



## UNITED INDIA INSURANCE COMPANY LIMITED

H-61 GOVIND MANSION, BEHIND INDIRA PALACE, CON. CIRCUS, NEW DELHI, NEW DELHI, DELHI  
NEW DELHI - 110001 DELHI  
PHONE: (011) 23736463 FAX: EMAIL:

### INDIVIDUAL PERSONAL ACCIDENT POLICY POLICY NO.:0417014222P107029964

**PERIOD OF INSURANCE**  
**From 13:28 Hrs of 20/10/2022**  
**To Midnight of 19/10/2023**

*Insured*  
**MR HARISH**  
SIHAURIA SULTANPUR  
228125  
SULTANPUR  
UTTAR PRADESH

**IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.**

Agent Name : POOJA  
Agent Code : AGD0112572  
Mobile/Landline Number/Email : 9310208159  
: [pooja.sip05@gmail.com](mailto:pooja.sip05@gmail.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 [041701@uiic.co.in](mailto:041701@uiic.co.in)

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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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INDIVIDUAL PERSONAL ACCIDENT POLICY  
SCHEDULE

Policy No.	0417014222P107029964		Prev. Pol. No.				
Name Of Insured/ID	MR HARISH /23174952957						
Tel.(O)		Fax		Tel. (R)		Mobile	9999734323
Business/Occupation	Others			Email	rakesh.airtechenviro@gmail.com		
Period of Insurance	From	13:28 Hrs of 20/10/2022	To	Midnight of 19/10/2023			

Coinsurance	UIIC 041701 : 100%
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Coverage Details:-

Insured Name	HARISH	DOB	20/07/2003
Address	SIHAURIA SULTANPUR	Profession	Others
Previous Illness(If Any)		Remarks	
Assignee Name	RAMDAS	Assignee Relationship	Father
Cover Opted	PADeathPTDTableII	SI	₹250,000.00
Premium	₹125.00		

CB Details:-

Sl. No.	SI(₹)	Percentage(%)	Amount(₹)
1	250,000.00	0	0.00

Net Premium:	₹	125.00
IGST(18%):	₹	23.00
Stamp Duty:	₹	12.50
<b>Total :</b>	₹	<b>148.00</b>
Receipt Number :	10104170122108052396	
Receipt Date:	20/10/2022	

Agency/Broker Code :	AGD0112572
Dev. Officer Code :	
Direct Business :	

<b>Customer GST/UIN No.:</b>		<b>Office GST No.:</b>	07AAACU5552C1ZL
<b>SAC Code:</b>	997133	<b>Invoice No. &amp; Date:</b>	4222I107029964 & 20/10/2022
<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: 20/10/2022

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at BO INDIRA PALACE 041701 on this 20th day of October 2022 .

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



Affix Policy  
Stamp here.

**Duly Constituted Attorney(s)**

**Underwritten By - POOPO000 ( DIRECT AGENT )**

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