





### UNITED INDIA INSURANCE COMPANY LIMITED

CERTIFICATE OF INSURANCE

MOTORCYCLE / SCOOTER - LIABILITY ONLY POLICY

Delias No			Certificate Number	Certificate Number 1119903125P100203444				
Policy No.	1119903125P100203444 23209648465							
Customer Id			Issuing Office Address	Code 111990				
Name of the Insured	MR BHIM SIN	GH	UNITED INDIA INSURANCE ( APPROACH ROAD Uklana Ma	UNITED INDIA INSURANCE COMPANY LIMITED				
Address of the Insured	VPO BITHMARA	HISAR	125113	nui				
	125113 HISAR		HISAR HARYANA					
	HARYANA		Telephone	(01693) 233058				
Business/Occupation	Others	Mobile No *****8272						
Insured's Declared Valu	ıe ₹ 0							
Period of Insurance			From 18:33 Hrs of 01/0	From 18:33 Hrs of 01/04/2025 To Midnight of 31/03/2026				

Particulars of Vehicle Insured Registration Traile Cubic Seating including Obsolete Vehicle Engine No. Chassis No. Make/Model Type of Body Year of Mfg Capacity/KW Vehicle (if driver any HERO MOTOR CORP LTD / HF HR - 02 - AC HA11EED9C17173MBLHA11EUD9C02753 **DELUXE SELF CAST HEAVY GREY** 2 No 2013 100 1225 **BS6 DRUMI** Registration Authority Geographical Area Financier HR02 YAMUNA NAGAR INDIA

Amount in words: Eight hundred forty-two 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.

Limits of Liability	Agency/Broker Code:	BRC00013070001
	Document Date:	
	DebitNote Number:	
f) Use in connection with Motor Trade	Receipt Date:	01/04/2025
e) Speed Testing and Reliability Trials	Receipt Number :	10111199025100137931
d) Pace Making	Total(Rounded Off):	₹ 842.00
c) Organized Racing	Stamp Duty:	₹ 1.00
a) Hire or Reward b) Carriage Goods (other than samples or personal luggage)	SGST(9%):	₹ 64.00
The policy covers use of the vehicle for any purpose other than	CGST(9%):	₹ 64.00
Limitations as to use	Premium:	₹ 714.00

Jnder 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 9990724365 claims arising out of one event: 100000 /-

Agency/Broker Code: ELEVATE INSURANCE BROKERS PRIVATE LIMITED\_1 , Mobile:

Dealer Name/Code:

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: 01/04/2025

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.

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 - MOTORCYCLE / SCOOTER - LIABILITY ONLY POLICY SCHEDULE

**Policy Number** Geographical Area Insured Name/ID :1119903125P100203444

:India(A) : MR BHIM SINGH/23209648465

Insured address

VPO BITHMARA HISAR

Citv: HISAR State: HARYANA Telephone:

HISAR District: Pincode: 125113 Mobile: \*8272

Business Channel Code: BRC00013070001

**Dealer Name:** Dealer Code: VEHICLE DETAILS **Previous Policy No** 

Insurance Start Date & Time **Insurance expiry Date & Time** Policy Issuing Office Address

:01/04/2025 18:33 (hours) :31/03/2026 midnight

UNITED INDIA INSURANCE COMPANY LIMITED APPROACH ROAD Uklana Mandi ,GST No.:-06AAACU5552C1ZN

City: HISAR District: HISAR State: HARYANA Pincode: 125113 Telephone:(01693) 233058

Business Channel Sub Code:
Agent Name:ELEVATE INSURANCE BROKERS PRIVATE LIMITED\_1

Land Line No: ,Mobile:9990724365

Year Of Obsolete Vehicle & Engine HR - 02 - AC - 1225 2013 Registration Number No & HA11EED9C17173 Number Manufacture MBLHA11EUD9C02753 HR02 YAMUNA NAGAR RTA Name Chassis Number Cubic Capacity/KW HERO MOTOR CORP LTD Registration Date 23/05/2013 Vehicle Make & Model & HF DELUXE SELF CAST Type Of Body Solo with Pillion HEAVY GREY BS6 DRUM Seating Capacity(Including Geographical AA Membership Number SideCar) Extension

INSURED DECLARED VALUE (₹)

SCHEDULE OF PREMIUM (₹)

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

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

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 indirectly caused by or contributed to by or arising out of 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 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

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

A-OWN DAMAGE PREMIUM			B-LIABILITY PREMIUM		TOTAL PREMIUM		
				=		Premium(A+B)	₹714.00
			B. Basic TP	₹	714.00	CGST(9%)	₹64.00
			Total	₹	714.00	SGST(9%)	₹64.00
Gross OD(A)	₹	0.00				TOTAL PAYABLE PREMIUM	₹842.00
	•					Stamp Duty	₹1.00
				-		SAC Code	997134
			Gross TP(B)	₹	714.00	Invoice No & Date	3125I100203444 &
			Total Liability Premium	₹	714.00	Invoice No & Date	01/04/2025
			Total Liability Freilium	\	714.00	Receipt Number	10111199025100137931
						Receipt Date	01/04/2025
						Receipt Amount	₹842.00
						Payment Mode	

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

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 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 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 <a href="https://pledge.cvc.nic.in">https://pledge.cvc.nic.in</a>.

Date & Signature of Proposal: 01/04/2025

In Witness Whereof this policy has been signed at MO UKLANA 111990 on this 01st day of April ,2025

Affix Policy Stamp

For United India Insurance Company Limited

MR BHIM SINGE

10.95.40.80 **IP Address** 

ELEVATE INSURANCE BROKERS PRIVATE

Printed By: CUSTOMER @ 08/05/2025 12:46:12 PM

Agent User Name:

Paying Party

ELELIM001

**Duly Constituted Attorneys** 

111990 Agent Location:

LIMITED\_1

Underwritten By - ELELIM001 ( BROKER )

Issuing Agent:

This document r	provides only key information abo	ut vour p		MER INFORM fer to Policy			ditions	
SI No	Title				Description			Policy Clause
1	Product Name Unique Identification Number (UIN)		eler Liability only p					Policy Schedule
2.	allotted by IRDAI	UIN: IRDAN545RP0052V01199900						Policy Schedule
3.	Structure Basis of Sum Insured (IDV)	Section I : Liability to Third Parties Section II : Personal Accident Cover for Owner-driver (applicable only if opted by the Insured in the policy) - Benefit based Section I : Motor Third Party Liability - Covers Liability towards Third Party Death/Injury and						Policy Schedule
		Third Party Property Damage						
4.	Interests Insured	Section II: Motor Personal Accident driver (applicable only if opted by the Insured in the policy) - covers for accidental death, bodily injuries, and physical disabilities (temporary and permanent) of the Owner/driver of the Insured vehicle.						Policy Schedule
5.	Sum Insured / Motor Insured Declared Value Scope	   Section: Liability to Third Party   For Third Party Death / bodily injury/ Third Party Property Damage						Liability to Third Party Section
			Personal Accid hedule): Benefit	Personal Accident Cover for Owner-Driver Section(Death and Permanent Total Disablement)				
6	Policy Coverage	the scheduly or arisis claimant's of i) deart of the Mot ii) dam custody or 2. The Cor 3. In term the insured insured is company representa personal represental personal represental may be the B) undealleged off this Policy.  Section conditions the followith of the subject service in the subject s	i) death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicles Act. ii) damage to property other than property belonging to the insured or held in trust or in the custody or control of the insured up to the limit specified in the schedule.  2. The Company will pay all costs and expenses incurred with its written consent.  3. In terms of and subject to the limitations of the indemnity which is granted by this policy to the insured, the Company will indemnify any driver who is driving the Motor Vehicle on the insured's order or with insured's permission provided that such driver shall as though he/she were the insured observe fulfill and be subject to the terms exceptions and conditions of this policy in so far as they apply.  4. In the event of the death of any person entitled to indemnity under this policy the Company will in respect of the liability incurred by such person indemnify his/her personal representative in terms of and subject to the limitations of this Policy provided that such personal representative shall as though such representative was the insured observe fulfill and be subject to the terms exceptions and conditions of this Policy in so far as they apply.  5. The Company may at its own option  A) arrange for representation at any Inquest or Fatal Inquiry in respect of any death which may be the subject of indemnity under this Policy and  B) undertake the defence of proceedings in any Court of Law in respect of any act or alleged offence causing or relating to any event which may be the subject of indemnity under this Policy.  Section - Compulsory Personal Accident (CPA) Subject otherwise to the terms exceptions conditions and limitations of this Policy, the Company undertakes to pay compensation as per					
		traveling i visible me injury resu						
			Details of injury	Scale of compensation	Details of oinjury (iii) Loss of	Scale of compensation		
			(i) Death	100%	one limb or sight of one eye	50%		
			limb and sight of one eye	100%	(iv) Permanent total disablement from injuries other than named above	100%		
		Provided always that  1) the compensation shall be payable under only one of the items (i) to (iv) above in respect of the owner-driver arising out of any one occurrence and the total liability of the insurer shall not in the aggregate exceed the sum as per schedule during any one period of insurance.  2) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to (a) intentional self injury suicide or attempted suicide physical defect or infirmity or (b) an accident happening whilst such person is under the influence of intoxicating liquor or drugs.  This cover is subject to  (a) the owner-driver is the registered owner of the vehicle insured herein; (b) the owner-driver is the insured named in this policy.  (c) the owner-driver holds an effective driving licence, in accordance with the provisions of Rule 3 of the Central Motor Vehicles Rules, 1989, at the time of the accident						
7	Major Exclusions	Major Exclusions are as shown below:  The Company shall not be liable in respect of any claim arising whilst the vehicle insured herein a .being used otherwise than in accordance with the 'Limitations as to Use' or b.being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's Clause.  The Company shall not be liable in respect of any claim arising out of any contractual liability.  Except so far as is necessary to meet the requirements of the Motor Vehicles Act, the Company shall not be liable in respect of death arising out of and in the course of employmen of a person in the employment of the insured or in the employment of any person who is indemnified under this policy or bodily injury sustained by such person arising out of and in the course of such employment.  Detailed list of exclusions are as per policy schedule					t	

8	Special Conditions and Warranties  Admissibility of Claim	<ol> <li>Notice shall be given in writing to the Company immediately upon the occurrence of any accident and in the event of any claim. Every letter claim writ summons and/or process shall be forwarded to the Company immediately on receipt by the insured. Notice shall also be given in writing to the Company immediately the insured shall have knowledge of any impending Prosecution Inquest or Fatal Inquiry in respect of any accident which may give rise to a claim under this Policy.</li> <li>No admission, offer, promise, payment, or indemnity shall be made or given by or on behalf of the insured without the written consent of the Company which shall be entitled if it so desires to take over and conduct in the name of the insured the defence or settlement of any claim or to prosecute in the name of the insured for its own benefit any claim for indemnity or otherwise and shall have full discretion in the conduct of any proceedings or in the settlement of any claim and the insured shall give all such information and assistance as the Company may require. If the Company shall make any payment in settlement of any claim and such payment includes any amount not covered by this Policy the insured shall repay to the Company the amount not so covered.</li> <li>The insured shall take all reasonable steps to maintain the insured vehicle in efficient condition and the company shall have at all times free and full access to examine the insured vehicle or any part thereof or any driver or employee of the insured.</li> <li>In addition to above, detailed Conditions and Warranties are as mentioned in the Policy</li> <li>Claim should be notified immediately on the date of accident through online intimation, email</li> </ol>	Conditions
9	Admissibility of Claim	to the address mentioned in policy or through any other means.  Due diligence should be taken by Insured upon occurrence of loss as mentioned in conditions of the policy.	
10	Policy service/ Claim service	Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule for any assistance in policy In case of accident, Online intimation of the claim can be given through phone, online through mail to Agent or policy issuing office or through portal. Details of the contact number and mail id are mentioned in the policy. The following are the Basic Claim documents to be submitted by the insured: Insured has to submit all the relevant documents at the time of taking insurance. List of documents mentioned in the proposal form should be submitted along-with the proposal. Basic Documents to be submitted during proposal acceptance; Proposal form duly signed by Insured RC of the Insured vehicle/Invoice copy in case of new vehicle Pollution certificate KYC document of the Insured Bank details of the Insured Basic Documents at the time of claim: Motor Claim Form -claim form may be downloaded from uiic.co.in website Copy of Registration Certificate of the Insured vehicle if there is change in ownership Copy of Driving License of person driving at the time of loss Any other specific documents related to the claim	
11	Cancellation	a) The policyholder can cancel the policy at any time during the term, by informing the insurer In case the policyholder cancels the policy, he/she is not required to give reasons for cancellation.  The insurer can cancel the policy only on grounds of established fraud, by giving minimum notice of 7 days to the policy holder. b) Under no circumstances can the insurer cancel the statutory Motor Third Party Liability Insurance or any other compulsory insurance mandated by law except in case of double insurance or total loss c) The insurer shall - i. Refund proportion of premium for unexpired policy period, If the term of the policy is upto one year and there is no claim(s) made during the policy period. ii. Refund premium for the unexpired policy period, in respect of the policy with the term more than one year and the risk coverage for such policy years has not commenced. d) In all cases minimum premium of Rs.100/- will be retained by the insurer	Conditions
12	Policy Servicing / Grievances Complaints	Details of company officials: Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule In case of any grievance, you may contact UIIC through:  A. Website: <a href="https://www.uiic.co.in">www.uiic.co.in</a> B. Toll Free Number: 1800 425 333 33 C.E-Mail: <a href="https://customercare@uiic.co.in">customercare@uiic.co.in</a> A. You may also approach the grievance cell at any of our branches with details of the grievance Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (https://bimabharosa.irdai.gov.in/).	
13	Obligations of the Policyholder	Insured is at obligation to disclose all material information in the Proposal form. In the event of misrepresentation, mis-description or non- disclosure of any material fact by the Insured, the Policy shall be void Insured can contact our policy issuing office, details of which are mentioned in the policy schedule.  (i)To intimate any change to the material information affecting the policy.  (ii)Any change in the ownership of the vehicle, any kind of modification in the vehicle/RC which might enhance the risk is considered as material information and should be informed to insurance company for necessary endorsement on policy.	

Legal Disclaimer Note: The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted details

Place:

Date:

 $\ensuremath{^{*}\text{Duplicate}}$  copy has to be signed and submitted to the company.

Signature of Policy Holder

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

# (ARCHIVED POLICY)