



UNITED INDIA INSURANCE COMPANY LIMITED

UNITED INDIA INSURANCE COMPANY LIMITED DO HOSUR, DURGABHAVANI SQUARE, FLOOR NO -1, DENKANI KOTTAI
ROAD, OPP. RAILWAY STATION, HOSUR, KRISHNAGIRI, TAMIL NADU - 635109
DO HOSUR - 635109 TAMIL NADU
PH: (4344) 224905,(4344) 225905 FAX: EMAIL:

INDIVIDUAL PERSONAL ACCIDENT POLICY UIN. IRDAN545RP0272V01200708

POLICY NO.: 1710004224P115317681

PERIOD OF INSURANCE
From 20:03 Hrs of 29/12/2024
To Midnight of 28/12/2025

Insured

MR ROHIT KUMAR VISHWAKARMA

C O UPENDRA VISHWAKARMA

824210
GAYA
BIHAR

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

Agent Name : LOKESAN
Agent Code : AGD0071244
Mobile/Landline Number/Email : 9715623348

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 171000@uiic.co.in

Download Customer App(www.uiic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.
Website: <http://www.uiic.co.in>

Printed By : CUSTOMER @ 29/12/2024 8:20:21 PM



INDIVIDUAL PERSONAL ACCIDENT POLICY

SCHEDULE

| | | | |
|---|---|------------------------|-----------------|
| Policy No: | 1710004224P115317681 | Previous Policy Number | |
| Customer name/ID : | MR ROHIT KUMAR VISHWAKARMA /23373773817 | | |
| Tel.(O) | (4344) 224905, (4344) 225905 | Fax | |
| Tel.(R) | 16825269 | Mobile | *****8631 |
| Bussiness/Occupation | None | E-Mail | *****@gmail.com |
| Period Of Insurance From 20:03Hrs of 29/12/2024 To MidNight Of 28/12/2025 | | | |
| Premium: Five hundred seventy rupees only | | | |

| | |
|--------------------|--------------------|
| Coinsurance | UIIC 171000 : 100% |
|--------------------|--------------------|

| Name of the insured | Age | Occupation | Relationship | Risk Category | CB% | CB(in amount) |
|-------------------------|-----|------------|--------------|----------------|-----|---------------|
| ROHIT KUMAR VISHWAKARMA | 33 | Service | Self | RiskCategory I | 0 | 0 |

| Name | Covers | CSI(₹) | Premium(₹) | Risk Loading/Discount | Premium |
|-------------------------|-------------------------|------------|------------|-----------------------|---------|
| ROHIT KUMAR VISHWAKARMA | Table III Death PTD PPD | 500,000.00 | 475.00 | | |
| | MedicalExpenses | 0.00 | 95.00 | | |

Net Premium (After Loading and Discount) : ₹570.00

| Assignee Details | |
|---------------------|--------------|
| Name Of Assignee | Relationship |
| UPENDRA VISHWAKARMA | Father |

| | |
|----------------------|----------------------|
| Net Premium: | 570.00 |
| IGST(18%): | 103.00 |
| Stamp Duty: | 25.00 |
| Total : | 673.00 |
| Receipt Number : | 10117100024117896947 |
| Receipt Date: | 29/12/2024 |
| Agency/Broker Code : | AGD0071244 |
| EMF Code : | BAS25110 |
| Direct Business : | |

| | | | |
|--|--------|--------------------------------|-----------------------------|
| Customer GST/UIN No.: | | Office GST No.: | 33AAACU5552C1ZQ |
| SAC Code: | 997133 | Invoice No. & Date: | 4224I115317681 & 29/12/2024 |
| 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: 29/12/2024

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO HOSUR 171000 on this 29th day of December 2024 .

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



Duly Constituted Attorney(s)

Underwritten By - LOKLOK001 (DIRECT AGENT)

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| CONSOLIDATED POLICY STAMP DUTY PAID AS PER TAMILNADU GOVERNMENT G.O. (Rt.) NO.79 DATED 21/02/2024 FOR THE PERIOD FROM 01/04/2024 TO 31/03/2025. |
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