



# 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.:1506043123P100914625  
VEHICLE NO.:AP - 39 - V - 1382**

**PERIOD OF INSURANCE**  
From 00:00 Hrs on 26/04/2023  
To Midnight on 25/04/2024

*Insured*

**MRS VELAMALA SUBHADRAMMA**

C/O DOGGA SATYAM, 2-5, PEDDAVEEDHI, SANGAMVALASA  
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 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>

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# 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	<b>1506043123P100914625</b>		Certificate Number	<b>1506043123P100914625</b>	
Name of the Insured	<b>MRS VELAMALA SUBHADRAMMA</b>		Issuing Office Address	Code	150604
Address of the Insured	C/O DOGGA SATYAM, 2-5, PEDDAVEEDHI, SANGAMVALASA		BRANCH OFFICE, PRIYADARSHINI COMPLEX, SRIRAMPURAM MAIN STREET, OPP. HOTEL SAROVAR, BHIMAVARAM		
	535522 VIZIANAGARAM ANDHRA PRADESH		534202 GODAVARI - WEST ANDHRA PRADESH		
Business/Occupation	None	Mobile No.- 8801110555	Telephone: (8816) 297193, (8816) 223694 Fax:		
<b>Effective date of commencement of Insurance for the purpose of Act from 00:00 Hrs on 26/04/2023</b>					
<b>Date of Expiry of the Insurance Midnight on 25/04/2024</b>					
<b>Particulars of Vehicle Insured</b>					
Registration No.		Engine No.	Chassis No.	Make/Model	Type of Body
Vehicle	Trailer (if any)				
<b>AP - 39 - V - 1382</b>			ASRSKR19C3666JA2TT	<b>Miscellaneous / TRAILER</b>	Not Applicable
Registration Authority	Geographical Area			Year of Manufacturing	Cubic Capacity
AP35 VIZIANAGARAM	INDIA			2019	Not Applicable
					GVW
					0
					Public / Private
					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.

<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 <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 /-	Premium:	₹	2,485.00
	CGST(9%):	₹	224.00
	SGST(9%):	₹	224.00
	Stamp Duty:	₹	1.00
	Total(Rounded Off):	₹	2,933.00
	Receipt Number :	10115060423101086660	
	Receipt Date:	25/04/2023	
	Agency/Broker Code: BRC0000796 TURTLEMINT INSURANCE BROKING SERVICES PVT LTD Direct Business: Development Officer Code:		

**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: 25/04/2023

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

**Duly Constituted Attorney**



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

SCHEDULE

Policy Number	1506043123P100914625				
Insured Details	Name		MRS VELAMALA SUBHADRAMMA		
	Tel (O):		Tel (R)		Fax:
	Email: RAMPRASAD696@GMAIL.COM		Mobile: 8801110555		
	Business / Occupation		None		
Period of Insurance	From	00:00 Hrs on 26/04/2023		To	Midnight on 25/04/2024
Co-Insurance	Type				

Particulars of Vehicle Insured					
Registration No.		Engine No.	Chassis No.	Make/Model	Year of Manufacturing
Vehicle	Trailer (if any)				
AP - 39 - V - 1382			ASRSKR19C3666JA2TT	Miscellaneous / TRAILER	2019
Type of Body	Cubic Capacity		GVW	Public/Private	
Not Applicable	Not Applicable		0	Not Applicable	
Registration Authority	Auto Assocn MemNo:		Geographical Area		Extension
AP35 VIZIANAGARAM			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
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			Stamp Duty:	₹	1.00
			Total(Rounded Off):	₹	2,933.00
			Receipt Number :	10115060423101086660	
			Receipt Date:	25/04/2023	
<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 /-			Agency/Broker Code: BRC0000796 TURTLEMINT INSURANCE BROKING SERVICES PVT LTD Direct Business: Development Officer Code:		
Agent:	TURTLEMINT INSURANCE BROKING SERVICES PVT LTD				
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 :	10115060423101086660	Agency/Broker Code: TURTLEMINT INSURANCE BROKING SERVICES PVT LTD	BRC0000796
CGST(9%):	₹	224.00	Receipt Date :	25/04/2023	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>	31231100914625 & 25/04/2023
<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: 25/04/2023

IN WITNESS WHEREOF, this policy has been signed at BO BHIMAVARAM 150604 on this 25th day of April 2023

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

Affix Policy  
Stamp here.

**Duly Constituted Attorney:**

**Underwritten By - NIK29379 ( BO UW CUM CASHIER )**

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