



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.:0120004224P112855796

PERIOD OF INSURANCE
From 09:23 Hrs of 14/11/2024
To Midnight of 13/11/2025

Insured

MR S CHANDRASEKAR

18 KOTTAIYOUR MIDDLE STREET VASUDEVANALLUR SIVAGIRI TALUK TENKASI DISTRICT
627758
TIRUNELVELI
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.

For any Information, Service Requests, Claim intimation and Grievances please write to 012000@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 @ 14/11/2024 9:24:42 AM



INDIVIDUAL PERSONAL ACCIDENT POLICY
SCHEDULE

Policy No.	0120004224P112855796			Prev. Pol. No.			
Name Of Insured/ID	MR S CHANDRASEKAR /23361997658						
Tel.(O)	94444814	Fax		Tel. (R)	94444814	Mobile	9444481489
Business/Occupation	Others			Email	chandresekar1079@gmail.com		
Period of Insurance	From	09:23 Hrs of 14/11/2024	To	Midnight of 13/11/2025			

Coinsurance	UIIC 012000 : 100%
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Coverage Details:-

Insured Name	S CHANDRASEKAR	DOB	31/05/1979
Address	18 Kottaiyour Middle Street Vasudevanallur Sivagiri Taluk Tenkasi District	Profession	Shop owner
Previous Illness(If Any)		Remarks	
Assignee Name	L SELVI	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
Total :	₹	265.00
Receipt Number :	10101200024115103752	
Receipt Date:	14/11/2024	

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

Customer GST/UIN No.:		Office GST No.:	33AAACU5552C1ZQ
SAC Code:	997133	Invoice No. & Date:	42241112855796 & 14/11/2024
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: 14/11/2024

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AMBATTUR 012000 on this 14th 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.