





UNITED INDIA INSURANCE COMPANY LIMITED

CERTIFICATE OF INSURANCE

 $PCV\ 4\ WHEELER\ EXCEEDING\ 6\ or\ 3\ WHEELER\ EXCEEDING\ 18\ PACKAGE (UIN.\ IRDAN545RP0048V01199900)\ POLICY$ (FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

Policy No. 3004013124P109610604						Certificate Number 3004013124P109610604						
Customer Id	23065043712				Issuing Office Address Code 300401							
Name of the Insured	MR DHANOOP,						BRANCH OFFICE, 2ND FLOOR, ROYAL CITY COMPLEX, NEAR TOWN HALL, CONVENT ROAD,					
	S/O CHAND	RAN, NIRMAL	YAM, MEI	MUNDA PO,V	ILLYAPAL	LI, VATAKARA	VATAKARA,					
Address of the Insured	KOZHIKODE 673104						KOZHIKODE					
ridar obs or the modred							673101					
	KERALA						KERALA					
Business/Occupation	None Mobile No 9048527321				Telephone (496) 2523011,(496) 2523							
Effective date of commencement of Insurance for the purpose of Act from 00:00 Hrs on 30/09/2024					00:00	Insured's Declared Value ₹ 2150000						
Date of Expiry of the Inst	urance Midi	night on 2	9/09/20	025			•					
Particulars of Vehicle Ins	ured											
Registrati	on No.		Obsolete									
Vehicle		Trailer Veh			Chassis No.		Make/Model	Type of Body	Year of Mfg	HP/Cubic Capacity	Carrying Capacity	
KL - 35 - G - 00:	22		No	FYEZ413443	MB1PBEFC4FEYS3798		Ashok Leyland / VIKING ALPSV 4/185	CLOSED	2015	5760	50	
Registration Authority	Authority Geographical Area Financier						Public / Priv					
KL35 PALA			INDIA								Public	
Amount in words: Seventy-fo	our thousand	d seven hund	Ired sixty	-two rupees	only						I .	
Persons or classes of per Any person including insured Provided that a person drivir Provided also that the person satisfies the requirements of Nate: The policy does not cover	: ng holds an e n holding an Rule 3 of the	effective drivi effective Lea e Central Mo	ng licens arner's lic tor Vehic	ense may als les Rules, 19	so drive t 89.	he vehicle wh	nen not used for the	transport of pas	sengers at the		I that such a perso	
Note:- The policy does not cover liability for death, bodily injury or damage as excluded insection 150 (2) (ii) and Limitations as to use							Premium:				63,35	
							CGST(9%):				5,70	
The policy covers use only u						1988 or	GGST(9%):				5,70	
The policy does not cover use for: a) Organized Racing b) Pace Making c) Reliability tools d) Speed Testing e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled by the packaging to propelled vehicle.					700.		₹					
						tamp Duty:						
					Tot	otal(Rounded Off):				74,76		
					Red	eceipt Number :				13004012411073		
					eceipt Date:				27/09/2			
					ebitNote Number:							
					-	cument Date:						
				Motor RE.	Agency/Broker Code: REJEESH CK , Mobile: 9745128899 Dealer Name/Code:				AGD0122			
					Dire	ect Business:						

Subject to IMT Endorsement No.s, terms and conditions printed herein / attached hereto 21,23,28,38 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: 27/09/2024

Date of ISSUE: 27/09/2024

Amount Subject to Reverse Charges-NIL

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

 $\underline{\mathsf{IMPORTANT}}\,\, \underline{\mathsf{NOTICE}};\, \mathsf{KINDLY}\,\, \underline{\mathsf{UPDATE}}\,\, \mathsf{YOUR}\,\, \underline{\mathsf{AADHAAR}}\,\, \mathsf{NO}.\,\, \underline{\mathsf{AND}}\,\, \underline{\mathsf{PAN/FORM}}\,\, \mathsf{60}.\,\, \underline{\mathsf{PLEASE}}\,\, \underline{\mathsf{IGNORE}}\,\, \underline{\mathsf{IF}}\,\, \underline{\mathsf{ALREADY}}\,\, \underline{\mathsf{UPDATED}}.$

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

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

Duly Constituted Attorney

This document is digitally signed

Signer: KALAIVENI SUBBIAH Date: Sun, Sep 29, 2024 22:08:00 IST Location: United India Insurance Company Ltd Reason: Signing Policy for UIIC

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MOTOR INSURANCE - PCV 4 WHEELER EXCEEDING 6 or 3 WHEELER EXCEEDING 18 PACKAGE(UIN. IRDAN545RP0048V01199900) POLICY SCHEDULE

Policy Number :3004013124P109610604

Geographical Area

MR DHANOOP./23065043712 Insured Name/ID

Insured address

City:

Telephone:

S/O CHANDRAN, NIRMALYAM, MEMUNDA PO, VILLYAPALLI, VATAKARA KOZHIKODE KOZHIKODE District: KERALA 673104

Mobile:

9048527321

Business Channel Code: AGD0122040

Dealer Name: Dealer Code: Previous Policy Number Insurance Start Date & Time :3004013123P107606664 30/09/2024 00:00 (hours) Insurance expiry Date & Time :29/09/2025 midnight

Policy Issuing Office Address

BRANCH OFFICE, 2ND FLOOR, ROYAL CITY COMPLEX, NEAR TOWN HALL, CONVENT ROAD, VATAKARA, GST No.:- 32AAACU5552C1ZS

KOZHIKODE District: KOZHIKODE State: KFRALA Pincode: 673101

Telephone:(496) 2523011,(496) 2523302 Business Channel Sub Code: Agent Name: REJEESH CK

Land Line No.: ,Mobile:9745128899

Registration Number	KL - 35 - G - 0022	Obsolete Vehicle &	No & FYEZ413443	Year Of	2015	
		Engine Number		Manufacture		
RTA Name	KL35 PALA	Chassis Number	MB1PBEFC4FEYS3798	Cubic Capacity	5760	
Registration Date	08/07/2015	Vehicle Make & Model	Ashok Leyland & VIKING ALPSV 4/185	Type Of Body	CLOSED	
Carrying Capacity	50	GVW	16200	Geographical		
1				Extension		

INSURED DECLARED VALUE (₹) Co-Vehicle Traile Electrical/Electronic Accessories Non Electrical Accessories **CNG Kit** LPG Kit Total nsurance Details 2150000 1009 OTHER DETAILS

Unique Policy Subject to IMT Endorsements Applicable Addon-covers/Services Reference Code 21,23,28,38 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 Appointed 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 Idaim 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 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 1500000 Compulsory 1500 Imposed Ο Voluntary 0 SCHEDULE OF PREMIUM (₹

A-OWN DAMAGE PREMI		B-LIABILITY PREMIUM			TOTAL PREMIUM		
Basic premium on Vehicle and Acces	ssories		B. Basic - TP	₹	14,343.00	Premium(A+B)	₹63,358.00
,	=		B. Basic 11			CGST(9%)	₹ 5,702.00
A. Basic - OD	₹	5,690.77	Total	₹	14,343.00	SGST(9%)	₹5,702.00
Total	₹	5,690.77				TOTAL PAYABLE PREMIUM	₹74,762.00
			Add:			Stamp Duty	₹1.00
Add :			Compulsory PA for Owner Driver	₹	275.00	SAC Code	997134
Cover for lamps, tyres, tubes etc	₹	853.62	LL to Paid Driver IMT 28	₹	100.00	Invoice No & Date	3124I109610604 & 29/09/2024
1 . 3	`		Legal Liability to Passenger	₹	42,096.00	Receipt Number	10130040124110735893
Sub Total (Additions)	₹	853.62	Legar Elability to Fasseriger	`	42,070.00	Receipt Date	27/09/2024
Sub Total (Additions)	`	033.02				Receipt Amount	₹74,762.00
			Sub Total (Additions)	₹	42,471.00	Payment Mode	
Gross OD(A)	₹	6,544.00		•		Paying Party	MR DHANOOP,
5.555 55 6 9	`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Gross TP(B)	₹	56,814.00		
			Gross OD & TP: (A) + (B)	₹	63,358.00		

TERMS & CONDITIONS: As per the Indian Motor Tariff, personal copy of the same is available free of cost on request. Further the Indian Motor Tariff is also available and displayed at all United India Insurance company Offices

and on Website www.ulic.co.in
DISCLAIMBER: 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-

DISCLAIMEN: The policy stands cancelled or voto in the event of a claim to diseque basis accessed. In the policy 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: 30/09/2024

In Witness Whereof this policy has been signed at BO BADAGARA 300401 on this 27th day of September, 2024

CONSOLIDATED STAMP DUTY PAID AS PER GOVT.OF KERALA G.O.(P)No:90/2024/TAXES DATED 27.06.2024 FOR THE PERIOD FROM 01.04.2024 TO 31.03.2025

For United India Insurance Company Limited

REJCKC00

Duly Constituted Attorneys

IP Address: 10 200 254 53 REJEESH CK Issuing Agent: Agent Location: 300401

Printed By: REJCKC00 @ 29/09/2024 10:08:05 PM Agent User Name: Underwritten By - REJCKC00 (DIRECT AGENT) , Approved By - REV22806(HO UNDERWRITER)