



INDIVIDUAL PERSONAL ACCIDENT POLICY SCHEDULE

Policy No:	0720044219P112167684	Previous Policy Number	
Customer name/ID :	MR SANJEEV S /23076210227		
Tel.(O)	(0821) 2570990	Fax	
Tel.(R)		Mobile	8123463954
Business/Occupation	None	E-Mail	
Period Of Insurance From 19:34Hrs of 17/12/2019 To MidNight Of 16/12/2020			
Premium: One thousand rupees only			

Coinurance	UIIC 072004 : 100%
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Name of the insured	Age	Occupation	Relationship	Risk Category	CB%	CB(in amount)
SANJEEV S	19	Traders & Business men	Self	RiskCategory II	0	0

Name	Covers	CSI(₹)	Premium	Risk Loading/Discount	Premium
SANJEEV S	Table IV Death PPD PTD TTD	500,000.00	1,000.00		

Net Premium (After Loading and Discount) : ₹1,000.00

Assignee Details	
Name Of Assignee	Relationship

Net Premium:	1,000.00
CGST(9%):	90.00
SGST(9%):	90.00
Stamp Duty:	25.00
Total :	1,180.00
Receipt Number :	10107200419113042099
Receipt Date:	17/12/2019
Agency/Broker Code :	AGN1019597
Dev. Officer Code :	
Direct Business :	

Customer GST/UIN No.:		Office GST No.:	29AAACU5552C1ZF
SAC Code:	9971	Invoice No. & Date:	4219I112167684 & 17/12/2019
Amount Subject to Reverse Charges-NIL			

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.

Integrity - A way of Life. Please take pledge through the link <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 17/12/2019

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at BO YERAGANAHALLY 072004 on this 17th day of December 2019 .

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

<http://gccore.uiic.in/Configurator/UnderwritingMasters/reports/PolicySchedule.as...> 17/12/2019