



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 : 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>

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INDIVIDUAL PERSONAL ACCIDENT POLICY
SCHEDULE

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

Coinsurance	UIIC 012000 : 100%
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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
Total :	₹	225.00
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:	42251114498898 & 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.

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

Duly Constituted Attorney(s)
 Underwritten By - **ARUS84 (DIRECT AGENT)**

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