



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.:1506043123P100994688 VEHICLE NO.:AP - 39 - TT - 9400

PERIOD OF INSURANCE From 00:00 Hrs on 28/04/2023 To Midnight on 27/04/2024

Insured

MR SINGIREDDY GANGU BABU

S/O.SIMHACHALAM.DOOR:00,MAIN ST,KAVITIBHADRA POST,GANGAPURAM,PARVATHIPURAM,MANYAM,AP 535522

VIZIANAGARAM ANDHRA PRADESH

CONTACT NUMBER: 8801110555 (M)

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

Agent Name

TURTLEMINT INSURANCE BROKING

Agent Name : SERVICES PVT LTD

Agent Code : BRC0000796

 $\begin{tabular}{ll} \textbf{Mobile/Landline Number/Email} & : & \frac{9513312901 \, / \, (1800) \, 2660101}{support@turtlemint.com} \\ \end{tabular}$

The genuineness of the policy can be verified through "Verify Your Policy" link at 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). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.

Website: http://www.uiic.co.in

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UNITED INDIA INSURANCE COMPANY LIMITED

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

Policy Number	1	L506043123P	100994688		Certif	ficate Number	150	6043123P100	0994688		
Name of the Insure	d MR S	SINGIREDDY	GANGU BABU		Issui	ng Office Addre	ss Cod	le 15	0604		
Address of the Insured Business/Occupatio	ST,KAPOST 5355 VIZIA ANDH	AVITIBHADRA ,GANGAPURA 22 ANAGARAM HRA PRADESH e Mo	M,PARVATHIPU	JRAM,MANYAM, 110555	BRANCH OFFICE , PRIYADARSHINI COMPLEX, SRIRAMPURAM MAIN STREET, OPP. HOTEL SAROVAR, BHIMAVARAM						
Effective date of co Date of Expiry of th					ct from	00:00 Hrs o	n 28/04/	2023			
Particulars of Vehic			111 011 27 / 04/ 2	.024							
Registra Vehicle	ition No	Trailer (if any)	Engine No.	Chassis	No.	Make/Model	Type of Body	Year of Manufacturin	Cubic g Capacity	GVW	
AP - 39 - TT - 94	100	(11 211)		AGUMPS21C40	1JA2TT	Miscellaneous / G L TRAILER G L Trailer	Not Applicable	2021	Not Applicable	0	
Registration Authority		Geographica	l Area						Pub	ic / Private	
AP35 VIZIANAGARAM		INDIA							Not	Applicable	
Note:- The policy do Motor Vehicles Act,		t cover liabili	ty for death, b	odily injury or	damage	as excluded in	section 1	50 (2) (ii) an	d (iii); (b) ar	nd (c) of the	
Limitations as to us					Premiur	n:		₹		2,485.00	
The policy covers us	se only	under a peri	mit within the	meaning of	CGST(9	CGST(9%): ₹ 2					
Motor Vehicles Act, 1				er Subsection	SGST(9°	SGST(9%):					
3 of Section 66 of th			ct, 1988.		Stamp D	Stamp Duty:					
The policy does not		use for:			Total(Ro	Fotal(Rounded Off):				2,933.00	
a) Organized Racing						eceipt Number :				10115060423101174353	
b) Pace Making						Receipt Date: 27/04/20					
c) Reliability Trials d) Speed Testing								-			
Limits of Liability					Agency/	Broker Code:				RC0000796	
Under Section II-I (i) Deat	th or hodily in	niury in respec	t of any one		MINT INSURANC	`F		-	11.0000790	
accident; As per Mo				c or any one		G SERVICES PV					
						Direct Business:					
			ig out of one e			ment Officer Co	odo:				

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: 27/04/2023

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

Duly Constituted Attorney





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

Policy Number	15060)43123P10	099468	8								
	Name I						MR SINGIREDDY GANGU BABU					
Insured Details	Tel (O):			Tel (R)	I Favi			Fax:			
	Email:	rampasad	1696@g	mail.com	Mob	Mobile: 8801110555						
	Business / Occupation					ne						
Period of		From	1	00:00 Hrs on 28/04/2023	ı	То	i		Midnight on 27/04/2024			
Insurance		110111	ı	00.00 1113 011 20/ 04/ 2023	J	10	Į.	ı	Munight on 27/04/2024			
Co-Insurance	Туре											

Particulars of Vehicle Insured									
Registration No.							Year of		
Vehicle Trailer (if any)		Engine No).	Chassis No.		Make/Model		Manufacturing	
AP - 39 - TT - 9400	AG					ous / G L L Trailer	2021		
Type of Body	Cubic	Capacity		GVW			Public/Private		
Not Applicable	Not A	Applicable		0	0		Not Applicable		
Registration Authority	Auto Assocn	MemNo:		3	Extension		nsion		
AP35 VIZIANAGARAM				INDIA			No Extension		
Motor Vehicle In Case of a Motorize									
	usand nine hundred					3		2,485.00	
Limitations as to use			Premium:						
The policy covers use only under a Motor Vehicles Act,1988 or such a c			CGST(9%): SGST(9%):				224.		
3 of Section 66 of the Motor Vehicle			Stamp Duty:					224.00	
The policy does not cover use for:			Total(Rour	,				2,933.00	
a) Organized Racing							10115060/	2,933.00	
) Pace Making			Receipt Number : Receipt Date:				27/04/2023		
c) Reliability Trials			кесетрі Ба	ite.				27/04/2023	
d) Speed Testing									
Limits of Liability		Agency/Broker Code: BRC0000796							
Jnder Section II-I (i) Death or bodi	TURTLEMINT INSURANCE								
accident; As per Motor Vehicles Act	BROKING SERVICES PVT LTD								
Jnder Section II-I (ii) Damage to thany one claims a									
,	Development Officer Code:								
Agent: TURTLEMINT INSURA	NCE BBONING CEN	VICEC DIVT I TO							

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

SCHEDULE OF PREMIU	m (in₹)	
B. Trailer TP	₹	2,485.00
Total	₹	2,485.00
Gross TP(B)	₹	2,485.00
Total Liability Premium	₹	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
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		10115060423101174353	Agency/Broker Code: TURTLEMINT INSURANCE BROKING SERVICES PVT LTD	BRC0000796
CGST(9%): SGST(9%):	₹	224.00 224.00	Receipt Date :	27/04/2023	Direct Business:	
Stamp Duty:	₹	1.00	DebitNote Number :		Development Officer Code:	
Total (Rounded Off):	₹	2,933.00	Document Date :			

Customer GST/UIN No.:		Office GST No.:	37AAACU5552C1ZI					
SAC Code:	997134	Invoice No. & Date:	3123I100994688 & 27/04/2023					
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.

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding \mathfrak{T} 1 lakh or a claim for refund of premium exceeding \mathfrak{T} 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: 27/04/2023

IN WITNESS WHEREOF, this policy has been signed at BO BHIMAVARAM 150604 on this 27th day of April 2023

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

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Affix Policy Stamp here.

Duly Constituted Attorney:

Underwritten By - NIK29379 (BO UW CUM CASHIER)

This is a system generated document and any manual alteration / correction / overwriting in the document will make it invalid.