





## UNITED INDIA INSURANCE COMPANY LIMITED

CERTIFICATE OF INSURANCE

TWO WHEELER-1 YEAR OWN DAMAGE COVER BUNDLED WITH 5 YEARS LIABILITY COVER UIN: IRDAN545RP0011V01201819

(FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

				· · · · · · · · · · · · · · · · · · ·								
Policy No.		22190431	23P112702313			Certificate Number 2219043123P1127023						
Customer Id		23281316	872		Issuing Office Address Code 221904							
Name of the Insured MRS ANITHA					C-20, JANAK CINEMA COMPLEX							
W/O MANJEGOWDA SASALUKOPPALU VILLAGE SASALU POST KIKKERI HOBLI K R PET TQ				– JANAK CINEMA COMPLEX, JANAK PURI NEW DELHI, NEW DELHI, DELHI 110058 WEST DELHI								
Address of	f the Insured	571426			DELHI	DELHI						
		MANDYA			Telephone	Telephone (011) 49878986						
	KA											
Business/0	Occupation	Others	Mobile No.	- 8549905454								
Insured'	s Declared	Value ₹ 72576				•						
			Own Damage			Hrs of 03/01/2024 To Midnig						
Period of	Insurance	•	Liability			Hrs of 03/01/2024 To Midnig						
			CPA Cover	F	rom 14:54	Hrs of 03/01/2024 To Midnig	ht of 02/01/2025					
		le Insured										
Registr Vehicle	Trailer (if any)	Obsolete Vehicle	Engine No.	Chassis No.		Make/Model	Type of Body	Year of Mfg	Cubic Capacity/KW	Seating including driver		
NEW	( 2/)	No	HA11E8P4M13028	MBLHAW22XP4M10728		MOTOCORP / SPLENDOR SPL+ BS6 F1 DRS CST	Solo with Pillion	2024	113.2	2		
	Registration	Authority	1	Geographical Area		Financier						
	KA54 NAGAN	MANGALA		INDIA		SHRIRAM FINANCE LIMITED(NO D3/496/1767 1ST FLOOR KAMADENU COML MANDYA,MANDYA,KARNATAKA-571401)			EXR			
Amount in	words:		Five thousand se	ven hundred thirty rup	ees only							
Any perso the perso	n including I n holding an	effective Learner's	at a person holds Licence may also	drive the vehicle and s	uch a perso	time of accident and is not di on satisfies the requirements	of Rule 3 of Centr			e. Provided also tha		
	policy does no		h, bodily injury or dan	nage as excluded insection :	150 (2) (ii) ar	nd (iii); (b) and (c) of the Motor Vel	nicles Act, 1988.		. ₹	4,856.0		
		of the vehicle for a	ny nurnose other	than		Premium:			<b>→</b>	4,836.0 874.0		
a) Hire or		o. a.e vernere for t	, purpose other									
b) Carriage Goods (other than samples or personal luggage)					Stamp Duty:							
c) Organized Racing						Total(Rounded Off): ₹ 5,73						
d) Pace Making						Receipt Number : 10122190423114309						
e) Speed Testing and Reliability Trials						Receipt Date: 03/01/202						
f) Use in connection with Motor Trade					DebitNote Number:							
						Document Date:						
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:₹ 100000 /-						Agency/Broker Code: LANDMARK INSURANCE B PVT LTD_42 , Mobile: 88 [Dealer Name/Code:				BRC042011!		
	5		- /			Direct Business:						

Development Officer Code: Subject to IMT Endorsement No.s, terms and conditions printed herein / attached hereto 7,22 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: 03/01/2024

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.

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.

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



**Duly Constituted Attorney** 





## MOTOR INSURANCE - TWO WHEELER-1 YEAR OWN DAMAGE COVER BUNDLED WITH 5 YEARS LIABILITY COVER(UIN: IRDAN545RP0011V01201819) POLICY SCHEDULE

:2219043123P112702313 **Policy Number** 

Geographical Area :India(A)

Insured Name/ID : MRS ANITHA/23281316872

Insured address W/O MANJEGOWDA SASALUKOPPALU VILLAGE SASALU POST KIKKERI HOBLI K R

PET TQ MANDYA

City: District: MANDYA State: KARNATAKA Pincode: 571426 Telephone: 8549905454 Mobile:

Business Channel Code: BRC0420115

**Dealer Name:** Dealer Code: **Previous Policy No** 

:From 14:54 Hrs of 03/01/2024 To Midnight of Period of Insurance(Own Damage) 02/01/2025

:From 14:54 Hrs of 03/01/2024 To Midnight of Period of Insurance(Liability) 02/01/2029

> :From 14:54 Hrs of 03/01/2024 To Midnight of 02/01/2025

**Policy Issuing Office Address** 

-20, JANAK CINEMA COMPLEX JANAK CINEMA COMPLEX, JANAK PURI NEW DELHI, NEW DELHI, DELHI

,GST No.:- 07AAACU5552C1ZL

Period of Insurance(CPA)

WEST DELHI WEST DELHI City: District: State: DELHI Pincode: 110058

Telephone:(011) 49878986

**Business Channel Sub Code:** 

Agent Name: LANDMARK INSURANCE BROKERS PVT LTD 42

Land Line No:18004 194199, Mobile: 8850766009

VEHICLE DETAILS						
Registration Number	NEW	Obsolete Vehicle & Engine Number	No & HA11E8P4M13028	Year Of Manufacture	2024	
RTA Name	KA54 NAGAMANGALA	Chassis Number	MBLHAW22XP4M10728	Cubic Capacity/KW	113.2	
Registration Date	03/01/2024	Vehicle Make & Model	HERO MOTOCORP & SPLENDOR PLUS SPL+ BS6 F1 DRS CST	Type Of Body	Solo with Pillion	
AA Membership Number		Seating Capacity(Including SideCar)	2	Geographical Extension		
INSURED DECLARED VALU	JE (₹)					

Co-Trailer/Sidecar CNG Kit LPG Kit Vehicle **Electrical/Electronic Accessories** Non Electrical Accessories Total Insurance Details n 0 0 Λ 72576 100% OTHER DETAILS

Financier	Policy Subject to IMT Endorsements	olicy Subject to IMT Endorsements Applicable Addor			n-covers/Services			
SHRIRAM FINANCE LIMITED(NO D3/496/1767 1ST FLOOR KAMADENU	7,22	Nil Depreciation Witho	ut Excess					
COMLEXR MANDYA,MANDYA,KARNATAKA-571401)								
PERSONS OR CLASS OF PERSONS ENTITLED TO DRIVE: As narrated in the certification		Of the CPA Nominee	Relation	Age	Name	of the Appointee		
LIMITATIONS AS TO USE: As narrated in the certificate of insurance attached herewith	th. MANJEGO	WDA	Husband		NA			

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 caused by or contributed to by or arising from nuclear weapons material.(6)Any cidental loss damage and/or liability directly or indirectly or proximately or remotely occasioned by or contributed to by or traceable to 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 (₹)		DEDUCTIBLES (Under Section I) (₹)							
Owner Driver CSI (Under Section III) 1500000		Compulsory	100	Imposed	0	Voluntary	0		
SCHEDULE OF PREMI	им (₹)								

A-OWN DAMAGE PRE (From 03/01/2024 To 02,		)	B-LIABILITY PREMIUM (From 03/01/2024 To 02/01/2029)			TOTAL PREMIUM		
Besternessium au Vahlala and Aas						Premium(A+B)	₹4,856.00	
Basic premium on Vehicle and Accessories			B. Basic TP		3,851.00	IGST(18%)	₹874.00	
A. Basic OD	₹	608.19	Total	₹	3,851.00	TOTAL PAYABLE PREMIUM	₹5,730.00	
Total ₹ 608.19		608.19				Stamp Duty	₹1.00	
	•		Add:			SAC Code	997134	
Add:			Compulsory PA for Owner Driver (From 03/01/2024 To 02/01/2025)		275.00	Invoice No & Date	3123I112702313 & 03/01/2024	
Nil Depreciation Without Excess	₹	121.64	(1.0 05, 01, 101. 10 01, 01, 1015)			Receipt Number	10122190423114309496	
Wil Depreciation Without Excess	\	121.04		_		Receipt Date	03/01/2024	
- 1 - 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	=	121.64	Sub Total (Additions)	275.00	Receipt Amount	₹5,730.00		
Sub Total (Additions)	<	121.64				Payment Mode		
			Gross TP(B)	₹	4,126.00	Paying Party	MRS ANITHA	
Gross OD(A)	₹	730.00	Gross OD & TP: (A) + (B)	₹	4,856.00			

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

and on Website <a href="www.uic.co.in">www.uic.co.in</a>
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-

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 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: 03/01/2024 In Witness Whereof this policy has been signed at BO JANAKPURI 221904 on this 03rd day of January ,2024

Affix Policy Stamp

For United India Insurance Company Limited

**Duly Constituted Attorneys** 

10.95.40.80 IP Address:

LANDMARK INSURANCE **Issuing Agent:** BROKERS PVT LTD\_42 Agent Location: 221904

Printed By: CUSTOMER @ 09/01/2024 3:05:57 PM

Underwritten By - LIBPL04 ( BROKER )

**Agent User Name:** 

LIBPL04

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