





UNITED INDIA INSURANCE COMPANY LIMITED

CERTIFICATE OF INSURANCE MOTOR INSURANCE - GCV PUBLIC CARRIER OTHER THAN 3 WHEELER LIABILITY ONLY POLICY (FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

Policy No. 1404813124P113446987				Ce	Certificate Number 1404813124P1134469			987		
Customer Id	23364628148		Iss	Issuing Office Address Code 140						
Name of the Insured	ed MR VIKRAM MEENA				OPPOSITE KHADI GRRAMODHYOG, MAIN ROAD					
	S/O DEVIRAM MENA R/O VILL BADABAS LOTWARA DAUSA					NSTITUTE, BASSI, DIS	STT.JAIPUR			
					3301					
Address of the Insured	303509				IPUR					
	DAUSA				JASTHAN	1				
	RAJASTHAN			Tel	lephone	(01	429) 226646			
Business/Occupation	Others Mobile No 99					_				
Effective date of comn on 23/11/2024	encement of Insurance for the p	urpose of Act fro	m 17:38	Hrs Ins	sured's Declared V	′alue ₹ 0				
	nsurance Midnight on 22/11/20)25								
Particulars of Vehicle	Insured									
	Registration No.		Obsolete	Engino					HP/Cubic	
	Vehicle	Trailer (if any)	Vehicle	No.	Chassis No.	Make/Model	Type of Body	Year of Mfg	Capacity	GVW
RJ -	29 - GB - 3424		No	60295	802123	Tata Motors / SFC 407/31 BS II null	TRUCK	2009	2956	5700
Registration Authority	Geographical Area				Financie	er		Public / Private		
RJ29 DAUSA INDIA							Public			
Persons or classes of Any person including insu Provided that a person di	en thousand ninety-three rupees only persons entitled to drive:- red: iving hold an effective driving license							a a sido m ba a a d blo		
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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.

Date of Issue: 23/11/2024

Note:-With reference to IRDAI circular no IRDAI/NL/CIR/MOTP/170/10/2018 dated 09/10/2018 and as per the declaration given in the proposal form by owner driver Compulsory Personal Accident (CPA) cover is removed, since he/she is not holding a valid driving license.

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

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.

Duly Constituted Attorney





MOTOR INSURANCE - GCV PUBLIC CARRIER OTHER THAN 3 WHEELER LIABILITY ONLY POLICY SCHEDULE

Policy Number :1404813124P113446987

Geographical Area

MR VIKRAM MEENA/23364628148 Insured Name/ID

Insured address S/O DEVIRAM MENA R/O VILL BADABAS LOTWARA DAUSA

DAUSA Citv: District: DAUSA State: RAJASTHAN Pincode: 303509 Telephone: Mobile: 9929814453

Business Channel Code: AGN0002663

Dealer Name: Dealer Code:

Previous Policy Number Insurance Start Date & Time :23/11/2024 17:38 (hours) **Insurance expiry Date & Time** :22/11/2025 midnight

Policy Issuing Office Address OPPOSITE KHADI GRRAMODHYOG, MAIN ROAD RAHUL COMPUTER INSTITUTE, BASSI, DISTT.JAIPUR ,GST No.:- 08AAACU5552C1ZJ

JAIPUR District: JAIPUR State: RAJASTHAN Pincode: 303301

Telephone:(01429) 226646 Business Channel Sub Code: Agent Name: ASHOK KUMAR VIJAY Land Line No.: , Mobile: 8209491012

VEHICLE DETAILS					
Registration Number	RJ - 29 - GB - 3424	Obsolete Vehicle &	No & 802123	Gross vehicle	5700
		Chassis Number		Weight	
RTA Name	RJ29 DAUSA	Vehicle Make & Model	Tata Motors / SFC 407/31 BS II null	Type Of Body	TRUCK
Registration Date	31/03/2009	Cubic Capacity	2956	AA Membership Name	
Engine Number	60295	Year Of Manufacture		Geographical Extension	

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

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 liabilty 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 expetion, combustion shall include any self sustaining process of nuclear fission. (5) Any accidental loss or damage or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material. (6) Any accidental loss damage and/or liability directly or indirectly or proximately or remotely occasioned by or contributed to by or arising 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 (く)		DEDUCTIBLES (Under Section I) (₹)					
Owner Driver (Under Section IV)	0	Compulsory	500	Imposed	0	Voluntary	0
SCHEDULE OF PREMIUM (₹)							

A-OWN DAMAGE PREMIUM			B-LIABILITY PREMIUM			TOTAL PREMIUM	
			B. Basic - TP	₹	16,049.00	Premium(A+B)	₹16,149.00
				`	,	CGST-Others(9%)	₹9.00
			Total	₹	16,049.00	SGST-Others(9%)	₹9.00
Gross OD(A)	₹	0.00	Add:			CGST-Basic TP(6%)	₹963.00
			LL to Paid Driver IMT 28	₹	100.00	SGST-Basic TP(6%)	₹963.00
			LL to Faid Driver IMT 26		100.00	TOTAL PAYABLE PREMIUM	₹18,093.00
				=		Stamp Duty	₹1.00
			Sub Total (Additions)	<	100.00	SAC Code	997134
				=		Invoice No & Date	3124I113446987 & 23/11/2024
			Gross TP(B)	<	16,149.00	Receipt Number	10114048124115720913
			Total Liability Premium	₹	16,149.00	Receipt Date	23/11/2024
				`	,	Receipt Amount	₹18,093.00
						Payment Mode	
						Paying Party	MR VIKRAM MEENA

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 and on website www.uic.co.i

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 https://pledge.cvc.nic.in.

Date & Signature of Proposal : 23/11/2024In Witness Whereof this policy has been signed at MO BASSI 140481 on this 23rd day of November ,2024

Affix Policy Stamp

For United India Insurance Company Limited

Duly Constituted Attorneys

10.95.40.80 IP Address:

Issuing Agent: ASHOK KUMAR VIJAY Agent Location: 140481

Printed By: CUSTOMER @ 23/11/2024 5:49:55 PM Underwritten By - ASHVIJ86 (DIRECT AGENT)

Agent User Name:

ASHVIJ86

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