



UNITED INDIA INSURANCE COMPANY LIMITED

A SQUARE PLAZA, 10 TILAK ROAD, DEHRADUN - 248001 UTTARANCHAL DEHRADUN - 248001 UTTARAKHAND PH: (135) 2753127 FAX: **EMAIL:**

MISCELLANEOUS AND SPECIAL TYPE OF VEHICLES
PACKAGE POLICY
UIN. IRDAN545RP0049V01199900
POLICY NO.:2501003124P104570373
VEHICLE NO.:UK - 06 - PA - 1514

PERIOD OF INSURANCE From 00:00 Hrs on 06/07/2024 To Midnight on 05/07/2025

Insured

M/s UTTRAKHAND JAL VIDYUT NIGAM LTD.

UJJWAL MAHARANI BAGH, GMS ROAD DEHRADUN 248001 DEHRADUN UTTARAKHAND

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

Agent Name

SALASAR SERVICES INSURANCE

PROVEDE NATIONAL

Agent Name : BROKERS PVT LTD
Agent Code : BRC0000042

Mobile/Landline Number/Email 8584869573

Mobile/Landline Number/Email : \frac{6384609373}{payment@salasarservices.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 250100@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: RAV43393 @ 28/06/2024 3:49:33 PM





2501003124P104570373

250100

Code

UNITED INDIA INSURANCE COMPANY LIMITED

CERTIFICATE OF INSURANCE MISCELLANEOUS AND SPECIAL TYPE OF VEHICLES - PACKAGE POLICY UIN. IRDAN545RP0049V01199900

(FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

Certificate Number

M/s UTTRAKHAND JAL VIDYUT NIGAM LTD. A SQUARE PLAZA, 10 TILAK ROAD, DEHRADUN - 248001

UTTARANCHAL

Issuing Office Address

	DEHRADUN	٨			0.4.0.0.4					
Address of the Insured 248001					248001 DEHRADUN					
	DEHRADUN	N			UTTARAKHAI	ND				
UTTARAKHAND					Telephone (135) 2753127					
Business/Occupation	Mobile N									
Effective date of cor	mmencemen	t of Insurar	nce Insure	d's Declare	d Value ₹49	9672				
for the purpose of A 06/07/2024	ct from 00:0	00 Hrs on								
Date of Expiry of the	Insurance N	/lidnight on	05/07/20	25						
Particulars of Vehicl	e Insured									
Registration		Obselete						Year	LID (C. de la	
Vehicle Trailer (if any)		Obsolete Vehicle Engine No.		o. Cha	assis No.	Make/Model	Type of Body/Vehicle		HP/Cubic Capacity	
UK - 06 - PA - 1514		No	XBM6E146	69MA1FW2)	KBWM6E20474	Mahindra & Mahindra / MAHINDRA SUPRO ZX AMBULANCE	SALOON/Ambulances	3 2021	909	2110
Registration Geographical Area								F	Public / Pr	ivate
UK06 UDHAM SINGH NAGAR	11	NDIA								
Amount in words:	Ten thousan			x rupees on	ly					
	Insured pro	vided that a	person ho				e of accident and is n			
holding or obtaining such a person satisfi							Licence may also dri	ve the	vehicle a	ınd
							ion 150 (2) (ii) and (iii): (k	and (c)	of the
Motor Vehicles Act, 1			,	J J J J	3			,, (-	, (-,	
Limitations as to use)				Premium:				₹ 8,0	938.00
The policy covers us					CGST(9%):					804.00
Motor Vehicles Act, 1				Subsection					₹ ₹	804.00
3 of Section 66 of the			88.		Stamp Duty:				₹	1.00
The policy does not	:	Total(Rounded Off): 10,546.0								
a) Organized Racing		Receipt Number: 1012501002410497236 Receipt Date: 28/06/202								
b) Pace Making					Receipt Date:				28/06	3/2024
c) Reliability Trials d) Speed Testing					DebitNote Nu Document Da					
Limits of Liability					Agency/Broke					
Under Section II-I (i	dily injury i	SALASAR SER				BRC00	00041			
accident; As per Mote			cspect o	. arry one		ROKERS PVT L	TD		DICOO	500+2
Under Section II-I (ii			nroperty in	respect of	Direct Busines					
any one claim or ser					EMF Code:					43393
/-	3 3 440	RAVINDER KUMAR								

Subject to IMT Endorsement No.s, terms and conditions printed herein / attached hereto 22,28,46

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

2501003124P104570373

UJJWAL MAHARANI BAGH, GMS ROAD

23307790704

Chapter X & XI of M.V Act, 1988. Date of Issue: 27/06/2024 For and On behalf of United India Insurance Co. Ltd.

Duly Constituted Attorney

Policy No.

Customer Id

Name of the Insured





MISCELLANEOUS AND SPECIAL TYPE OF VEHICLES - PACKAGE POLICY UIN. IRDAN545RP0049V01199900

SCHEDULE

Policy No.	2501003124P104	1570373	Previous	Policy No.	253200/31/2024/780			
	Customer Id		23307790704					
	Name		M/s UT1	M/s UTTRAKHAND JAL VIDYUT NIGAM LTD.				
Insured Details	Tel (O):		Tel (R) Fax:					
	Email:		Mobile:					
	Business / Occup	ation	None					
Period of Insurance	From	00:00 Hrs of 06/07	/2024	То	Midnight of 05/07/2025			
Co-Insurance	Туре							

Particulars of V	ehicle Insured									
Registration No.				bsolete	soloto					
Ve	ehicle	Trailer (if any)		/ehicle	Engine No.		Chassis No.		Make/Model	Year of Mfg
UK - 06	- PA - 1514			No	XBM6	E14669	Mahindra A MA1FW2XBWM6E20474 MAHINDRA SUPRO ZX		Mahindra & Mahindra / MAHI NDRA SUPRO ZX AMBULANCE	2021
Type of Body/Vehicle				HP/Ci Capa		G\	W Public/Pr		Public/Private	
	SALOON/Ambulances			90	9	21	10			
nsured's Decla	ared Value									
For Vehicle	For Trailer	Non Electrical Accessories		!	Electrical/Electronic Accessories		ic	CNG Unit ₹	LPG Unit ₹	Total Value ₹
499672	0	0			0			0	0	499672
Registration Authority		Auto Association Mem	bers	ship No.	Geogra	phical Ar	ea	E	xtension	
UK06 UDHAM SINGH NAGAR					Ĭ	NDIA				
Amount in words:		Ten thousand five hund	drec	forty-six	rupees	only	•			•

Persons or classes of persons entitled to drive

Any person including Insured provided that a person hold an effective driving licence at the time of accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's Licence may also drive the vehicle and such a person satisfies the requirements of Rule 3 of Central Motor Vehicle Rule, 1989.

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

- 1) Use for hire or reward or for racing pace making reliability trial or speed testing
- 2) Use for Carriage of passengers for hire or reward
 3) use whilst drawing a greater number of trailers in all than permitted by law

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

This policy is subject to terms and conditions and IMT Endorsement Nos. printed herein / attached hereto 22.28.46

The period is subject to terr	ne and conditions and its	indereement ricer printed nerentry	4114611641161616 == =	. •
Imposed Excess	0			
Voluntary Excess	0			
Compulsory Excess	2498.36			

PolicyNo.: 2501003124P104570373

	SCHED	ULE OF PREM	IIUM (IN₹)		
OWN DAMAGE			LIABILITY		
Basic premium on Vehicle and Accessories	₹	1 570 04	B. Basic - TP	₹	7,267.00
A. Basic - OD Total	₹	1,570.96 1,570.96	Total Add:	₹	7,267.00
Less:			LL to Paid Driver IMT 28 Passanger Liability Ambulances and Herases	₹	50.00 600.00
No Claim Bonus 35% Sub Total (Deductions)	₹ ₹	549.84 549.84	Sub Total (Additions)	₹	650.00
Gross OD(A)	₹	1,021.00	Gross TP(B) Gross OD & TP: (A) + (B)	₹	7,917.00 8,938.00

TERMS AND 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 UIIC website: www.uiic.co.in

Disclaimer: The Policy stands cancelled or void in the event of Cheque Dishonor. The Company may cancel the policy by sending 7 days notice in case of any fraud or misrepresentation, non-disclosure 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 Vehicles 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.

Premium:	₹	8,938.00	Receipt Number :	10125010024104972360	Agency/Broker Code: SALASAR SERVICES INSURANCE BROKERS PVT LTD	BRC0000042
CGST(9%): SGST(9%):	₹	804.00		28/06/2024	Direct Business:	
Stamp Duty:	₹	1.00	DebitNote Number :		EMF Code: RAVINDER KUMAR	43393
Total:	₹1	0,546.00	Document Date :			

Customer GST/UIN No.:		Office GST No.:	05AAACU5552C1ZP				
SAC Code:	997134	Invoice No. & Date:	31241104570373 & 28/06/2024				
Amount Subject to Reverse Charges-NII							

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

Note:-With reference to IRDAI circular no IRDAI/NL/CIR/MOTP/170/10/2018 dated 09/10/2018 and as per the declaration given in the proposal form by owner driver Compulsory Personal Accident (CPA) cover is removed, since he/she is not holding a valid driving

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: 27/06/2024

IN WITNESS WHEREOF, this policy has been signed at DO DEHRADUN 250100 on this 27th day of June 2024.

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



Affix Policy Stamp here.

Duly Constituted Attorney:

Underwritten By - RAV43393 (DO UNDERWRITER) , Approved By - ASH43446(RO UNDERWRITER NEW)