





UNITED INDIA INSURANCE COMPANY LIMITED

CERTIFICATE OF INSURANCE MOTORCYCLE / SCOOTER - PACKAGE UIN: IRDAN545RP0222V01200708

(FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

Policy No.		1119863124P103517477				Certificate Number 1119863124P103517477			77	•		
Customer Id 233185614						Issuing Office Address Code 111986			1986	-		
Name of the In	sured	MR VIREN	DER SINGH	A DISTT MAHENDERGAR	ЭH	DSS 2, TOWN CENTRE BACKSIDE BUS STAND, BHATTU MANDI FATEHABAD, HARYANA						
Address of the I	125053 ### ANALON OF TALLING PLOT TALLING P											
Business/Occup	ation	Others	Mobile No.	- 9991570820		7						
Insured's Dec	clared Value	₹ 32000										
Period of Insi	urance					From 00:00 Hrs of 10/	06/2024 To Mic	Inight of 09/0	6/2025			
Particulars of		ured							1.			
Registration Vehicle	Trailor	lete Vehicle	Engine No.	Chassis No.		Make/Model	Type of Body	Year of Mfg	Cubic Capacity/KW	Seating including driver		
HR - 82 - A - 8617		No		MBLHAW096KHC24995	HERO M	OTOCORP / SPLENDOR PLUS SELF	Solo with Pillion	2019	100	2		
	stration Autho	rity		Geographical Area		Financier						
	R82 KANINA			INDIA								
Amount in word				e hundred forty-three r	upees only							
the person hold Note:- The policy	uding Insured ling an effect does not cover	d provided th ive Learner's	at a person holds Licence may also	drive the vehicle and su	ich a perso 50 (2) (ii) an	ime of accident and is not dis n satisfies the requirements d (iii); (b) and (c) of the Motor Vel	of Rule 3 of Centr					
Limitations a		vahiala fau a	iny purpose other			Premium: 1,307						
a) Hire or Rewa		venicle for a	iny purpose otner	ınan		CGST(9%): 118.						
		an samples o	r personal luggage	2)		SGST(9%): 118						
c) Organized Ra						Stamp Duty: 1.0 Total(Rounded Off): 1,543.0						
d) Pace Making												
e) Speed Testing and Reliability Trials						Receipt Number :	1011	10111198624103730814				
<u> </u>					Receipt Date: DebitNote Number:		09/06/2024					
					Document Date:							
Limits of Liab	ility					Agency/Broker Code:				AGN1052913		
Under Section I Vehicles Act 198	II-I (i) Death 88	, ,	, ,	ny one accident; As per	RAVINDER., Mobile: 8930003981 Dealer Name/Code:							

Direct Business:

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.

Vehicles Act 1907.

Under Section II-1 (ii) Damage to third party property in respect of any one claim or series of claims arising out of one event: ₹ 100000 /-

Date of Issue: 09/06/2024

Date of ISSUE: 09/06/2024

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.

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.

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



Duly Constituted Attorney





MOTOR INSURANCE - MOTORCYCLE / SCOOTER - PACKAGE(UIN: IRDAN545RP0222V01200708) POLICY SCHEDULE

:1119863124P103517477 **Policy Number**

Geographical Area

:India(A) : MR VIRENDER SINGH/23318561446 Insured Name/ID

Insured address

S/O SH NITA NAND VPO KAIMLA DISTT MAHENDERGARH
City: MAHENDRAGARH District: MAHE

MAHENDRAGARH 123027 HARYANA Pincode: State 9991570820 Telephone:9991570820 Mobile:

Business Channel Code: AGN1052913

Dealer Name: Dealer Code: VEHICLE DETAILS **Previous Policy No** :36140231236860001786 Insurance Start Date & Time :10/06/2024 00:00 (hours) **Insurance expiry Date & Time** :09/06/2025 midnight

Policy Issuing Office Address DSS 2, TOWN CENTRE BACKSIDE BUS STAND, BHATTU MANDI FATEHABAD, HARYANA **,GST No.:**-06AAACU5552C1ZN

FATEHABAD District: FATEHABAD City: State: HARYANA Pincode: 125053

Telephone:(1667) 253707 Business Channel Sub Code: Agent Name:RAVINDER.

Land Line No: , Mobile: 8930003981

Eliter Driver									
Registration Number	HR - 82 - A - 8617	Obsolete Vehicle & Engine	No & HA10AGKHC52264	Year Of	2019				
Registration Number	IIK - 62 - A - 6017	Number	NO & HATOAGKIIC32204	Manufacture	2019				
RTA Name	HR82 KANINA	Chassis Number	MBLHAW096KHC24995	Cubic Capacity/KW	100				
Registration Date	11/06/2019	Vehicle Make & Model	HERO MOTOCORP &	Type Of Body	Solo with Pillion				
Registration Date	11/00/2019	Vellicie Make & Model	SPLENDOR PLUS SELF	Type Of Body					
AA Membership Number		Seating Capacity(Including	2	Geographical					
AA Piembership Number		SideCar)	_	Extension					
	3								

INSURED DECLARED VALUE (₹) Co-Vehicle Trailer/Sidecar **Electrical/Electronic Accessories** Non Electrical Accessories CNG Kit LPG Kit Total nsuranc Details 100% OTHER DETAILS

Financier	Policy Subject to IMT Endorsem	ents	Applicable Addon-covers/Services			Unique Reference Code
	22,28		Nil Depreciation Without Excess			
PERSONS OR CLASS OF PERSONS ENTITLED TO DRIVE: As narrated in the certifica LIMITATIONS AS TO USE: As narrated in the certificate of insurance attached herewit	Name		Relation		Name	of the Appointee

LIMITATIONS AS TO USE:As narrated in the certificate of insurance attacned nerewith.

LIMITO FO 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 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 arising from nuclear weapons material. (6) Any accidental loss of admage and/or liability directly or indirectly or proximately or remotely occasioned by or contributed to by or arising from nuclear weapons material. (6) Any accidental loss of admage 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, millitary 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) (\cline{T})							
Owner Driver CSI (Under Section III) 1500000	Compulsory	100	Imposed	0	Voluntary	0			

A-OWN DAMAGE PRE	MIUM		B-LIABILITY PREMI	UM		TOTAL PREMIUM		
Paris annual and Walting and As					Premium(A+B)	₹1,307.0		
Basic premium on Vehicle and Accessories			B. Basic TP	<	714.00	CGST(9%)	₹118.00	
A. Basic OD	₹	309.76	Total	₹	714.00	SGST(9%)	₹118.0	
Total	₹	309.76				TOTAL PAYABLE PREMIUM	₹1,543.0	
			Add:			Stamp Duty	₹1.0	
Add:			Compulsory PA for Owner Driver	₹	275.00	SAC Code	99713	
Nil Depreciation Without Excess	₹	225.28	LL to Paid Driver IMT 28	₹	50.00	Invoice No & Date	3124I103517477 8 09/06/202	
•	`					Receipt Number	10111198624103730814	
Sub Total (Additions)	₹	225.28	Sub Total (Additions)	₹	325.00	Receipt Date	09/06/2024	
ous rotal (realisms)	`	225.25	Sub Total (Additions)	(323.00	Receipt Amount	₹1,543.00	
Less:						Payment Mode		
	-		Gross TP(B)	₹	1,039.00	Paying Party	MR VIRENDER SING	
No Claim Bonus 50%	<	267.52	Gross OD & TP:					
Sub Total (Deductions)	₹	267.52	(A) + (B)	₹	1,307.00			
	-							
Gross OD(A)	₹	268.00						

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 www.ulic.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 cooperation of the insured.

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 form 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 to lake or a claim for refund of premium exceeding lake, 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 : 09/06/2024 In Witness Whereof this policy has been signed at MO BHATTU 111986 on this 09th day of June ,2024

Affix Policy Stamp

For United India Insurance Company Limited

Duly Constituted Attorneys

10.95.40.80 IP Address: Issuing Agent: RAVINDER . Agent Location: 111986

Printed By: CUSTOMER @ 09/06/2024 3:08:32 PM Underwritten By - RAV03 (DIRECT AGENT)

Agent User Name:

RAV03

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