



## UNITED INDIA INSURANCE COMPANY LIMITED

UNITED INDIA INSURANCE CO.LTD. FIRST FLOOR, 5-15A CHOLAMBEDU ROAD., KRISHNAPURAM, AMBATTUR 600053  
TIRUVALLUR - 600053 TAMIL NADU  
PHONE: (044) 26570260 FAX: EMAIL:

INDIVIDUAL PERSONAL ACCIDENT POLICY  
POLICY NO.:0120004225P114498898

PERIOD OF INSURANCE  
From 23:43 Hrs of 15/12/2025  
To Midnight of 14/12/2026

*Insured*

### MR RAMASAMY

3/48 MIDDLE STREET SIVARAKOTTAI KALLIKUDI THIRUMANGALAM MADURAI DT 625706  
625706  
MADURAI  
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	:	<u>9884494436</u> <u>arul_krth@hotmail.com</u>

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](mailto:012000@uiic.co.in)

---

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>

Printed By : CUSTOMER @ 15/12/2025 11:44:15 PM



INDIVIDUAL PERSONAL ACCIDENT POLICY  
SCHEDULE

Policy No.	0120004225P114498898	Prev. Pol. No.				
Name Of Insured/ID	<b>MR RAMASAMY / 23538908654</b>					
Tel. (O)		Fax		Tel. (R)		Mobile *****3881
Business/Occupation	Others					
Period of Insurance	From	23:43 Hrs of 15/12/2025	To	Midnight of 14/12/2026		

Coinsurance	UIIC 012000 : 100%
-------------	--------------------

Coverage Details:-

Insured Name	RAMASAMY	DOB	11/04/1979
Address	3/48 MIDDLE STREET SIVARAKOTTAI KALLIKUDI THIRUMANGALAM MADURAI DT 625706	Profession	Shop owner
Previous Illness(If Any)		Remarks	
Assignee Name	INDIRA	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(0%):	₹ 0.00
SGST(0%):	₹ 0.00
UTGST(0%):	₹ 0.00
IGST(0%):	₹ 0.00
Stamp Duty:	₹ 25.00
<b>Total :</b>	<b>₹ 225.00</b>
Receipt Number :	10101200025119859004
Receipt Date:	15/12/2025

Agency/Broker Code :	AGN0007651
Dev. Officer Code :	
Direct Business :	

Customer GST/UIN No.:		Office GST No.:	33AAACU5552C1ZQ
SAC Code:	997133	Invoice No. & Date:	4225I114498898 & 15/12/2025
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: 15/12/2025

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AMBATTUR 012000 on this 15th day of December 2025 .

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  
TAMILNADU  
GOVERNMENT G.O.  
(RT) No.260 dated  
10.07.2025 FOR THE  
PERIOD FROM  
01.04.2025 TO  
31.03.2026

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