



UNITED INDIA INSURANCE COMPANY LIMITED
ENDORSEMENT SCHEDULE
GROUP PERSONAL ACCIDENT POLICY

Policy Number	2501004223P112030215	Department	Personal Accident
Previous Policy Number			
Type of Policy	Group Personal Accident Policy	Business Channel code	BRC0000042,BRC0000019,BRC0000190
Policy Start Date	18/12/2023	Policy End Date	17/12/2024
Endorsement No	2	Endorsement Effective Date	08/01/2024
Insured's Name	UJVN LIMITED	Issuing Office	250100
Address	UJJWAL, MAHARANI BAGH, G M S ROAD DEHRADUN DEHRADUN 248006 UTTARAKHAND	Office Address	A SQUARE PLAZA, 10 TILAK ROAD, DEHRADUN - 248001 UTTARANCHAL DEHRADUN 248001 UTTARAKHAND

SAC Code:	997133
Customer GST/UIN No.:	
Office GST No.:	05AAACU5552C1ZP
Debit Note No. & Date:	23114781710D01 & 10/01/2024
Original Invoice No. & Date:	42231112030215 & 21/12/2023
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.

Insured Request No. & Date	202401102566137 & 08/01/2024
Endorsement Type	Addition of Insured person

Endorsement Premium :	₹ 5,036.00
Endorsement CGST(9%) :	₹ 453.00
Endorsement SGST(9%) :	₹ 453.00
Endorsement Stamp Duty :	₹ 0.00
Total Endorsement Premium :	₹ 5,942.00

REASON FOR ENDORSEMENT: ADDITION OF 3 MEMBERS AND DELETION OF 2 MEMBERS (DALIP KUMAR VOHRA(OFFICE SUPERINTENDENT (SPECIAL GRADE)) AND MANGI(P.EON) ON RETIREMENT)

ENDORSEMENT WORDING: Notwithstanding anything contained herein to the contrary it is hereby declared and agreed that at the request of the insured the following member/s has/have been included under the within mentioned policy with effect from 08/01/2024.

Sri. No.	Employee ID	Name Of Insured	Age	Gender	Assignee Name	Occupation	Assignee Relationship	Risk Category	Sum Insured
1831	931150	SUHAIL GULZAR	43	Male	UJVN LIMITED	Service	Employer	RiskCategory I	3,000,000.00
1832	931251	SANTOSH KUMAR	47	Male	UJVN LIMITED	Service	Employer	RiskCategory I	3,000,000.00
1833	931252	VINAY KUMAR	23	Male	UJVN LIMITED	Service	Employer	RiskCategory I	3,000,000.00

SI (Tbl-I)	SI (Tbl-II)	SI (Tbl-III)	SI (Tbl-IV)	SI (Tbl-Va)	SI (Tbl-Vb)	SI (Tbl-Vc)
0.00	0.00	3,000,000.00	0.00	0.00	0.00	0.00
0.00	0.00	3,000,000.00	0.00	0.00	0.00	0.00
0.00	0.00	3,000,000.00	0.00	0.00	0.00	0.00

In consequence whereof an amount of ₹5942 is hereby charged to the insured.
The Total Sum Insured under the policy now stands increased to ₹ 5484000000 and the Total No. of members covered now are 1828.

Subject otherwise to the terms, exceptions, conditions and limitations of this policy.

For and on behalf of
United India Insurance Company Limited

Authorised Signatory

*Note: Wherever SI for Table of benefit is reflecting "0.00", it indicates that particular cover has not been opted.

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