



**UNITED INDIA INSURANCE COMPANY LIMITED**  
**CERTIFICATE OF INSURANCE**  
**MOTOR INSURANCE - GCV PUBLIC CARRIER OTHER THAN 3 WHEELER PACKAGE(UIN. 1RDAN545RP0048V01199900) POLICY**  
 (FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

|  |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
|--|----------------------|---|--|--|--|---|--|----------------------------|-------------------|--|----------|--------------------|----------|--------------------------|--------|-------------------------|-------------|----------------------------------|----------------------|---------------|------------|-------------------|--|----------------|--|
| <b>Policy No.</b>  |                      | <b>0907003125P117186377</b>   |  | <b>Certificate Number</b>                                  |  | <b>0907003125P117186377</b>                         |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Customer Id</b>   |                      | <b>23563815045</b>  |  | <b>Issuing Office Address</b>                              |  | <b>Code</b>   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Name of the Insured</b>   |                      | <b>MR MADHU V</b>   |  | <b>KAR TOWERS II FLOOR,R S ROAD, DINDIGUL</b>              |  | <b>090700</b>                                       |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Address of the Insured</b>  |                      | NO 189 5TH WARD 11TH CROSS APARTMENT ROAD TVS ROAD ATTIBELE ANEKAL TO BANGALORE |  | 624001 DINDIGUL TAMIL NADU                                 |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
|  |                      | 562107 BANGALORE KARNATAKA  |  | Telephone  |  | (0451) 2433237,(0451) 2433258                       |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Business/Occupation</b>   |                      | Others  |  | <b>Mobile No. - *****8924</b>                              |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Effective date of commencement of Insurance for the purpose of Act from 14:48 Hrs on Insured's Declared Value ₹ 1079690</b>   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>04/02/2026</b>  |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Date of Expiry of the Insurance Midnight on 03/02/2027</b>  |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Particulars of Vehicle Insured</b>  |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Registration No.</b>  |                      |   |  | <b>Obsolete Vehicle</b>                                    |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Vehicle</b>   |                      | <b>Trailer (if any)</b>   |  | <b>Engine No.</b>  |  | <b>Chassis No.</b>                                  |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| NEW  |                      |   |  | No   |  | TTT1A19765  |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
|  |                      |   |  | MA1RE2TTKT1A53447  |  | Mahindra & Mahindra / BOL MAXX PUP HD 2.0L VXi null |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Registration Authority</b>  |                      | <b>Geographical Area</b>  |  | <b>Financier</b>   |  | <b>Seating Capacity</b>                             |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| KA51 ELECTRONIC CITY BANGALORE   |                      | INDIA   |  | SHRIRAM FINANCE LIMITED(CHENNAI,CHENNAI,TAMIL NADU-600041) |  | 2   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
|  |                      |   |  |  |  | <b>Public / Private</b>                             |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
|  |                      |   |  |  |  | Public  |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Amount in words: Twenty-three thousand three hundred seventy-three rupees only</b>  |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Persons or classes of persons entitled to drive:-</b>   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| Any person including insured :   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| Provided that a person driving hold an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license.   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| Provided also that the person holding an effective Learner's license may also drive the vehicle when not used for the transport of goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.  |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Note:-</b> 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.   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Limitations as to use</b>   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| The policy covers use only under a permit within the meaning of Motor Vehicles Act, 1988 or such a carriage falling under Subsection 3 of Section 66 of the Motor Vehicles Act, 1988.  |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| The policy does not cover use for:   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| a) Organized Racing  |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| b) Pace Making   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| c) Reliability Trials  |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| d) Speed Testing   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <table border="1"> <tr> <td>Premium:</td> <td>₹ 21,576.00</td> </tr> <tr> <td>IGST-Others(18%):</td> <td>₹ 995.00</td> </tr> <tr> <td>IGST-Basic TP(5%):</td> <td>₹ 802.00</td> </tr> <tr> <td>Stamp Duty:</td> <td>₹ 1.00</td> </tr> <tr> <td>Total(Rounded Off):</td> <td>₹ 23,373.00</td> </tr> <tr> <td>Receipt Number:</td> <td>10109070025123853208</td> </tr> <tr> <td>Receipt Date:</td> <td>04/02/2026</td> </tr> <tr> <td>DebitNote Number:</td> <td></td> </tr> <tr> <td>Document Date:</td> <td></td> </tr> </table> |                      |   |  |  |  |   |  | Premium:                   | ₹ 21,576.00       | IGST-Others(18%):  | ₹ 995.00 | IGST-Basic TP(5%): | ₹ 802.00 | Stamp Duty:              | ₹ 1.00 | Total(Rounded Off):     | ₹ 23,373.00 | Receipt Number:                  | 10109070025123853208 | Receipt Date: | 04/02/2026 | DebitNote Number: |  | Document Date: |  |
| Premium:   | ₹ 21,576.00          |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| IGST-Others(18%):  | ₹ 995.00             |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| IGST-Basic TP(5%):   | ₹ 802.00             |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| Stamp Duty:  | ₹ 1.00               |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| Total(Rounded Off):  | ₹ 23,373.00          |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| Receipt Number:  | 10109070025123853208 |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| Receipt Date:  | 04/02/2026           |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| DebitNote Number:  |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| Document Date:   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Limits of Liability</b>   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| 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: 750000 /-   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <table border="1"> <tr> <td><b>Agency/Broker Code:</b></td> <td><b>BRC9630794</b></td> </tr> <tr> <td><b>VIZZA INSURANCE BROKING SERVICES PVT. LTD._63 , Mobile:</b></td> <td></td> </tr> <tr> <td><b>8608800072</b></td> <td></td> </tr> <tr> <td><b>Dealer Name/Code:</b></td> <td></td> </tr> <tr> <td><b>Direct Business:</b></td> <td></td> </tr> <tr> <td><b>Development Officer Code:</b></td> <td></td> </tr> </table>   |                      |   |  |  |  |   |  | <b>Agency/Broker Code:</b> | <b>BRC9630794</b> | <b>VIZZA INSURANCE BROKING SERVICES PVT. LTD._63 , Mobile:</b> |          | <b>8608800072</b>  |          | <b>Dealer Name/Code:</b> |        | <b>Direct Business:</b> |             | <b>Development Officer Code:</b> |                      |               |            |                   |  |                |  |
| <b>Agency/Broker Code:</b>   | <b>BRC9630794</b>    |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>VIZZA INSURANCE BROKING SERVICES PVT. LTD._63 , Mobile:</b>   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>8608800072</b>  |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Dealer Name/Code:</b>   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Direct Business:</b>  |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |
| <b>Development Officer Code:</b>   |                      |   |  |  |  |   |  |                            |                   |  |          |                    |          |                          |        |                         |             |                                  |                      |               |            |                   |  |                |  |

**Subject to IMT Endorsement No.s, terms and conditions printed herein / attached hereto 7,21,23,28**

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.

Date of Issue: 04/02/2026

**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.ulic.co.in](http://www.ulic.co.in).

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

Duly Constituted Attorney



**MOTOR INSURANCE - GCV PUBLIC CARRIER OTHER THAN 3 WHEELER PACKAGE(UIN. IRDAN545RP0048V01199900) POLICY SCHEDULE**

Policy Number : 0907003125P117186377  
 Geographical Area : India(A)  
 Insured Name/ID : MR MADHU V/23563815045  
 Insured address :  
 NO 189 5TH WARD 11TH CROSS APARTMENT ROAD TVS ROAD ATTIBELE ANEKAL  
 TQ BANGALORE  
 City: BANGALORE District: BANGALORE  
 State: KARNATAKA Pincode: 562107  
 Telephone: Mobile: \*\*\*\*\*8924

Previous Policy Number :  
 Insurance Start Date & Time : 04/02/2026 14:48 (hours)  
 Insurance expiry Date & Time : 03/02/2027 midnight  
 Policy Issuing Office Address :  
 KAR TOWERS II FLOOR,R S ROAD, DINDIGUL ,GST No.:- 33AAACU5552C1ZQ  
 City: DINDIGUL District: DINDIGUL  
 State: TAMIL NADU Pincode: 624001  
 Telephone:(0451) 2433237,(0451) 2433258

Business Channel Code: BRC9630794

Dealer Name:

Dealer Code:

VEHICLE DETAILS

|                     |                                |                                   |   |                        |           |
|---------------------|--------------------------------|-----------------------------------|---|------------------------|-----------|
| Registration Number | NEW                            | Obsolete Vehicle & Chassis Number | No & MA1RE2TTKT1A53447                              | Gross vehicle Weight   | 2995      |
| RTA Name            | KA51 ELECTRONIC CITY BANGALORE | Vehicle Make & Model              | Mahindra & Mahindra / BOL MAXX PUP HD 2.0L VXi null | Type Of Body           | OPEN BODY |
| Registration Date   | 04/02/2026                     | Cubic Capacity/Seating Capacity   | 2523/2  | AA Membership Name     |           |
| Engine Number       | TTT1A19765                     | Year Of Manufacture               | 2026  | Geographical Extension |           |

**INSURED DECLARED VALUE (₹)**

| Vehicle | Trailer | Electrical/Electronic Accessories | Non Electrical Accessories | CNG Kit | LPG Kit | Total   | Co-Insurance Details |
|---------|---------|-----------------------------------|----------------------------|---------|---------|---------|----------------------|
| 1079690 | 0       | 0                                 | 0                          | 0       | 0       | 1079690 | 100%                 |

**OTHER DETAILS**

| Financier  | Policy Subject to IMT Endorsements | Applicable Addon-covers/Services | Unique Reference Code |
|--|------------------------------------|----------------------------------|-----------------------|
| SHRIRAM FINANCE LIMITED(CHENNAI,CHENNAI,TAMIL NADU-600041) | 7,21,23,28                         | Nil Depreciation Without Excess  |                       |

**PERSONS OR CLASS OF PERSONS ENTITLED TO DRIVE:**As narrated in the certificate of insurance attached herewith.

| Name Of the CPA Nominee | Relation | Age | Name of the Appointee |
|-------------------------|----------|-----|-----------------------|
| Palaniyammal            | Wife     |     | NA                    |

**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 war like 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 (Under Section IV) | 1500000                           |
| Compulsory                      | 500                               |
| Imposed                         | 0                                 |
| Voluntary                       | 0                                 |

**SCHEDULE OF PREMIUM (₹)**

| A-OWN DAMAGE PREMIUM                       | B-LIABILITY PREMIUM                     | TOTAL PREMIUM                                |
|--|---|--|
| Basic premium on Vehicle and Accessories   | B. Basic - TP ₹ 16,049.00               | Premium(A+B) ₹ 21,576.00                     |
| A. Basic - OD ₹ 2,835.81                   | Total ₹ 16,049.00                       | IGST-Others(18%) ₹ 995.00                    |
| Total ₹ 2,835.81                           | Add :                                   | IGST-Basic TP(5%) ₹ 802.00                   |
| Add :                                      | Compulsory PA for Owner Driver ₹ 275.00 | <b>TOTAL PAYABLE PREMIUM</b> ₹ 23,373.00     |
| Cover for lamps, tyres, tubes etc ₹ 425.37 | LL to Paid Driver IMT 28 ₹ 100.00       | Stamp Duty ₹ 1.00                            |
| Nil Depreciation Without Excess ₹ 1,890.54 | Sub Total (Additions) ₹ 375.00          | SAC Code 997134                              |
| Sub Total (Additions) ₹ 2,315.91           | Gross TP(B) ₹ 16,424.00                 | Invoice No & Date 3125117186377 & 04/02/2026 |
| Gross OD(A) ₹ 5,152.00                     | Gross OD & TP: (A) + (B) ₹ 21,576.00    | Receipt Number 10109070025123853208          |
|  |   | Receipt Date 04/02/2026                      |
|  |   | Receipt Amount ₹ 23,373.00                   |
|  |   | Payment Mode                                 |
|  |   | Paying Party MR MADHU V                      |

**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.uilc.co.in](http://www.uilc.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-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.

**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 : 04/02/2026

In Witness Whereof this policy has been signed at DO DINDIGUL 090700 on this 04th day of February ,2026

CONSOLIDATED ADDITIONAL  
 STAMPS DUTY PAID AS PER  
 TAMILNADU GOVERNMENT G.O.  
 (RT.) NO.234 DATED  
 13/06/2025 FOR THE PERIOD  
 FROM 1-4-2024 TO 30-06-  
 2026

For United India Insurance Company Limited

*[Signature]*

Duly Constituted Attorneys

Issuing Agent:

VIZZA INSURANCE BROKING  
 SERVICES PVT. LTD.\_63  
 090700

Agent Location:

Printed By : VIZ\_6300 @ 05/02/2026 9:48:27 AM

Underwritten By - VIZ\_6300 ( BROKER )

Agent User Name:

VIZ\_6300

**CUSTOMER INFORMATION SHEET**

**This document provides only key information about your policy. Please refer to Policy document for detailed terms and conditions**

| SI No                                       | Title  | Description   | Policy Clause   |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
|---|--|---|---|----------------------------------|------------------------|----|---|-----|--|-----|---|-----|---|-----|---|-----|---|
| 1   | Product Name   | Goods Carrying Vehicle Package policy   | Policy Schedule   |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| 2.  | Unique Identification Number (UIN) allotted by IRDAI | UIN: IRDAN545RP0048V01199900  | Policy Schedule   |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| 3.  | Structure Basis of Sum Insured (IDV)                 | Section I : Own Damage - Indemnity based<br>Section II : Liability to Third Parties<br>Section III : Towing Disabled Vehicles - Indemnity based<br>Section IV : Section IV : Personal Accident Cover for Owner cum driver - Benefit based   | Policy Schedule   |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| 4.  | Interests Insured                                    | Section I : Motor Own Damage - Covers damages to vehicle due to perils listed in the policy<br>Section II : Motor Third Party Liability - Covers Liability towards Third Party Death/Injury and Third Party Property Damage<br>Section III : Towing Disabled Vehicles<br>Section IV : Personal Accident cover for Owner cum Driver - Covers Death and Permanent Total Disablement of the Owner cum driver of the Insured vehicle.   | Policy Schedule   |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| 5.  | Sum Insured / Motor Insured Declared Value Scope     | <b>Section I - Loss of Or Damage To The Vehicle Insured:</b><br><br>The IDV of the vehicle (and any fitted accessories) is based on the manufacturer's listed selling price of the brand and model at the start of insurance or renewal, adjusted for depreciation. For vehicles over 5 years old and obsolete models, the IDV is determined by agreement between the insurer and insured.<br>The insured vehicle shall be treated as a CTL if the aggregate cost of retrieval and / or repair of the vehicle, subject to terms and conditions of the policy, <b>exceeds 75% of the IDV of the vehicle.</b><br><br>IDV depreciation schedule is as follows: <table><tr><th>Age of Vehicle</th><th>% of Depreciation for Fixing IDV</th></tr><tr><td>Not Exceeding 6 months</td><td>5%</td></tr><tr><td>Exceeding 6 months but not exceeding 1 year</td><td>15%</td></tr><tr><td>Exceeding 1 year but not exceeding 2 years</td><td>20%</td></tr><tr><td>Exceeding 2 years but not exceeding 3 years</td><td>30%</td></tr><tr><td>Exceeding 3 years but not exceeding 4 years</td><td>40%</td></tr><tr><td>Exceeding 4 years but not exceeding 5 years</td><td>50%</td></tr></table><br>IDV of vehicles beyond 5 years of age and of obsolete models of the vehicles (i.e. models which the manufacturers have discontinued to manufacture) is to be determined on the basis of an understanding between the insurer and the insured.<br><br><b>Section II - Liability to Third Party</b><br>For Third Party Death / bodily injury/Third Party Property Damage<br><b>Section III - Towing Disabled Vehicles:</b><br><br>Whilst the Insured vehicle is being used for the purpose of towing any one disabled mechanically propelled vehicle<br><b>Section IV- Personal Accident Cover For Owner cum Driver:</b> Benefit payment up to 15 Lakhs. | Age of Vehicle  | % of Depreciation for Fixing IDV | Not Exceeding 6 months | 5% | Exceeding 6 months but not exceeding 1 year | 15% | Exceeding 1 year but not exceeding 2 years | 20% | Exceeding 2 years but not exceeding 3 years | 30% | Exceeding 3 years but not exceeding 4 years | 40% | Exceeding 4 years but not exceeding 5 years | 50% | <b>Section I - Loss of or Damage To the Vehicle Insured</b><br><br><br><br><br><br><br><br><br><br><b>Section II - Liability to Third Party</b><br><br><b>Section III - Towing Disabled Vehicles:</b><br><br><b>Section IV - Personal Accident Cover for Owner cum Driver (Death and Permanent Total Disablement)</b> |
| Age of Vehicle                              | % of Depreciation for Fixing IDV                     |   |   |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| Not Exceeding 6 months                      | 5%   |   |   |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| Exceeding 6 months but not exceeding 1 year | 15%  |   |   |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| Exceeding 1 year but not exceeding 2 years  | 20%  |   |   |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| Exceeding 2 years but not exceeding 3 years | 30%  |   |   |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| Exceeding 3 years but not exceeding 4 years | 40%  |   |   |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| Exceeding 4 years but not exceeding 5 years | 50%  |   |   |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| 6   | Policy Coverage                                      | <b>Section I</b> Loss of or damage to the vehicle insured<br><br>List of perils covered are as per Policy schedule<br><b>Section II</b> Legal Liability to Third parties (TP) for personal injury, Death and property damage resulting from accident<br><br><b>Section III - Towing Disabled Vehicles</b><br><br>Policy will be operative, whilst the Insured vehicle is being used for the purpose of towing any one disabled mechanically propelled vehicle<br><br><b>Section IV</b> Compulsory Personal Accident (CPA) Cover for Owner-Driver resulting from accident  | <b>Section I - Loss of or Damage To the Vehicle Insured</b><br><b>Section II - Liability to Third Party</b><br><br><b>Section III -Towing disabled vehicles</b><br><br><b>Section IV - Personal Accident Cover for Owner-Driver (Death and Permanent Total Disablement)</b> |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| 7   | Add-on covers available                              | <ul style="list-style-type: none"><li>• Nil Depreciation without excess</li><li>• Return to Invoice</li><li>• Consumables</li><li>• RSA</li><li>• EMI protect</li><li>• EV Protect</li></ul> *Addons which are Opted by the Insured and which are mentioned in the policy are only applicable   | Addons Section  |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| 8   | Loss Participation                                   | Deductible applicable: Compulsory excess/Voluntary excess/Imposed excess<br>The Company shall not be liable for each and every claim under Section - I (loss of or damage to the vehicle insured) of this Policy in respect of the deductible stated in the schedule.<br><br>Compulsory Excess: <b>As mentioned in the Policy Schedule.</b>   | Policy Schedule   |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |
| 9   | Major Exclusions                                     | <b>Major Exclusions are as shown below:</b>   | General Exclusions  |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |   |

|    |  |  |            |                          |             |   |                                    |              |   |                              |            |   |                             |  |   |                         |            |  |
|----|--|--|------------|--------------------------|-------------|---|------------------------------------|--------------|---|------------------------------|------------|---|-----------------------------|--|---|-------------------------|------------|--|
|    |  | <ul style="list-style-type: none"><li>any accidental loss damage and/or liability caused sustained or incurred outside the Geographical Area.</li><li>any accidental loss damage and/or liability caused sustained or incurred whilst the vehicle insured herein is<ul style="list-style-type: none"><li>being used otherwise than in accordance with the 'Limitations as to Use'</li></ul></li><li>or<ul style="list-style-type: none"><li>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.</li></ul></li></ul> <p><b>Detailed list of exclusions are as per policy schedule</b></p>  |            |                          |             |   |                                    |              |   |                              |            |   |                             |  |   |                         |            |  |
| 10 | Special Conditions and Warranties        | Conditions and warranties are as stated in policy<br>In case of Theft of vehicle, immediate notice should be given to insurance company along-with FIR.<br>Notice should be given to RTO about the theft of vehicle and be guided by claims dealing office to follow theft guidelines.<br>In case of Death of Registered Owner of vehicle, the policy will not lapse immediately but will remain valid for 3 months from the date of death of Registered Owner or expiry of the policy whichever is earlier.<br>In addition to above, detailed Conditions and Warranties are as mentioned in the Policy  | Conditions |                          |             |   |                                    |              |   |                              |            |   |                             |  |   |                         |            |  |
| 11 | Admissibility of Claim                   | Claim should be notified immediately on the date of accident through online intimation, email to the address mentioned in policy or through any other means.<br>Due diligence should be taken by Insured upon occurrence of loss as mentioned in conditions of the policy.<br>Claim will be indemnified in any one of the methods;<br><b>1.Repair basis</b> - Indemnity with deduction for depreciation /excess applicable-cashless or reimbursement to Insured<br><b>2.Total Loss/CTL basis</b> - Based on the Net of Salvage loss/ Total loss basis after deduction of Wreck value and Excess.<br><b>3.Sample Claims Calculation:</b> <table><tr><td>A</td><td>Gross Assessed Liability</td><td>Rs.10,000/-</td></tr><tr><td>B</td><td>Less: Depreciation (If applicable)</td><td>(Rs.3,000/-)</td></tr><tr><td>C</td><td>Net Assessed Liability (A-B)</td><td>Rs.7,000/-</td></tr><tr><td>D</td><td>Less: Compulsory deductible</td><td>(Rs.1,500/-) Based on the compulsory deductible as mentioned in the Policy Schedule)</td></tr><tr><td>E</td><td>Net Payable Amount(C-D)</td><td>Rs.5,500/-</td></tr></table>  | A          | Gross Assessed Liability | Rs.10,000/- | B | Less: Depreciation (If applicable) | (Rs.3,000/-) | C | Net Assessed Liability (A-B) | Rs.7,000/- | D | Less: Compulsory deductible | (Rs.1,500/-) Based on the compulsory deductible as mentioned in the Policy Schedule) | E | Net Payable Amount(C-D) | Rs.5,500/- |  |
| A  | Gross Assessed Liability                 | Rs.10,000/-  |            |                          |             |   |                                    |              |   |                              |            |   |                             |  |   |                         |            |  |
| B  | Less: Depreciation (If applicable)       | (Rs.3,000/-)   |            |                          |             |   |                                    |              |   |                              |            |   |                             |  |   |                         |            |  |
| C  | Net Assessed Liability (A-B)             | Rs.7,000/-   |            |                          |             |   |                                    |              |   |                              |            |   |                             |  |   |                         |            |  |
| D  | Less: Compulsory deductible              | (Rs.1,500/-) Based on the compulsory deductible as mentioned in the Policy Schedule)   |            |                          |             |   |                                    |              |   |                              |            |   |                             |  |   |                         |            |  |
| E  | Net Payable Amount(C-D)                  | Rs.5,500/-   |            |                          |             |   |                                    |              |   |                              |            |   |                             |  |   |                         |            |  |
| 12 | Policy service/ Claim service            | <ul style="list-style-type: none"><li>Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule for any assistance in policy</li><li>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.</li><li>Surveyor appointment will be done within 24hrs of receiving intimation</li></ul> The following are the Basic Claim documents to be submitted by the insured:<br>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.<br><b>Basic Documents to be submitted during proposal acceptance;</b> <ul style="list-style-type: none"><li>Proposal form duly signed by Insured</li><li>Vehicle Documents of the Insured vehicle/Invoice copy in case of new vehicle</li><li>Pollution certificate</li><li>KYC document of the Insured</li><li>Bank details of the Insured</li></ul> <b>Basic Documents at the time of claim:</b> <ul style="list-style-type: none"><li>Motor Claim Form - claim form may be downloaded from <a href="http://uic.co.in">uic.co.in</a> website</li><li>KYC documents if there is any change in ownership</li><li>Copy of RC and Vehicle documents of the Insured vehicle if there is change in ownership</li><li>Copy of Driving License of person driving at the time of accident</li><li>FIR in case of TP Injury/Death Case/Theft claim</li><li>NOC in case of theft claim</li></ul> Any other specific documents related to the claim |            |                          |             |   |                                    |              |   |                              |            |   |                             |  |   |                         |            |  |
| 13 | 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.<br>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<br>c) The insurer shall -<br>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.<br>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.<br>d) In all cases minimum premium of Rs.100/- will be retained by the insurer   | Conditions |                          |             |   |                                    |              |   |                              |            |   |                             |  |   |                         |            |  |
| 14 | Policy Servicing / Grievances Complaints | <ul style="list-style-type: none"><li>Details of company officials: Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule</li><li>In case of any grievance, you may contact UIIC through:<ul style="list-style-type: none"><li>a.Website: <a href="http://www.uic.co.in">www.uic.co.in</a></li></ul></li></ul>   |            |                          |             |   |                                    |              |   |                              |            |   |                             |  |   |                         |            |  |

|    |                                 |   |  |
|----|---------------------------------|---|--|
|    |                                 | <ul style="list-style-type: none"> <li>• b.Toll Free Number: 1800 425 333 33</li> <li>• c.E-Mail: <a href="mailto:customercare@uiic.co.in">customercare@uiic.co.in</a></li> <li>• d.You may also approach the grievance cell at any of our branches with details of the grievance</li> <li>• e.You may lodge a complaint in our Inhouse Grievance portal - UGMS Portal</li> <li>• Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (<a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a>)</li> </ul>   |  |
| 15 | Obligations of the Policyholder | <ul style="list-style-type: none"> <li>• Insured is at obligation to disclose all material information in the Proposal form.</li> <li>• In the event of misrepresentation, mis-description or non-disclosure of any material fact by the Insured, the Policy shall be void</li> <li>• Insured can contact our policy issuing office, details of which are mentioned in the policy schedule.</li> <li>(i)To intimate any change to the material information affecting the policy.</li> <li>(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.</li> </ul> |  |

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:

Signature of Policy Holder

\*Duplicate copy has to be signed and submitted to the company.

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