

KC31E80191989ME4KC311AJ8191929

INDIA

Geographical Area



E-BIKE

2018

Financier

150

2

AGD0117031



## UNITED INDIA INSURANCE COMPANY LIMITED

CERTIFICATE OF INSURANCE

MOTORCYCLE / SCOOTER - LIABILITY ONLY POLICY

				(FORM 51 OF	CENTRAL MO	TOR VEHICLE RULES 1989)					
Policy No.		0521813125	P104820165			Certificate Number	05218	0521813125P104820165			
Customer Id		23449645260	5			Issuing Office Address	Code				
Name of the Insur	red MR KADALI CHITANYA VENKATA SAI					MICRO OFFICE, SHOP NO 4, DOOR NO-3-4-181/5, OPPOSITE PLR NO 140, ATTAPUR,					
		FLAT NO 191/1:	I PH IV KPHB CO	LONY KUKATPALLY		HYDERGUDA,BESIDE LALW	ANI SHOP				
Address of the Insured 500072 500014 HYDERABAD HYDERABAD TELANGANA											
Business/Occupation	on	Others	Mobile No	*****8370		Telephone	(40) 24018894				
Insured's Declar		₹₀				From 00:00 Hrs of 25/0	06/2025 To Mid	dnight of 24/0	6/2026		
Particulars of Ve		ured			l l		00, 1010	g 0, 0	0, 1010		
Registration N											
Vehicle	Trailer (if any)	osolete Vehicle	Engine No.	Chassis No.		Make/Model	Type of Body	Year of Mfg	Cubic Capacity/KW	Seating including driver	

Amount in words Eight hundred forty-two rupees only

No

Registration Authority

TG08 MEDCHAL

Persons or classes of persons entitled to drive

Any person including Insured provided that a person holds 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.

HONDA MOTORCYCLE & SCOOTER
INDIA PVT LTD / CB UNICORN
DISC

<b>Note:-</b> The policy does not cover liability for death, bodily injury or damage as excluded insection 150 <b>Limitations as to use</b>	(2) (ii) and (iii); (b) and (c) of the Motor Vehicles Act, 1988.  Premium:	₹	714.00
The policy covers use of the vehicle for any purpose other than	CGST(9%):	7	64.00
a) Hire or Reward     b) Carriage Goods (other than samples or personal luggage)	SGST(9%):	7	64.00
c) Organized Racing	Stamp Duty:	1	1.00
d) Pace Making	Total(Rounded Off):	₹	842.00
e) Speed Testing and Reliability Trials	Receipt Number :	1	10105218125106112975
f) Use in connection with Motor Trade	Receipt Date:		24/06/2025
	DebitNote Number:		
	Document Date:		

Limits of Liability Jnder 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 o claims arising out of one event:₹ 100000 /-

Agency/Broker Code:

VENKAIAH P , Mobile: 9849573295 Dealer Name/Code:

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: 24/06/2025

www.uiic.co.in.

TS - 08 - FU -

5101

Note:-With reference to IRDAI circular no IRDAI/NL/CIR/MOTP/170/10/2018 dated 09/10/2018 and as per the declaration given in the proposal form by owner driver Compulsory Personal Accident (CPA) cover is removed, since he/she is not holding a valid driving license.

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

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.

 $\underline{ \text{IMPORTANT NOTICE}}; \text{ KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE } \\ \underline{ \text{IGNORE IF ALREADY UPDATED.}}$ The genuineness of the policy can be verified through "Verify Your Policy" link at

**Duly Constituted Attorney** 





## MOTOR INSURANCE - MOTORCYCLE / SCOOTER - LIABILITY ONLY POLICY SCHEDULE

**Policy Number** :0521813125P104820165

Geographical Area

Insured Name/ID

Insured address

FLAT NO 191/11 PH IV KPHB COLONY KUKATPALLY

HYDERABAD HYDERABAD City: District: State: TELANGANA Pincode: 500072 \*\*\*\*\*8370 Telephone: Mobile:

**Business Channel Code: AGD0117031** 

**Dealer Name:** Dealer Code:

**Previous Policy No** :India(A) Insurance Start Date & Time : MR KADALI CHITANYA VENKATA SAI/23449645266 Insurance expiry Date & Time

:25/06/2025 00:00 (hours) :24/06/2026 midnight

Policy Issuing Office Address

MICRO OFFICE, SHOP NO 4, DOOR NO-3-4-181/5, OPPOSITE PLR NO 140, ATTAPUR, HYDERGUDA, BESIDE LALWANI SHOP ,GST No.:- 36AAACU5552C1ZK

HYDERABAD District: HYDERABAD City: State: **TELANGANA** Pincode: 500014

Telephone:(40) 24018894 **Business Channel Sub Code:** Agent Name:VENKAIAH P

Land Line No: , Mobile: 9849573295

VEHICLE DETAILS					
Registration Number	TS - 08 - FU - 5101	Obsolete Vehicle & Engine Number	NO & KE 31 FXIII 91 989	Year Of Manufacture	2018
RTA Name	TG08 MEDCHAL	Chassis Number	ME4KC311AJ8191929	Cubic Capacity/KW	150
Registration Date	21/04/2018	Vehicle Make & Model	HONDA MOTORCYCLE & SCOOTER INDIA PVT LTD & CB UNICORN DISC	Type Of Body	E-BIKE
AA Membership Number		Seating Capacity(Including SideCar)	2	Geographical Extension	

INSURED DECLARED VALUE (₹)

Vehicle	Trailer/Sidecar	Electrical/Electronic Accessories	Non Electrical Accessories	CNG Kit	LPG Kit	Total	Co- Insurance Details
0	0	0	0	0	0	0	100%
OTHER DETAILS							

Unique Financier **Policy Subject to IMT Endorsements** Applicable Addon-covers/Services Reference Code

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.

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 indirectly caused by or contributed to by or arising out of or indirectly caused by or contributed to by or arising from nuclear weapons material.(6)Any accidental loss damage and/or liability directly or indirectly or proximately or remotely occasioned by or contributed to by or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike 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

Owner Driver CSI Compulsory 100 0 0 Imposed Voluntary (Under Section III) SCHEDULE OF PREMIUM (₹)

A-OWN DAMA	AGE PREMIUM		B-LIABILITY PRE	MIUM		TOTAL PREMIUM		
				=		Premium(A+B)	₹714.00	
			B. Basic TP	<	714.00	CGST(9%)	₹64.00	
			Total	₹	714.00	SGST(9%)	₹64.00	
Gross OD(A)	₹	0.00				TOTAL PAYABLE PREMIUM	₹842.00	
	-					Stamp Duty	₹1.00	
				-		SAC Code	997134	
			Gross TP(B)	₹	714.00	Invoice No & Date	3125I104820165 8	
			Total Liability Premium	₹	714.00	Invoice No & Date	24/06/2025	
			Total Elability Freiliani	`	714.00	Receipt Number	10105218125106112975	
						Receipt Date	24/06/2025	
						Receipt Amount	₹842.00	
						Payment Mode		
						Paying Party	MR KADALI CHITANYA VENKATA SAI	

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

and on Website <a href="www.uiic.co.in">www.uiic.co.in</a>
DiscLAIMRET: 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-

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 Vehicle Act, 1988 is recoverable fom 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 to lake or a claim for refund of premium exceeding to lake, 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: 24/06/2025 In Witness Whereof this policy has been signed at MO RAJENDARANAGAR 052181 on this 24th day of June ,2025

Affix Policy Stamp

For United India Insurance Company Limited

**Duly Constituted Attorneys** 

IP Address: 10.95.40.81 Issuing Agent: VENKAIAH P Agent Location: 052181

Printed By: CUSTOMER @ 24/06/2025 11:06:21 AM Underwritten By - VENPPP79 ( DIRECT AGENT )

Agent User Name:

VFNPPP79

This document r	provides only key information abo	ut vour p		MER INFORM fer to Policy			ditions	
SI No	Title				Description			Policy Clause
1	Product Name Unique Identification Number (UIN)		eler Liability only p					Policy Schedule
2.	allotted by IRDAI		N545RP0052V011					Policy Schedule
3.	Structure Basis of Sum Insured (IDV)	Section II in the poli	: Liability to Third : Personal Accide cy) - Benefit base :Motor Third Party	Policy Schedule				
		Third Part	y Property Damag					
4.	Interests Insured	(applicable covers for	: Motor Personal A e only if opted by accidental death, t) of the Owner/d	Policy Schedule				
5.	Sum Insured / Motor Insured Declared Value Scope		<b>Liability to Thir</b> Party Death / bod	Liability to Third Party Section				
			Personal Accid hedule): Benefit			iver (if Opted and shown asis	in the	Personal Accident Cover for Owner-Driver Section(Death and Permanent Total Disablement)
6	Policy Coverage	the scheduly or arisis claimant's of i) deart of the Mot ii) dam custody or 2. The Cor 3. In term the insured insured is company representa personal represental personal represental may be the B) undealleged off this Policy.  Section conditions the followith of the subject service in the subject s	the schedule hereto, the Company will indemnify the insured in the event of accident caused by or arising out of the use of the Motor Vehicle anywhere in India against all sums including claimant's costs and expenses which the insured shall become legally liable to pay in respect of  i) death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicles Act.  ii) damage to property other than property belonging to the insured or held in trust or in the custody or control of the insured up to the limit specified in the schedule.  2. The Company will pay all costs and expenses incurred with its written consent.  3. In terms of and subject to the limitations of the indemnity which is granted by this policy to the insured, the Company will indemnify any driver who is driving the Motor Vehicle on the insured's order or with insured's permission provided that such driver shall as though he/she were the insured observe fulfill and be subject to the terms exceptions and conditions of this policy in so far as they apply.  4. In the event of the death of any person entitled to indemnity under this policy the Company will in respect of the liability incurred by such person indemnify his/her personal representative in terms of and subject to the limitations of this Policy provided that such personal representative shall as though such representative was the insured observe fulfill and be subject to the terms exceptions and conditions of this Policy in so far as they apply.  5. The Company may at its own option  A) arrange for representation at any Inquest or Fatal Inquiry in respect of any death which may be the subject of indemnity under this Policy and  B) undertake the defence of proceedings in any Court of Law in respect of any act or alleged offence causing or relating to any event which may be the subject of indemnity under this Policy.  Section - Compulsory Personal Accident (CPA) Subject otherwise to the terms exceptions					
		traveling i visible me injury resu	n the insured veh ans which indepe alt in	icle as a co-dr ndently of any	iver, caused l	unting into/dismounting from one of the control of	l and	
			Details of injury	Scale of compensation	Details of oinjury (iii) Loss of	Scale of compensation		
			(i) Death	100%	one limb or sight of one eye	50%		
			limb and sight of one eye	100%	(iv) Permanent total disablement from injuries other than named above	100%		
		Provided always that  1) the compensation shall be payable under only one of the items (i) to (iv) above in respect of the owner-driver arising out of any one occurrence and the total liability of the insurer shall not in the aggregate exceed the sum as per schedule during any one period of insurance.  2) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to (a) intentional self injury suicide or attempted suicide physical defect or infirmity or (b) an accident happening whilst such person is under the influence of intoxicating liquor or drugs.  This cover is subject to  (a) the owner-driver is the registered owner of the vehicle insured herein;  (b) the owner-driver is the insured named in this policy.  (c) the owner-driver holds an effective driving licence, in accordance with the provisions of Rule 3 of the Central Motor Vehicles Rules, 1989, at the time of the accident						
7	Major Exclusions	Major Ex. • The Comherein a.being us or b.being dr other than •The Com •Except sc Company of a perso indemnifie course of	clusions are as pany shall not be sed otherwise than riven by or is for t a Driver as state pany shall not be of far as is necessa shall not be liable in in the employment dunder this polic such employment st of exclusions are	t				

-	In	The state of the s	,
	Special Conditions and Warranties	<ol> <li>Notice shall be given in writing to the Company immediately upon the occurrence of any accident and in the event of any claim. Every letter claim writ summons and/or process shall be forwarded to the Company immediately on receipt by the insured. Notice shall also be given in writing to the Company immediately the insured shall have knowledge of any impending Prosecution Inquest or Fatal Inquiry in respect of any accident which may give rise to a claim under this Policy.</li> <li>No admission, offer, promise, payment, or indemnity shall be made or given by or on behalf of the insured without the written consent of the Company which shall be entitled if it so desires to take over and conduct in the name of the insured the defence or settlement of any claim or to prosecute in the name of the insured for its own benefit any claim for indemnity or otherwise and shall have full discretion in the conduct of any proceedings or in the settlement of any claim and the insured shall give all such information and assistance as the Company may require. If the Company shall make any payment in settlement of any claim and such payment includes any amount not covered by this Policy the insured shall repay to the Company the amount not so covered.</li> <li>The insured shall take all reasonable steps to maintain the insured vehicle in efficient condition and the company shall have at all times free and full access to examine the insured vehicle or any part thereof or any driver or employee of the insured.</li> <li>In addition to above, detailed Conditions and Warranties are as mentioned in the Policy</li> </ol>	Conditions
9	Admissibility of Claim	Claim should be notified immediately on the date of accident through online intimation, email to the address mentioned in policy or through any other means. Due diligence should be taken by Insured upon occurrence of loss as mentioned in conditions of the policy.	
10	Policy service/ Claim service	Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule for any assistance in policy In case of accident, Online intimation of the claim can be given through phone, online through mail to Agent or policy issuing office or through portal. Details of the contact number and mail id are mentioned in the policy. The following are the Basic Claim documents to be submitted by the insured: Insured has to submit all the relevant documents at the time of taking insurance. List of documents mentioned in the proposal form should be submitted along-with the proposal. Basic Documents to be submitted during proposal acceptance; Proposal form duly signed by Insured RC of the Insured vehicle/Invoice copy in case of new vehicle Pollution certificate KYC document of the Insured Basic Documents at the time of claim: Motor Claim Form -claim form may be downloaded from uiic.co.in website Copy of Registration Certificate of the Insured vehicle if there is change in ownership Copy of Driving License of person driving at the time of loss Any other specific documents related to the claim	
11	Cancellation	a) The policyholder can cancel the policy at any time during the term, by informing the insurer In case the policyholder cancels the policy, he/she is not required to give reasons for cancellation.  The insurer can cancel the policy only on grounds of established fraud, by giving minimum notice of 7 days to the policy holder. b) Under no circumstances can the insurer cancel the statutory Motor Third Party Liability Insurance or any other compulsory insurance mandated by law except in case of double insurance or total loss c) The insurer shall - i. Refund proportion of premium for unexpired policy period, If the term of the policy is upto one year and there is no claim(s) made during the policy period. ii. Refund premium for the unexpired policy period, in respect of the policy with the term more than one year and the risk coverage for such policy years has not commenced. d) In all cases minimum premium of Rs.100/- will be retained by the insurer	Conditions
12	Policy Servicing / Grievances Complaints	Details of company officials: Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule In case of any grievance, you may contact UIIC through:  Nebsite: <a href="https://www.uiic.co.in">www.uiic.co.in</a> b. Toll Free Number: 1800 425 333 33 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> b. Toll Free Number: 1800 425 333 33 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> b. Toll Free Number: 1800 425 333 63 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> b. Toll Free Number: 1800 425 333 63 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> b. Toll Free Number: 1800 425 333 63 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> b. Toll Free Number: 1800 425 333 63 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> b. Toll Free Number: 1800 425 333 63 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> b. Toll Free Number: 1800 425 333 63 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> b. Toll Free Number: 1800 425 333 63 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> b. Toll Free Number: 1800 425 333 63 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> b. Toll Free Number: 1800 425 333 63 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> b. Toll Free Number: 1800 425 333 63 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> b. Toll Free Number: 1800 425 333 63 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> c. All the Toll Free Number: 1800 425 333 63 c.E-Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> c. All the Toll Free Number: 1800 425 333 63 c. E. Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> c. All the Toll Free Number: 1800 425 333 63 c. E. Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> c. All the Toll Free Number: 1800 425 333 63 c. E. Mail: <a href="https://www.uiic.co.in">www.uiic.co.in</a> c. All the Toll Free Number: 1800 425 435 435 435 435 435 435 435 435 435 43	
13	Obligations of the Policyholder	<ul> <li>Insured is at obligation to disclose all material information in the Proposal form.</li> <li>In the event of misrepresentation, mis-description or non- disclosure of any material fact by the Insured, the Policy shall be void</li> <li>Insured can contact our policy issuing office, details of which are mentioned in the policy schedule.</li> <li>(i)To intimate any change to the material information affecting the policy.</li> <li>(ii)Any change in the ownership of the vehicle, any kind of modification in the vehicle/RC which might enhance the risk is considered as material information and should be informed to insurance company for necessary endorsement on policy.</li> </ul>	

Legal Disclaimer Note: The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted details

Place: Date:

 $\ensuremath{^{*}\text{Duplicate}}$  copy has to be signed and submitted to the company.

Signature of Policy Holder

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