



UNITED INDIA INSURANCE COMPANY LIMITED

H.NO. 5/5/76, P.B. 506 V P CHOWK, NEW OSMANPURA AURANGABAD, AURANGABAD,
MAHARASHTRA
AURANGABAD - 431005 MAHARASHTRA
PH: (0240) 2334176 FAX: EMAIL:

MICRO-INSURANCE PRODUCT-JANATA PERSONAL ACCIDENT - GROUP POLICY
UTN NO. IRDAI/HLT/UII/P-P-V.I/8/2015-16
POLICY NO:2307004722P111333996

PERIOD OF INSURANCE
From 00:00 Hrs of 31/01/2023
To Midnight of 30/01/2024



Insured
MS MUTKE & SONS
KANGAR CHOWK,X-195,MIDC WALUJ AURANGABAD
431136
AURANGABAD
MAHARASHTRA

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

Agent Name : MANTRI PRAKASH EKNATH
Agent Code : AGI0020494
Mobile/Landline Number/Email : 942985467
: jsmantri@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uic.co.in.
For any Information, Service Requests, Claim intimation and Grievances please write to 230700@uic.co.in

Download Customer App (www.uic.co.in), REGD. & HEAD OFFICE: 74, WHITES ROAD, CHENNAI - 600014
Website: www.uic.co.in
Printed By : GRS1003 @ 02/02/2023 4:42:51 PM

This document is digitally signed
Signer: AMAR KUMAR SHYAM
Date: Thu, Feb 2, 2023 11:44:30 AM
Location: United India Insurance Company Ltd
Reason: Signing Policy for UIC

Policy No. 2204042270111313996
 MICRO-INSURANCE PRODUCT - ANATA PERSONAL ACCIDENT - GROUP POLICY
 UIN NO UIN NO. IR081/HIT/001/P/P-V.12/2015-16

Sr. No.	Name	Age	Occupation	Sex	Identification No.	Nominee	Relationship	Sum Insured (₹)	Premium (₹)
1	EKNATH LAXMAN DHUMAL	49	BUSINESS	Male	410383400060	WIFE	Spouse	100,000.00	60.00
2	RAJU MUSA PATHAN	37	WORKER	Male	568995520352	WIFE	Spouse	100,000.00	60.00
3	SANTOSH CHANDRAKANT	46	WORKER	Male	410383400060	WIFE	Spouse	100,000.00	60.00
4	SHIRSATH	33	WORKER	Male	1039954691554	WIFE	Spouse	100,000.00	60.00
5	RAVI ACHUTRAO GHUGE	43	WORKER	Male	401991625479	WIFE	Spouse	100,000.00	60.00
6	DEVIDAS BAPURAO WANDRE	31	WORKER	Male	226831676961	FATHER	Spouse	100,000.00	60.00
7	ANIL MURTUZI KONDARALE	29	WORKER	Male	131815175777	MURTUZA	Spouse	100,000.00	60.00
8	ASIF MURTUZA SHAIKH	33	LABOUR	Male	722914385316	MRS. PADAGHANE	Spouse	100,000.00	60.00
9	ANIL NIVRATI PADAGHANE	23	LABOUR	Male	608626672132	PADAGHANE	Father	100,000.00	60.00
	KAVANAN FAKHIDA MORE								



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MAHARASHTRA
AURANGABAD - 431005 MAHARASHTRA
PH: (0240) 2334176 FAX: EMAIL:

MICRO-INSURANCE PRODUCT-JANATA PERSONAL ACCIDENT - GROUP POLICY
UIN NO. IRDAI/HLT/UII/P-P/V/18/2015-16
POLICY NO:2307004722P105078018

PERIOD OF INSURANCE
From 16:00 Hrs of 03/09/2022
To Midnight of 02/09/2023

Insured

MS MUTKE & SONS
431001
AURANGABAD
MAHARASHTRA

KAMGAR CHOK X-195 MIDC WALUJ AURANGABAD DIST. : AURANGABAD, MAHARASHTRA

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Agent Name : MANTRI PRAKASH EKNATH
Agent Code : AGI0020494
Mobile/Landline Number/Email : 920485467
mantri@smail.com

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Website: <http://www.uilic.co.in>
Printed By : VAZ26521 @ 03/09/2022 3:55:06 PM

This document is digitally signed

Signer: AMAR KUMAR SIRHA
Date: Thu, Sep 1, 2022 15:54:27 IST
Location: United India Insurance Company Ltd
Reason: Signing Policy for UII

Annexure:

Sr.No.	Name	Age	Occupation	Sex	Identification No	Nominee	Relationship	Sum Insured (\$)	Premium (\$)
1.	RAJU PIRAJI METHEWAL	30	CRANE WORKER	Male		WIFE	Spouse	100,000.00	60.00
2.	SANDESH LAHU MUTKE	29	CRANE WORKER	Male		WIFE	Spouse	100,000.00	60.00
3.	POPAT BABANRAO SONVANE	35	CRANE WORKER	Male	619150555522	BABANRAO	Father	100,000.00	60.00
4.	VILAS DHONDIBA AVHAD	38	CRANE WORKER	Male	577190813067	SHARADA	Spouse	100,000.00	60.00
5.	ASARAM LINBAJI PANCHAL	34	CRANE WORKER	Male	286714834032	WIFE	Spouse	100,000.00	60.00
6.	SANJAY SANEERAO WAGHR	39	CRANE WORKER	Male	819294801038	WIFE	Spouse	100,000.00	60.00



MICRO-INSURANCE PRODUCT-JANATA PERSONAL ACCIDENT - GROUP POLICY

Where as the insured named in the Schedule below has made or caused to be made to United India Insurance Co. Ltd (hereinafter called "the Company") a written proposal as per Schedule hereto (warranting the truth of the statements contained therein) which is the basis of this Contract and is deemed to be incorporated herein and has paid to the Company the premium for the insurance of the risks hereinafter specified occurring during the period stated in the Schedule.

NOW THIS POLICY WITNESSETH that subject to the terms exclusions definitions and conditions contained herein or endorsed or otherwise expressed hereon the Company will indemnify the insured as herein after mentioned.

If the insured shall sustain any bodily injury resulting solely and directly from Accident caused by outward, violent and visible means, then the Company shall pay to the insured the sum of hereinafter set forth that is to say

1. If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of death of the Insured the capital sum insured stated in the schedule. The amount payable under this clause shall be paid to the Assignee shown in the Schedule.
2. If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of both eyes, or total and irrecoverable loss of use of two feet, or use of two hands or one hand and one foot, or such loss of sight of one eye and such loss of hand or of one foot the capital sum insured stated in the Schedule hereto.
3. If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of one eye, or total and irrecoverable loss of use of a hand or a foot, fifty percent (50%) of the capital sum insured stated in the Schedule here.
4. If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of permanently totally and absolutely disabling the insured from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever the capital sum insured stated in the schedule.

PROVISIONS

Provided always that the Company shall not be liable under this policy for:

1. Compensation under more than one of the sub-clause (a),(b),(c) or (d) in respect of same injury and disablement.
 2. Any payment in excess of the amount (Sum Insured) stated in the schedule during any one year of insurance.
 3. Payment of compensation in respect of injury or and disablement directly or indirectly arising out of or contributed to or traceable to any disability existing on the date of issue of this policy.
 4. Payment of compensation in respect of death, injury or disablement of the insured from (a) intentional self injury, suicide or attempt to suicide, (b) whilst under the influence of intoxicating liquor or drug (c) whilst racing on wheels, hunt in big games, shooting, mountaineering or hills engaged in water sports, skiing or ice hockey, (d) Directly or indirectly caused by insanity (e) Arising or resulting from insured committing any breach of the law criminal intent.
 5. Payment of compensation in respect of death, injury or disablement of the insured due to or arising out of or directly or indirectly connected with or traceable to war, invasion act of foreign enemy, hostile (whether war will be declared or not) civil war, rebellion, revolution, insurrection, military or usurped power, seizure capture, arrest, restraints and detentions of all kings, princes people of what nation, condition quality so ever.
 6. Payment of compensation in respect of death or bodily injury to the insured directly or indirectly caused by or contributed to or by arising from by traceable to ionising radiation or contamination by radioactivity from any source whatsoever, or from unclear weapons material.
- Provided also that due observance and fulfilment of the terms and conditions of this policy (which conditions and all endorsements hereon are to be read as part of this policy) shall so far as they relate to any thing to be done or not to be done by the insured be a condition to any liability of the company under this policy.

CONDITIONS

1. Upon the happening of any event which may give rise to a claim under this policy the insured shall forthwith give notice thereof to the Company. Unless reasonable cause is shown the insured should, within one calendar month after the event which may give rise to a claim under the policy, give written notice to the Company with full particulars of the claim.
2. Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the person of the insured on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company, and the insured shall be bound to attend for such examination if necessary) shall be furnished within the space of fourteen days after demand in writing and in the event of a claim in respect of loss of sight the insured shall undergo at the insurer's expense such operations or treatments as the Company may reasonably deemed desirable, provided that in the cases of a claim by death or permanent total disablement all sums payable hereunder shall be payable only on the delivery of this policy cancelled and discharged.
3. No sums payable under this Policy carry interest.



UNITED INDIA INSURANCE COMPANY LIMITED

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PH: (0240) 2334176 FAX: EMAIL:

MICRO-INSURANCE PRODUCT-JANATA PERSONAL ACCIDENT - GROUP POLICY
UIN NO. IRDAI/HLT/UIT/P-P/V.1/8/2015-16
POLICY NO:23070004722P101712302



PERIOD OF INSURANCE
From 00:00 Hrs of 04/06/2022
To Midnight of 03/06/2023

Insured
MS MUTKE & SONS

KAMGAR CHOWK, X 195, MIDC WALUJ, ABAD DIST. : AURANGABAD, MAHARASHTRA
431136
AURANGABAD
MAHARASHTRA

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 50. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : MANTRI PRAKASH EKNATH
Agent Code : AG0020494
Mobile/Landline Number/Email : 9220485467
: pmantri@gmail.com

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Printed By : RFA24034 @ 26/05/2022 4:11:58 PM

This document is digitally signed

Signature: N MOHAN SANKAR
Date: 26/05/2022 16:12:10
Location: United India Insurance Company Ltd
Reason: Signing Policy for Uilic

