



## UNITED INDIA INSURANCE COMPANY LIMITED

NO. 73 - C M T H ROAD, AMBATTUR CHENNAI, TIRUVALLUR, TAMIL NADU  
TIRUVALLUR - 600053 TAMIL NADU  
PHONE: (044) 26570260 FAX: EMAIL:

### INDIVIDUAL PERSONAL ACCIDENT POLICY POLICY NO.:0120004224P112304395

**PERIOD OF INSURANCE**  
**From 20:14 Hrs of 07/11/2024**  
**To Midnight of 06/11/2025**

*Insured*

**MR PARTHIBAN R**

5/214 ERUMAIPATTI PO EDAPPADI TK  
637102  
SALEM  
TAMIL NADU

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

Agent Name : ARULSELVAM S  
Agent Code : AGN0007651  
Mobile/Landline Number/Email : 9884494436  
: arul\_krth@hotmail.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 012000@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.	0120004224P112304395			Prev. Pol. No.			
Name Of Insured/ID	MR PARTHIBAN R /23359991659						
Tel.(O)	95666318	Fax		Tel. (R)	95666318	Mobile	9566631854
Business/Occupation	Others			Email	royalkpuram@gmail.com		
Period of Insurance	From	20:14 Hrs of 07/11/2024	To	Midnight of 06/11/2025			

Coinsurance	UIIC 012000 : 100%
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Coverage Details:-

Insured Name	PARTHIBAN R	DOB	17/05/1982
Address	5/214 Erumaipatti Po Edappadi Tk	Profession	Shop owner
Previous Illness(If Any)		Remarks	
Assignee Name	Kalaivani V	Assignee Relationship	Spouse
Cover Opted	PADeathPTDTableII	SI	₹500,000.00
Premium	₹225.00		

CB Details:-

Sl. No.	SI(₹)	Percentage(%)	Amount(₹)
1	500,000.00	0	0.00

Net Premium:	₹	225.00
CGST(9%):	₹	20.00
SGST(9%):	₹	20.00
Stamp Duty:	₹	25.00
<b>Total :</b>	<b>₹</b>	<b>265.00</b>
Receipt Number :	10101200024114517175	
Receipt Date:	07/11/2024	

Agency/Broker Code :	AGN0007651
BDIS Code :	BD41421
Direct Business :	

<b>Customer GST/UIN No.:</b>		<b>Office GST No.:</b>	33AAACU5552C1ZQ
<b>SAC Code:</b>	997133	<b>Invoice No. &amp; Date:</b>	42241112304395 & 07/11/2024
<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: 07/11/2024

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AMBATTUR 012000 on this 07th day of November 2024 .

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



**Duly Constituted Attorney(s)**

**Underwritten By - ARUS84 ( DIRECT AGENT )**

CONSOLIDATED
POLICY STAMP DUTY
PAID AS PER TAMIL
NADU GOVERNMENT
G.O.(RT.) No. 278
dated 02.05.2024
FOR THE PERIOD
FROM 01.04.2024 TO
31.03.2025

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