
Direct Business:	
Development Officer Code:	

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: 12/10/2025

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.

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

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



युनाइटेड इंडिया इंश्यूरेंस कंपनी लिमिटेड
UNITED INDIA INSURANCE COMPANY LTD.
 Registered & Head Office : 24, Whites Road, Chennai 600 014



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

Policy Number	: 0102003125P111225607	Previous Policy No	:
Geographical Area	: India(A)	Period of Insurance(Own Damage)	: From 13:14 Hrs of 12/10/2025 To Midnight of 11/10/2026
Insured Name/ID	: MR SAMPATH S/23510436622	Period of Insurance(Liability)	: From 13:14 Hrs of 12/10/2025 To Midnight of 11/10/2030
Insured address	:	Period of Insurance(CPA)	: From 13:14 Hrs of 12/10/2025 To Midnight of 11/10/2026
NO 5/78 MARIAMMAN KOVIL STREET AYANKUNJARAM ULUNDURPET City: CUDDALORE District: CUDDALORE State: TAMIL NADU Pincode: 607201 Telephone: *****0325		Policy Issuing Office Address	: NO.6, GANGA GRIHA NUNGAMBakkAM HIGH ROAD, CHENNAI CHENNAI, CHENNAI, TAMIL NADU ,GST No.: 33AACU5552C1ZQ City: CHENNAI District: CHENNAI State: TAMIL NADU Pincode: 600034 Telephone: (044) 28270296

Business Channel Code: BRC0001039000001826

Dealer Name:

Dealer Code:

VEHICLE DETAILS

Registration Number	NEW	Obsolete Vehicle & Engine Number	No & JC85EG4162009	Year Of Manufacture	2025
RTA Name	TN15Z - KALLAKURICHI	Chassis Number	ME4JC85M1SG050672	Cubic Capacity/KW	125
Registration Date	12/10/2025	Vehicle Make & Model	HONDA & SP125 DLX DISK OBD2B SP125 DLX DISK OBD2B	Type Of Body	Solo with Pillion
AA Membership Number		Seating Capacity(Including SideCar)	2	Geographical Extension	

INSURED DECLARED VALUE (₹)

Vehicle	Trailer/Sidecar	Electrical/Electronic Accessories	Non Electrical Accessories	CNG Kit	LPG Kit	Total	Co-Insurance Details
86000	0	0	0	0	0	86000	100%

OTHER DETAILS

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

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 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)	1500000	Compulsory	100
		Imposed	0
		Voluntary	0

SCHEDULE OF PREMIUM (₹)

A-OWN DAMAGE PREMIUM (From 12/10/2025 To 11/10/2026)		B-LIABILITY PREMIUM (From 12/10/2025 To 11/10/2030)		TOTAL PREMIUM	
Basic premium on Vehicle and Accessories		B. Basic TP	₹ 3,851.00	Premium(A+B)	₹ 4,414.00
A. Basic OD	₹ 288.27	Total	₹ 3,851.00	CGST(9%)	₹ 397.00
Total	₹ 288.27	Add :		SGST(9%)	₹ 397.00
Gross OD(A)	₹ 288.00	Compulsory PA for Owner Driver (From 12/10/2025 To 11/10/2026)	₹ 275.00	TOTAL PAYABLE PREMIUM	₹ 5,208.00
		Sub Total (Additions)	₹ 275.00	Stamp Duty	₹ 1.00
		Gross TP(B)	₹ 4,126.00	SAC Code	997134
		Gross OD & TP: (A) + (B)	₹ 4,414.00	Invoice No & Date	3125I111225607 & 12/10/2025
				Receipt Number	10101020025114901631
				Receipt Date	12/10/2025
				Receipt Amount	₹ 5,208.00
				Payment Mode	
				Paying Party	MR SAMPATH S

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 www.uic.co.in

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, non-disclosure of material fact or non-cooperation 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>.

Date & Signature of Proposal : 12/10/2025
In Witness Whereof this policy has been signed at DO 2 NUNGAMBakkAM 010200 on this 12th day of October ,2025

CONSOLIDATED POLICY STAMP
DUTY PAID AS PER TAMILNADU
GOVERNMENT G.O. (RT)
No.260 dated 10.07.2025 FOR
THE PERIOD FROM 01.04.2025
TO 31.03.2026

For United India Insurance Company Limited

Duly Constituted Attorneys

Issuing Agent: POLICYBAZAAR INSURANCE BROKERS_2826 Printed By : POLBRO002401 @ 04/11/2025 2:20:20 PM Agent User Name: POLBRO002401
Agent Location: 010200 Underwritten By - POLBRO002401 (BROKER)

This is a system generated document and any manual alteration / correction / overwriting in the document will make it invalid.

(ARCHIVED POLICY)