



UNITED INDIA INSURANCE COMPANY LIMITED

CERTIFICATE OF INSURANCE

MOTOR INSURANCE - GCV PUBLIC CARRIER OTHER THAN 3 WHEELER LIABILITY ONLY POLICY

(FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

Policy No.	2222003125P101726009		Certificate Number	2222003125P101726009																							
Customer Id	23423355874		Issuing Office Address	Code	222200																						
Name of the Insured	MR SAGAR DILIP WALKER		H-1A/28, FIRST FLOOR, SECTOR 63, NEAR HALDIRAM, 222200@UIIC.CO.IN																								
Address of the Insured	PERNE PHATA HAVELI PUNE 412216 PUNE MAHARASHTRA		201301 GAUTAM BUDDHA NAGAR UTTAR PRADESH																								
Business/Occupation	Others	Mobile No. - *****2020	Telephone (0120) 4513082, (0120) 4513087																								
Effective date of commencement of Insurance for the purpose of Act from 13:10 Hrs Insured's Declared Value ₹ 0 on 30/04/2025																											
Date of Expiry of the Insurance Midnight on 29/04/2026																											
Particulars of Vehicle Insured																											
Registration No.		Obsolete Vehicle	Engine No.	Chassis No.	Make/Model	Type of Body	Year of Mfg	HP/Cubic Capacity	GVW																		
Vehicle	Trailer (if any)																										
MH - 16 - AE - 9451		No	497SP67EXY635289	MAT455030C8E21224	Tata Motors / SFC 407 EX HD EX HD	GOODS CARRIER	2012	3683	5950																		
Registration Authority	Geographical Area	Financier			Public / Private																						
MH16 AHMEDNAGAR	INDIA				Public																						
Amount in words: Eighteen thousand four hundred eighteen rupees only																											
Persons or classes of persons entitled to drive:-																											
Any person including insured : Provided that a person driving hold an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's license may also drive the vehicle when not used for the transport of goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.																											
Note:- The policy does not cover liability for death, bodily injury or damage as excluded in section 150 (2) (ii) and (iii); (b) and (c) of the Motor Vehicles Act, 1988.																											
Limitations as to use																											
The policy covers use only under a permit within the meaning of Motor Vehicles Act, 1988 or such a carriage falling under Subsection 3 of Section 66 of the Motor Vehicles Act, 1988.																											
The policy does not cover use for:																											
a) Organized Racing																											
b) Pace Making																											
c) Reliability Trials																											
d) Speed Testing																											
<table border="1"> <tr> <td>Premium:</td> <td align="right">16,424.00</td> </tr> <tr> <td>IGST-Others(18%):</td> <td align="right">68.00</td> </tr> <tr> <td>IGST-Basic TP(12%):</td> <td align="right">1,926.00</td> </tr> <tr> <td>Stamp Duty:</td> <td align="right">1.00</td> </tr> <tr> <td>Total(Rounded Off):</td> <td align="right">18,418.00</td> </tr> <tr> <td>Receipt Number:</td> <td align="right">10122220025102147401</td> </tr> <tr> <td>Receipt Date:</td> <td align="right">30/04/2025</td> </tr> <tr> <td>DebitNote Number:</td> <td></td> </tr> <tr> <td>Document Date:</td> <td></td> </tr> </table>										Premium:	16,424.00	IGST-Others(18%):	68.00	IGST-Basic TP(12%):	1,926.00	Stamp Duty:	1.00	Total(Rounded Off):	18,418.00	Receipt Number:	10122220025102147401	Receipt Date:	30/04/2025	DebitNote Number:		Document Date:	
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Limits of Liability																											
Under Section II-I (i) Death or bodily injury in respect of any one accident; As per Motor Vehicles Act 1988																											
Under Section II-I (ii) Damage to third party property in respect of any one claim or series of claims arising out of one event: 750000 /-																											
Agency/Broker Code: PROBUS INSURANCE BROKER LTD_87 , Mobile: 9790917082 Dealer Name/Code: Direct Business: Development Officer Code:																											
BRC0870049																											

Subject to IMT Endorsement No.s, terms and conditions printed herein / attached hereto 28

I/We hereby certify that the policy to which the certificate relates as well as the certificate of insurance are issued in accordance with provisions of Chapter X & XI of M.V Act, 1988.

Date of Issue: 30/04/2025

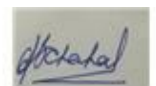
Amount Subject to Reverse Charges-NIL

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.

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

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

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



Duly Constituted Attorney



MOTOR INSURANCE - GCV PUBLIC CARRIER OTHER THAN 3 WHEELER LIABILITY ONLY POLICY SCHEDULE

Policy Number : 2222003125P101726009 Geographical Area : India(A) Insured Name/ID : MR SAGAR DILIP WALKER/23423355874 Insured address : PERNE PHATA HAVELI PUNE , GST/UIN No.:- 27ACGPW3731J1Z8 City: PUNE District: PUNE State: MAHARASHTRA Pincode: 412216 Telephone: Mobile: *****2020	Previous Policy Number : Insurance Start Date & Time : 30/04/2025 13:10 (hours) Insurance expiry Date & Time : 29/04/2026 midnight Policy Issuing Office Address : H-1A/28, FIRST FLOOR, SECTOR 63, NEAR HALDIRAM, 222200@UIIC.CO.IN , GST No.:- 09AAACU5552C1ZH City: GAUTAM BUDDHA NAGAR District: GAUTAM BUDDHA NAGAR State: UTTAR PRADESH Pincode: 201301 Telephone: (0120) 4513082, (0120) 4513087 Business Channel Sub Code: Agent Name: PROBUS INSURANCE BROKER LTD_87 Land Line No.: , Mobile: 9790917082	
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Registration Number	MH - 16 - AE - 9451	Obsolete Vehicle & Chassis Number	No & MAT455030C8E21224	Gross vehicle Weight	5950
RTA Name	MH16 AHMEDNAGAR	Vehicle Make & Model	Tata Motors / SFC 407 EX HD EX HD	Type Of Body	GOODS CARRIER
Registration Date	02/06/2012	Cubic Capacity	3683	AA Membership Name	
Engine Number	497SP67EXY635289	Year Of Manufacture	2012	Geographical Extension	

INSURED DECLARED VALUE (₹)							
Vehicle	Trailer	Electrical/Electronic Accessories	Non Electrical Accessories	CNG Kit	LPG Kit	Total	Co-Insurance Details
0	0	0	0	0	0	0	100%

OTHER DETAILS			
Financier	Policy Subject to IMT Endorsements	Applicable Addon-covers/Services	Unique Reference Code
	28		

PERSONS OR CLASS OF PERSONS ENTITLED TO DRIVE:As narrated in the certificate of insurance attached herewith.				
Name Of the CPA Nominee	Relation	Age	Name of the Appointee	
MRS WALKER	Spouse		NA	

LIMITATIONS AS TO USE:As narrated in the certificate of insurance attached herewith.
LIMITS OF LIABILITY:As narrated in the certificate of insurance attached herewith.

EXCLUSIONS:(1)Any accidental Loss Or Damage and/or liability caused sustained or incurred outside the geographical area.(2)Any claim arising out of any contractual liability.(3)Any accidental loss or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss.(4)Any liability of whatsoever nature directly or indirectly caused by or contributed to or by arising out of ionizing radiations or contamination by radioactivity from any nuclear fuel.For the purpose of this exception,combustion shall include any self sustaining process of nuclear fission.(5)Any accidental loss or damage or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material.(6)Any accidental loss damage and/or liability directly or indirectly or proximately or remotely occasioned by or contributed to by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or war like operations (whether before or after declaration of war), civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequences of any of the said occurrences or any consequences thereof and in default of such proof, the Company shall not be liable to make any payment in respect of such a claim.

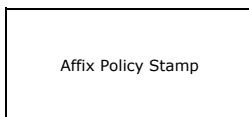
PA Cover CSI (₹)		DEDUCTIBLES (Under Section I) (₹)					
Owner Driver (Under Section IV)	1500000	Compulsory	500	Imposed	0	Voluntary	0

SCHEDULE OF PREMIUM (₹)								
A-OWN DAMAGE PREMIUM		B-LIABILITY PREMIUM		TOTAL PREMIUM				
Gross OD(A)	₹	0.00	B. Basic - TP	₹	16,049.00	Premium(A+B)	₹	16,424.00
			Total	₹	16,049.00	IGST-Others(18%)	₹	68.00
						IGST-Basic TP(12%)	₹	1,926.00
			Add :			TOTAL PAYABLE PREMIUM	₹	18,418.00
						Stamp Duty	₹	1.00
			Compulsory PA for Owner Driver	₹	275.00	SAC Code		997134
			LL to Paid Driver IMT 28	₹	100.00	Invoice No & Date	31251101726009 & 30/04/2025	
			Sub Total (Additions)	₹	375.00	Receipt Number	10122220025102147401	
						Receipt Date	30/04/2025	
			Gross TP(B)	₹	16,424.00	Receipt Amount	₹18,418.00	
Payment Mode								
Total Liability Premium	₹	16,424.00	Paying Party	MR SAGAR DILIP WALKER				

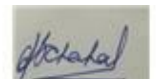
TERMS & CONDITIONS:As per the Indian Motor Tariff, personal copy of the same is available free of cost on request. Further the Indian Motor Tariff is also available and displayed at all United India Insurance company Offices and on Website www.uiic.co.in
DISCLAIMER:The policy stands Cancelled or void in the event of Cheque Dishonored. The company may cancel the policy by sending 7 days notice in case of fraud, misrepresentation, nondisclosure of material fact or non co-operation of the insured.
IMPORTANT NOTICE:The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the Company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For Legal interpretation, English Version will hold good. In case of accident the insured must inform United India Insurance Co. Immediately to arrange spot survey.
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 & Signature of Proposal : 30/04/2025
 In Witness Whereof this policy has been signed at DO 22 NOIDA 222200 on this 30th day of April ,2025



For United India Insurance Company Limited



Duly Constituted Attorneys

IP Address: 10.95.40.80 Issuing Agent: PROBUS INSURANCE BROKER LTD_87 Agent Location: 222200	Printed By : CUSTOMER @ 30/04/2025 1:26:56 PM Underwritten By - PROLTD0088 (BROKER)	Agent User Name: PROLTD0088
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