





UNITED INDIA INSURANCE COMPANY LIMITED

CERTIFICATE OF INSURANCE MOTORCYCLE / SCOOTER - LIABILITY ONLY POLICY (FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

Policy No.		2803003121P113163365		Certificate Number 2803003121P113163365							
Customer Id		23140253817			Issuing Office Address Code 280300						
Name of the Insu	red	MR KUPPUSAMY R			46-51, TKM COMPLEX,KATPADI ROAD, THOTTAPALAYAM						
NO 399 3RD CROSS ROAD SATHIYA NAGAR GANDHI NAGAR Address of the Insured 632006 VELLORE					632004 VELLORE TAMIL NADU Telephone (0416) 2222503						
		TAMIL NADU	ddlo			_	K c	,			
Business/Occupation											
Insured's Decla	red Valu	ıe ₹ 0									
Period of Insura						From 00:00 Hrs of 19/0	03/2022 To Mid	night of 18/0	3/2023		
Particulars of V		nsured	,				,			,	
Registration N Vehicle	Trailor	if Obsolete vehicle Engine No. Chassis No.			Make/Model	Type of Body	Year of Mfg	Cubic Capacity/KW	Seating including driver		
TN - 23 - CT - 4277		No		MD626DG54M2C02409	TVS / SC	OOTY ZEST 110@MATTE	Solo with Pillion	2021	110	2	
Registra	ation Auth	hority		Geographical Area		Financier					
TN23 VEL	LORE - 6	32001		INDIA							
Amount in words:				hty-eight rupees only							
the person holding	ing Insur g an effe	ed provided that	a person holds			time of accident and is not dis n satisfies the requirements					
				Premium:				752.00			
The policy covers use of the vehicle for any purpose other than a) Hire or Reward					CGST(9%):				68.00		
b) Carriage Goods (other than samples or personal luggage)					SGST(9%):				68.00		
c) Organized Racing					Stamp Duty:				1.00		
d) Pace Making						Total(Rounded Off):				888.00	
e) Speed Testing and Reliability Trials				Receipt Number :				10128030021114911760			
				Receipt Date: 18/03/202							
						DebitNote Number:					
						Document Date:					
Vehicles Act 1988	I (i) Deat	,	·	ny one accident; As per	Motor	Agency/Broker Code: Dealer Name/Code:					
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 /-				Direct Business:							

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

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: 18/03/2022

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.

Duly Constituted Attorney

Amount Subject to Reverse Charges-NIL MMPORTANT 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.





MOTOR INSURANCE - MOTORCYCLE / SCOOTER - LIABILITY ONLY POLICY SCHEDULE

Policy Number :2803003121P113163365 Geographical Area

:India(A) : MR KUPPUSAMY R/23140253817 Insured Name/ID

Insured address

NO 399 3RD CROSS ROAD SATHIYA NAGAR GANDHI NAGAR VELLORE Citv: District: VELLORE State: TAMIL NADU Pincode: 632006 Telephone: Mobile: 9245769975

Business Channel Code: Dealer Name:

Dealer Code:

OTHER DETAILS

Previous Policy No :3397/02278031/000/00 Insurance Start Date & Time :19/03/2022 00:00 (hours) :18/03/2023 midnight Insurance expiry Date & Time

Policy Issuing Office Address 46-51, TKM COMPLEX,KATPADI ROAD, THOTTAPALAYAM

,GST No.:- 33AAACU5552C1ZQ VELLORE VELLORE Citv: District: State: TAMIL NADU Pincode: 632004

Telephone:(0416) 2222503 **Business Channel Sub Code:** Agent Name:

Land Line No: , Mobile:

VEHICLE DETAILS						
Registration Number	TN - 23 - CT - 4277	Obsolete Vehicle & Engine	No & FG5CM2902247	Year Of	2021	
rtegisti ution munise.	111 23 01 1277	Number		Manufacture		
RTA Name	TN23 VELLORE - 632001	Chassis Number	MD626DG54M2C02409	Cubic Capacity/KW	110	
Registration Date	18/03/2021	Vehicle Make & Model	TVS & SCOOTY ZEST	Type Of Body	Solo with Pillion	
Registration Date	10/03/2021	Venicle Make & Model	110@MATTE	Type Of Body	3010 WILLI FIIIION	
AA Membership Number		Seating Capacity(Including	2	Geographical		
AA Membership Number		SideCar)	2	Extension		

INSURED DECLARED VALUE () Co-Vehicle Trailer/Sidecar **Electrical/Electronic Accessories Non Electrical Accessories** CNG Kit LPG Kit Total Insuranc Details 0 0 0 0 0 0 100%

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

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 by or arising 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 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 (5)

DEDUCTIBLES (Under Section 1) (7)

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

A-OWN DAMA	GE PREMIUM		B-LIABILITY PRE	MIUM		TOTAL PRE	MIUM
				_		Premium(A+B)	752.00
			B. Basic TP	•	752.00	CGST(9%)	₹68.00
			Total	₹	752.00	SGST(9%)	₹68.00
Gross OD(A)	₹	0.00				TOTAL PAYABLE PREMIUM	₹888.00
	-					Stamp Duty	₹1.00
				_		SAC Code	997134
			Gross TP(B)	₹	752.00	Invoice No & Date	3121I113163365 8
			Total Liability Premium	remium 7 752 (752.00	Invoice No & Date	18/03/2022
			Total Liability Freiniani	•	732.00	Receipt Number	10128030021114911760
						Receipt Date	18/03/2022
						Receipt Amount	₹888.00
						Payment Mode	
						Paying Party	MR KUPPUSAMY R

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.uiic.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, nondisclosure of material fact or non co-

DISCLAIMEN: The Policy Stands Cancelled or Void in the event of calcular by standing and the control 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: 18/03/2022

In Witness Whereof this policy has been signed at DO VELLORE 280300 on this 18th day of March ,2022

Affix Policy Stamp

For United India Insurance Company Limited

Duly Constituted Attorneys

IP Address: 10.95.40.80

Issuing Agent:

Agent Location: 280300 Printed By: CUSTOMER @ 18/03/2022 6:56:24 PM Underwritten By - CUSTOMER (CUSTOMER)

Agent User Name: CUSTOMER

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