



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  
PRIVATE CAR - LIABILITY ONLY POLICY

(FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

Policy No.	0907003125P115699304			Certificate Number	0907003125P115699304		
Customer Id	23551315739			Issuing Office Address	Code	090700	
Name of the Insured	MR SAKTHI NAGA CHITRA			KAR TOWERS II FLOOR,R S ROAD, DINDIGUL			
Address of the Insured	F1 SURIYA CASTLE ONO 34 AND 35 NNO 83 AND 85 SADYAPPA MUDALI STREET SAIDAPET CHENNAI 600015 TAMIL NADU			624001 DINDIGUL TAMIL NADU	Telephone	(0451) 2433237,(0451) 2433258	
Business/Occupation	Others	Mobile No.- *****8484					

**Insured's Declared Value ₹ 0**

Period of Insurance **From 00:00 Hrs of 09/01/2026 To Midnight of 08/01/2027**

**Particulars of Vehicle Insured**

Registration No.	Vehicle	Trailer (if any)	Obsolete Vehicle	Engine No.	Chassis No.	Make/Model	Type of Body	Year of Mfg	Cubic Capacity/KM	Seating including driver
TN - 09 - BL - 9402		No		3NR V042735	MBJK39BTX00009177	TOYOTA / ETIOS LIVA(2016 - ) GX	Saloon	2012	1197	5

Registration Authority	Geographical Area	Financier
TN09 CHENNAI WEST (K.K. NAGAR)	INDIA	

Amount in words: **Four thousand ninety rupees only**

**Persons or classes of persons entitled to drive**

Any person including Insured provided that a person hold 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 of 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:	₹ 3,466.00
CGST(9%):	₹ 312.00
SGST(9%):	₹ 312.00
Stamp Duty:	₹ 1.00
Total (Rounded Off) :	₹ 4,090.00
Receipt Number :	10109070025121720793
Receipt Date:	08/01/2026
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 ₹ 750000

Agency/Broker Code: **BR9160794**  
VIZZA INSURANCE BROKING SERVICES PVT. LTD\_16 , Mobile:  
8608500088  
Dealer Name/Code:  
Direct Business:  
Development Officer Code:

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

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

Duly Constituted Attorney:

Date of Issue: 08/01/2026

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.

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

This document is digitally signed

Signer: DS UNITED INDIA INSURANCE CO LTD 1  
Date: Thu, Jan 8, 2026 12:27:11 IST  
Location: United India Insurance Company Ltd  
Reason: Signing Policy for UIIC by Harmeet Singh Chahal





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



MOTOR INSURANCE - PRIVATE CAR LIABILITY ONLY POLICY SCHEDULE

Policy Number	:0907003125P115699304	Previous Policy No	:842255633600
Geographical Area	:India(A)	Insurance Start Date & Time	:09/01/2026 00:00 (hours)
Insured Name/ID	: MR SAKTHI NAGA CHITRA/23551315739	Insurance expiry Date & Time	:08/01/2027 midnight
Insured address	:	Policy Issuing Office Address	:
F1 SURIYA CASTLE ONO 34 AND 35 NNO 83 AND 85 SADYAPPA MUDALI STREET SAIDAPET	KAR TOWERS II FLOOR,R S ROAD, DINDIGUL	GST No.:-	33AACU5552C1ZQ
City: CHENNAI	District: CHENNAI	City: DINDIGUL	District: DINDIGUL
State: TAMIL NADU	Pincode: 600015	State: TAMIL NADU	Pincode: 624001
Telephone:	Mobile: *****8484	Telephone:(0451) 2433237,(0451) 2433258	

Business Channel Code:BRC9160794

Dealer Name:

Dealer Code:

VEHICLE DETAILS

Registration Number	TN - 09 - BL - 9402	Obsolete Vehicle & Engine Number	No & 3NR V042735	Year Of Manufacture	2012
RTA Name	TN09 CHENNAI WEST (K.K. NAGAR)	Chassis Number	MBJK39BTX00009177	Cubic Capacity/KW	1197
Registration Date	12/01/2012	Vehicle Make & Model	TOYOTA & ETIOS LIVA(2016 - ) GX	Type Of Body	Saloon
AA Membership Number		Geographical Extension		Seating Capacity(Including Driver)	5

INSURED DECLARED VALUE (₹)

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

OTHER DETAILS

Financier	Policy Subject to IMT Endorsements	Applicable Addon-covers/Services	Unique Reference Code
	28		

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 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 (₹)							
Owner Driver CSI (Under Section III)	0	Compulsory	1000	Imposed	0	Voluntary	0
Slab Chosen(KMs)		Odometer Reading	0			Carry Forwarded KMs	0

SCHEDULE OF PREMIUM (₹)

A-OWN DAMAGE PREMIUM		B-LIABILITY PREMIUM		TOTAL PREMIUM	
Gross OD(A)	₹ 0.00	B. Basic - TP	₹ 3,416.00	Premium(A+B)	₹ 3,466.00
		Total	₹ 3,416.00	CGST(9%)	₹ 312.00
		Add :		SGST(9%)	₹ 312.00
		LL to Paid Driver IMT 28	₹ 50.00	<b>TOTAL PAYABLE PREMIUM</b>	₹ 4,090.00
		Sub Total (Additions)	₹ 50.00	Stamp Duty	₹ 1.00
		Gross TP(B)	₹ 3,466.00	SAC Code	997134
		Total Liability Premium	₹ 3,466.00	Invoice No & Date	3125I115699304 & 08/01/2026
				Receipt Number	10109070025121720793
				Receipt Date	08/01/2026
				Receipt Amount	₹ 4,090.00
				Payment Mode	
				Paying Party	MR SAKTHI NAGA CHITRA

**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](http://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,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:08/01/2026  
In Witness Whereof this policy has been signed at DO DINDIGUL 090700 on this 08th day of January ,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

Duly Constituted Attorneys

Issuing Agent:

VIZZA INSURANCE BROKING SERVICES PVT. LTD.\_16  
090700

Printed By : VIZLTD0012 @ 08/01/2026 12:27:14 PM

Agent User Name:

VIZLTD0012

Agent Location:

Underwritten By - VIZLTD0012 ( BROKER )

**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	Private Car Liability only policy	Policy Schedule												
2.	Unique Identification Number (UIN) allotted by IRDAI	UIN : IRDAN545RP0043V01199900	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	Policy Schedule												
4.	Interests Insured	Section I : Motor Third Party Liability - Covers Liability towards Third Party Death/Injury and Third Party Property Damage  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	<b>Section: Liability to Third Party</b> For Third Party Death / bodily injury/Third Party Property Damage  <b>Section - Personal Accident Cover For Owner-Driver (if Opted and shown in the Policy Schedule):</b> Benefit payment up to 15 Lakhs basis	<b>Liability to Third Party Section</b>  <b>Personal Accident Cover for Owner-Driver Section (Death and Permanent Total Disablement)</b>												
6	Policy Coverage	<p><b>1. Section - Liability to Third Party Section:</b> Subject to the Limit of liability as laid down in the schedule hereto, the Company will indemnify the insured in the event of accident caused by or arising out of the use of the Motor Vehicle anywhere in India against all sums including claimant's costs and expenses which the insured shall become legally liable to pay in respect of</p> <ul style="list-style-type: none"> <li>i) death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicles Act.</li> <li>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.</li> </ul> <p>2. The Company will pay all costs and expenses incurred with its written consent.</p> <p>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.</p> <p>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.</p> <p>5. The Company may at its own option</p> <ul style="list-style-type: none"> <li>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</li> <li>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.</li> </ul> <p><b>Section - Compulsory Personal Accident (CPA)</b> Subject otherwise to the terms exceptions conditions and limitations of this Policy, the Company undertakes to pay compensation as per the following scale for bodily injury/ death sustained by the owner-driver of the vehicle in direct connection with the vehicle insured or whilst mounting into/dismounting from or traveling in the insured vehicle as a co-driver, caused by violent, accidental, external and visible means which independently of any other cause shall within six calendar months of such injury result in</p> <table border="1"> <thead> <tr> <th>Details of injury</th><th>Scale of compensation</th><th>Details of injury</th><th>Scale of compensation</th></tr> </thead> <tbody> <tr> <td>(i) Death</td><td>100%</td><td>(iii) Loss of one limb or sight of one eye</td><td>50%</td></tr> <tr> <td>(ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye</td><td>100%</td><td>(iv) Permanent total disablement from injuries other than named above</td><td>100%</td></tr> </tbody> </table> <p>Provided always that</p> <p>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.</p> <p>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.</p> <p>This cover is subject to</p> <ul style="list-style-type: none"> <li>(a) the owner-driver is the registered owner of the vehicle insured herein;</li> <li>(b) the owner-driver is the insured named in this policy.</li> <li>(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</li> </ul>	Details of injury	Scale of compensation	Details of injury	Scale of compensation	(i) Death	100%	(iii) Loss of one limb or sight of one eye	50%	(ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%	(iv) Permanent total disablement from injuries other than named above	100%	<b>Liability to Third Party Section</b>  <b>Personal Accident Cover for Owner-Driver Section(Death and Permanent Total Disablement)</b>
Details of injury	Scale of compensation	Details of injury	Scale of compensation												
(i) Death	100%	(iii) Loss of one limb or sight of one eye	50%												
(ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%	(iv) Permanent total disablement from injuries other than named above	100%												
7	Major Exclusions	<b>Major Exclusions are as shown below:</b> <ul style="list-style-type: none"> <li>• The Company shall not be liable in respect of any claim arising whilst the vehicle insured herein <ul style="list-style-type: none"> <li>a.being used otherwise than in accordance with the 'Limitations as to Use'</li> <li>or</li> <li>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.</li> </ul> </li> <li>•The Company shall not be liable in respect of any claim arising out of any contractual liability.</li> <li>•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 employment 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.</li> </ul> <p>Detailed list of exclusions are as per policy schedule</p>	<b>General Exclusions</b>												

8	Special Conditions and Warranties	<p>1. 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.</p> <p>2. 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.</p> <p>3. 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.</p> <p>In addition to above, detailed Conditions and Warranties are as mentioned in the Policy</p>	Conditions
9	Admissibility of Claim	<p>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.</p> <p>Due diligence should be taken by Insured upon occurrence of loss as mentioned in conditions of the policy.</p>	
10	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> </ul> <p>The following are the Basic Claim documents to be submitted by the insured:</p> <p>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.</p> <p>Basic Documents to be submitted during proposal acceptance;</p> <ul style="list-style-type: none"> <li>• Proposal form duly signed by Insured</li> <li>• RC 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> <p>Basic Documents at the time of claim:</p> <ul style="list-style-type: none"> <li>• Motor Claim Form -claim form may be downloaded from uiic.co.in website</li> <li>• Copy of Registration Certificate of the Insured vehicle if there is change in ownership</li> <li>• Copy of Driving License of person driving at the time of loss</li> </ul> <p>Any other specific documents related to the claim</p>	
11	Cancellation	<ul style="list-style-type: none"> <li>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.</li> <li>The insurer can cancel the policy only on grounds of established fraud, by giving minimum notice of 7 days to the policy holder.</li> <li>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</li> <li>c) The insurer shall - <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> </li> <li>d) In all cases minimum premium of Rs.100/- will be retained by the insurer</li> </ul>	Conditions
12	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.uiic.co.in">www.uiic.co.in</a></li> <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> </ul> </li> <li>• d. You may also approach the grievance cell at any of our branches with details of the grievance</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>	
13	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. <ul style="list-style-type: none"> <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> </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:

\*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.