



## CARRIERS LEGAL LIABILITY POLICY SCHEDULE

|                     |  |                        |                           |
|---------------------|--|------------------------|---------------------------|
| Policy No.          | 0516032723P117544995                   | Prev. Pol. No.         | 0516032722P113832880      |
| Name Of Insured/ID  | MS SRI BAJAJI FUEL STATION/23210240913 |                        |                           |
| Tel.(O)             |  | Fax                    |                           |
| Business/Occupation | None                                   | Email                  |                           |
| Period of Insurance | From                                   | 29/03/2024 00:00 Hours | To Midnight of 28/03/2025 |

|                       |                    |
|-----------------------|--------------------|
| CO-INSURANCE DETAILS: | UIIC 051603 : 100% |
|-----------------------|--------------------|

|          |  |
|----------|--|
| PREMIUM: | SIX THOUSAND SIX HUNDRED FIFTY RUPEES ONLY |
|----------|--|

|                                       |                      |
|---------------------------------------|----------------------|
| Territory(Geographical Limits):-False | Jurisdiction:- False |
| Subsidiaries:-                        |                      |

|                             |                           |                            |                         |   |
|-----------------------------|---------------------------|----------------------------|-------------------------|---|
| Vehicle Registration Number | Vehicle Registration Date | Carrying Capacity in Tones | Motor Package Policy no | Details of issuing office of Package policy |
| KA671620                    | 04/02/2023                | 18.5                       | 1506043123P112097836    | UNITED INDIA INSURANCE COMPANY LIMITED      |

|   |              |
|---|--------------|
| LIMIT OF LIABILITY PER EVENT            | 1,400,000.00 |
| LIMIT OF LIABILITY PER POLICY PERIOD    | 1,400,000.00 |
| EXCESS(MINIMUM DEDUCTIBLE PER ACCIDENT) | 2,000.00     |

|              |   |                      |
|--------------|---|----------------------|
| Net Premium  | ₹ | 6,650.00             |
| IGST(18%)    | ₹ | 1,197.00             |
| Stamp Duty   | ₹ | 1.00                 |
| Total        | ₹ | 7,847.00             |
| Receipt No.  | : | 10105160323119804658 |
| Receipt Date | : | 28/03/2024           |

|                    |   |            |
|--------------------|---|------------|
| Agency/Broker Code | : | AGD0022602 |
| BDIS Code          | : | BD41643    |

### Coverage Details:-

| Cover Name  | SI(₹)        | Premium(₹) |
|-------------|--------------|------------|
| Basic Cover | 1,400,000.00 | 8,312.30   |

|                                       |        |                     |                             |
|---------------------------------------|--------|---------------------|-----------------------------|
| Customer GST/UIN No.:                 |        | Office GST No.:     | 37AAACU5552C1ZI             |
| SAC Code:                             | 997139 | Invoice No. & Date: | 2723I117544995 & 28/03/2024 |
| 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.

**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: 29/03/2024

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at BO PALAMANER 051603 on this 27th day of March 2024

For United India Insurance Co. Ltd.

Authorised Signatory.  
Underwritten By - NAG41488 ( BO UW CUM CASHIER )

Affix Policy  
Stamp here.