



UNITED INDIA INSURANCE COMPANY LIMITED

CERTIFICATE OF INSURANCE

PRIVATE CAR -LIABILITY ONLY POLICY

(FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

Policy No.	1504023121P1	.00671696	Certificate Number	1504023121P1	1504023121P100671696		
Customer Id	23106114569		Issuing Office Address	Code	150402		
Name of the Insured	MR K SUBA RA	0	SURVEY NO. 423/7A2,				
Address of the Insured	S/O SUBBAYYA BO MDL VIZIYANAGA VIZIANAGARAM 535522 ANDHRA PRADES		FIRST FLOOR,DADI HONDA SHOW ROOM UPSTAIRS, Near Sai Ram Degree College,Bypass Road,PARVATHIPURAM 535501 VIZIANAGARAM ANDHRA PRADESH				
Business/Occupation	Others	Telephone:	Telephone	(8963) 221226			

Insured's Declared Value 【 0

Period of Insurance		From 00:00 Hrs of 16/04/2021 To Midnight of 15/04/2022							
Particulars of Vehicle	e Insured								
Registra	ition No.							Cubic	Seating including
Vehicle	Trailer (if any)	Obsolete Vehicle	Engine No.	Chassis No.	Make/Model	Type of Body	Year of Mfg	Capacity/KW	
AP - 35 - F - 0819		No	F8BIN3567675	MA3EVB11S00751615	MARUTI SUZUKI / OMNI(2003 - 2010) E MPI	Saloon	2006	796	7

Registration Authority	Geographical Area	Financier			
AP35 VIZIANAGARAM	INDIA				
Amount in words: Two thousand eight hundred twenty-nine 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.

Limitations as to use	Premium:	2,397.00
The policy covers use of the vehicle for any purpose other than	CGST(9%):	216.00
a) Hire or Reward b) Carriage of Goods (other than samples or personal luggage)	SGST(9%):	216.00
c) Organized Racing	Stamp Duty:	1.00
d) Pace Making - e) Speed Testing and Reliability Trails f) Use in connection with Motor Trade	Total (Rounded Off) :	2,829.00
	Receipt Number :	10115040221100517326
,	Receipt Date:	15/04/2021
	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	Agency/Broker Code: T VENKATESWARULU . , Mobile: 9440101578 Dealer Name/Code: s of	AGN0005461
claims arising out of one event 750000	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.

Morn

Duly Constituted Attorney:

Date of Issue: 15/04/2021

Amount Subject to Reverse Charges-NIL

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.





MOTOR INSURANCE - PRIVATE CAR LIABILITY ONLY POLICY SCHEDULE

Policy Number Geographical Area Insured Name/ID

VIZIYANAGARAM DIT

:1504023121P100671696

:India(A)

Insured address

: MR K SUBA RAO/23106114569

S/O SUBBAYYA BC STREET VENKAMPETA VIL PO PARVATHIPURAM MDL

VIZIANAGARAM City: State: ANDHRA PRADESH Telephone:

District: Pincode: Mobile:

VIZIANAGARAM 535522 8309884904

Business Channel Code:AGN0005461 **Dealer Name:**

Dealer Code:

Previous Policy No

Insurance Start Date & Time Insurance expiry Date & Time

:16/04/2021 00:00 (hours) :15/04/2022 midnight

Policy Issuing Office Address

SURVEY NO. 423/7A2, FIRST FLOOR, DADI HONDA SHOW ROOM UPSTAIRS, Near Sai Ram Degree College, Bypass Road, PARVATHIPURAM , GST No.:- 37AAACU5552C1ZI VIZIANAGARAM VIZIANAGARAM District: Pincode: 535501

State: ANDHRA PRADESH Telephone:(8963) 221226

Business Channel Sub Code: Agent Name:T VENKATESWARULU Land Line No.: , Mobile: 9440101578

VEHICLE DETAILS					
Registration Number	AP - 35 - F - 0819	Obsolete Vehicle & Engine	No & F8BIN3567675	Year Of Manufacture	2006
_		Number		Vehicle Weight(Kg.)	
RTA Name	AP35 VIZIANAGARAM	Chassis Number	MA3EVB11S00751615	Cubic Capacity/KW	796
Registration Date	04/05/2006	Vehicle Make & Model	MARUTI SUZUKI & OMNI(2003 - 2010) E MPI STD	Type Of Body	Saloon
AA Membership Number		Geographical Extension		Seating Capacity(Including	7
				Driver)	

INSURED DECLARED VALUE ()

SCHEDULE OF PREMIUM(

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.

A-OWN DAMAGE PREMIUM

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 contributed to by or arising from nuclear weapons material. (6)Any cidental loss damage and/or liability directly or indirectly 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(DEDUCTIBLES (Under Section I)()					
Owner Driver CSI (Under Section IV)	1500000	Compulsory	1000	Imposed	0	Voluntary	0

R-I TARTI TTY PREMIUM

A GWN BANAGE	I IXENIZON		D EIADIEIT I REMIO	•		TOTALTRE	12011
			B. Basic - TP	7	2,072.00	Premium(A+B)	₹ 2,397.00
					•	CGST(9%)	₹ 216.00
			Total	₹	2,072.00	SGST(9%)	X 216.00
Gross OD(A)	₹	0.00	Add:			TOTAL PAYABLE PREMIUM	₹2,829.00
			Compulsory PA for Owner Driver	-	275.00	Stamp Duty	₹1.00
			Compaisory 1 A for Owner Driver	•	273.00	SAC Code	997134
			LL to Paid Driver IMT 28	₹	50.00	Invoice No & Date	3121I100671696 & 15/04/2021
						Receipt Number	10115040221100517326
			Sub Total (Additions)	₹	325.00	Receipt Date	15/04/2021
			•	•		Receipt Amount	₹2,829.00

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

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-

DISCLAIMEN: The policy stands cancelled or voted in the event of calcular by standing and the control 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: 15/04/2021

In Witness Whereof this policy has been signed at BO PARVATHIPURAM 150402 on this 15th day of April ,2021

Affix Policy Stamp

For United India Insurance Company Limited

Duly Constituted Attorneys

CASH

IP Address: **Issuing Agent:** Agent Location: 10.90.240.24

T VENKATESWARULU . 150402

Gross TP(B)

Total Liability Premium

Printed By: CUSTOMER @ 15/04/2021 8:47:44 PM Underwritten By - TTT72 (DIRECT AGENT)

Agent User Name:

Payment Mode

aying Party

2,397.00

2.397.00

TTT72

TOTAL PREMIUM

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