



# UNITED INDIA INSURANCE COMPANY LIMITED

BRANCH OFFICE , PRIYADARSHINI COMPLEX, SRIRAMPURAM MAIN STREET, OPP. HOTEL SAROVAR, BHIMAVARAM

GODAVARI - WEST - 534202 ANDHRA PRADESH

PH: (8816) 297193,(8816) 223694 FAX: EMAIL:

**TRAILERS - TRAILER STANDALONE - NON AGRICULTURAL  
LIABILITY ONLY POLICY  
POLICY NO.:1506043123P100227908  
VEHICLE NO.:AP - 35 - X - 2943**

**PERIOD OF INSURANCE**  
From 00:00 Hrs on 04/04/2023  
To Midnight on 03/04/2024

*Insured*

**MR P SIMHACHALAM**

NILL KOPPALAVEEDHI, NEAR RAMALAYAM, VENKAMPETA, MANYAM, ANDHRA PRADESH  
535501

VIZIANAGARAM

ANDHRA PRADESH

**CONTACT NUMBER: 9848022601 (M)**

**IMPORTANT NOTICE:** KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name	: TURTLEMINT INSURANCE BROKING SERVICES PVT LTD
Agent Code	: BRC0000796
Mobile/Landline Number/Email	: 9513312901 / (1800) 2660101 support@turtlemint.com

The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uiic.co.in](http://www.uiic.co.in).

For any Information, Service Requests, Claim intimation and Grievances please write to 150604@uiic.co.in

Download Customer App([www.uiic.co.in](http://www.uiic.co.in)). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.  
Website: <http://www.uiic.co.in>

Printed By : CUSTOMER @ 03/04/2023 2:55:00 PM



# UNITED INDIA INSURANCE COMPANY LIMITED

CERTIFICATE OF INSURANCE  
TRAILERS - TRAILER STANDALONE - NON AGRICULTURAL - LIABILITY ONLY POLICY  
(FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

Policy Number	1506043123P100227908		Certificate Number	1506043123P100227908	
Name of the Insured	MR P SIMHACHALAM		Issuing Office Address	Code	150604
Address of the Insured	NILL KOPPALAVEEDHI, NEAR RAMALAYAM, VENKAMPETA, MANYAM, ANDHRA PRADESH		BRANCH OFFICE, PRIYADARSHINI COMPLEX, SRIRAMPURAM MAIN STREET, OPP. HOTEL SAROVAR, BHIMAVARAM		
	535501 VIZIANAGARAM ANDHRA PRADESH		534202 GODAVARI - WEST ANDHRA PRADESH		
Business/Occupation	None	Mobile No.- 9848022601	Telephone: (8816) 297193, (8816) 223694 Fax:		
Effective date of commencement of Insurance for the purpose of Act from 00:00 Hrs on 04/04/2023					
Date of Expiry of the Insurance Midnight on 03/04/2024					
Particulars of Vehicle Insured					
Registration No.	Engine No.	Chassis No.	Make/Model	Type of Body	Year of Manufacturing
Vehicle	Trailer (if any)				
AP - 35 - X - 2943		B201306224SPEWVNR004000502TT	Miscellaneous / TRAILER	Not Applicable	2013
Registration Authority	Geographical Area				Public / Private
AP31 VISAKHAPATNAM	INDIA				Not Applicable

**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 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:

- Organized Racing
- Pace Making
- Reliability Trials
- Speed Testing

## 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: 0 /-

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

I/We hereby certify that the policy to which the certificate relates as well as

the certificate of insurance are issued in accordance with provisions of

Chapter X & XI of M.V Act, 1988.

Date of Issue: 03/04/2023

Premium:	₹	2,485.00
CGST(9%):	₹	224.00
SGST(9%):	₹	224.00
Stamp Duty:	₹	1.00
Total(Rounded Off):	₹	2,933.00
Receipt Number :		10115060423100239239
Receipt Date:		03/04/2023

Agency/Broker Code:	BRC0000796
TURTLEMINT INSURANCE BROKING SERVICES PVT LTD	
Direct Business:	
Development Officer Code:	

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

Duly Constituted Attorney



**TRAILERS - TRAILER STANDALONE - NON AGRICULTURAL - LIABILITY ONLY POLICY  
SCHEDULE**

Policy Number	1506043123P100227908					
Insured Details	Name			MR P SIMHACHALAM		
	Tel (O):			Tel (R)		Fax:
	Email: ramprasad696@gmail.com			Mobile: 9848022601		
	Business / Occupation			None		
Period of Insurance	From	00:00 Hrs on 04/04/2023		To	Midnight on 03/04/2024	
Co-Insurance	Type					

Particulars of Vehicle Insured					
Registration No.		Engine No.	Chassis No.	Make/Model	Year of Manufacturing
Vehicle	Trailer (if any)				
AP - 35 - X - 2943			B201306224SPEWVNR004000502TT	Miscellaneous / TRAILER	2013
Type of Body	Cubic Capacity		GVW	Public/Private	
Not Applicable	Not Applicable		0	Not Applicable	
Registration Authority	Auto Assocn MemNo:		Geographical Area	Extension	
AP31 VISAKHAPATNAM			INDIA	No Extension	
Motor Vehicle In Case of a Motorized Two wheeler is deemed to include a side car attached to it					
Amount in Words	Two thousand nine hundred thirty-three rupees only				
<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			Premium:	₹	2,485.00
			CGST(9%):	₹	224.00
			SGST(9%):	₹	224.00
			Stamp Duty:	₹	1.00
			Total(Rounded Off):	₹	2,933.00
			Receipt Number :	10115060423100239239	
			Receipt Date:	03/04/2023	
<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: 0 /- Agent: TURTLEMINT INSURANCE BROKING SERVICES PVT LTD			Agency/Broker Code: BRC0000796 TURTLEMINT INSURANCE BROKING SERVICES PVT LTD Direct Business: Development Officer Code:		
BRC0000796					

**This policy is subject to terms and conditions and IMT Endorsement Nos. printed herein / attached hereto**

# SCHEDULE OF PREMIUM (IN ₹)

B. Trailer TP	₹	2,485.00
<b>Total</b>	₹	2,485.00
<b>Gross TP(B)</b>	₹	2,485.00
<b>Total Liability Premium</b>	₹	2,485.00

**WARRANTED THAT IN CASE OF DISHONOUR OF PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED "AB-INITIO".**

## TERMS AND 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 UIIC website : [www.uiic.co.in](http://www.uiic.co.in)  
**DISCLAIMER :** The Policy stands cancelled or void in the event of Cheque Dishonor. The Company may cancel the policy by sending 7 days notice in case of any fraud or misrepresentation, non-disclosure 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 VEHICLES 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.

Premium:	₹	2,485.00	Receipt Number :	10115060423100239239	Agency/Broker Code: TURTLEMINT INSURANCE BROKING SERVICES PVT LTD	BRC0000796
CGST(9%):	₹	224.00	Receipt Date :	03/04/2023	Direct Business:	
SGST(9%):	₹	224.00				
Stamp Duty:	₹	1.00	DebitNote Number :		Development Officer Code:	
Total (Rounded Off):	₹	2,933.00	Document Date :			

<b>Customer GST/UIN No.:</b>		<b>Office GST No.:</b>	37AAACU5552C1ZI
<b>SAC Code:</b>	997134	<b>Invoice No. &amp; Date:</b>	31231100227908 & 03/04/2023
<b>Amount Subject to Reverse Charges-NIL</b>			

**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.**

**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 of Proposal and Declaration: 03/04/2023

IN WITNESS WHEREOF, this policy has been signed at BO BHIMAVARAM 150604 on this 03rd day of April 2023

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

Affix Policy  
Stamp here.

**Duly Constituted Attorney:**

**Underwritten By - VAM48372 ( BO UW CUM CASHIER )**

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