



**MOTOR INSURANCE - MOTORCYCLE / SCOOTER STANDALONE OWN DAMAGE(UIN: IRDAN545RP0001V02201920 ) POLICY SCHEDULE**

Policy Number :22300031260160893987  
Geographical Area :India  
Insured Name :ANGAD KUMAR  
Insured Address :

Previous Policy Number :  
Insurance Start Date & Time :18/06/2026 0:00 (hours)  
Insurance Expiry Date & Time :17/06/2027 midnight  
Policy Issuing Office Address :

VIL SINGAHA CHAU TOLA MATHIYA KHURD,POST SINGAHA,THANA RAMKOLA,274305  
City :KUSHINAGAR District :KUSHINAGAR  
State :UTTAR PRADESH Pincode :274309  
Mobile No :7024074277  
Email :motorsathi2@gmail.com

Divisional Office-30 (Gurugram) Unit no: 34,35,6A,6B,Ground Floor,Vipul Trade Centre, Sector-48, Sohna Road  
City :GURUGRAM District :Gurugram  
State :HARYANA Pincode :122001  
Office Contact Details :0124-2213170 Email Id :pb.support@uiic.co.in  
GSTIN :06AAACU5552C12N

Business Channel Code:	NA	Business Channel Sub Code:	BRC0001039
Helpline No:	18002585970	Broker Name :	Policybazaar Insurance Brokers Private Limited.
IRDA License Code - Number:	IRDA/DB797/19 - 742		

**VEHICLE DETAILS**

Registration Number	UP57BS8993	Engine Number	HA11ECR9F16973	Year of Manufacture Vehicle Weight(kg.)	2024
RTA Name	UP57 Padrauna	Chassis Number	MBLHAW143R9F57517	Cubic Capacity / GVW	100
Registration Date	23/08/2024	Vehicle Make & Model	HERO MOTOCORP - HF DELUXE - I3S FI (100CC)	Type of Body	Two Wheeler
AA Membership Name		Seating Capacity	2	Geographical Extension	NoExtn

**INSURED DECLARED VALUE (IN RUPEES)**

Vehicle	Trailer	FiberGlass	Electrical /Electronic Accessories	Non-Electrical Accessories	CNG Kit	LPG Kit	TOTAL	Co-Insurance Details
44000	0	0	0.00	0.00	0.00	0.00	44000	0.00

**OTHER DETAILS**

Financier	Branch Name & Address	Policy Subject to IMT Endorsements/Applicable covers

**NOMINEE DETAILS**

Nominee Name	Nominee Relationship	Nominee Age
GYANTI DEVI	Wife	24

**PERSONS OR CLASS OF PERSONS ENTITLED TO DRIVE:** As narrated in the certificate of insurance attached herewith.

**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.

**OTHER DETAILS**

**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 or liability directly or indirectly or proximately or remotely occasioned by 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 consequence 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 (In Rupees)	DEDUCTIBLES (Under Section I) (In Rupees)
Owner- Driver (Under section IV)	N/A Compulsory 100.00 Imposed 0.00 Voluntary 0.00

**SCHEDULE OF PREMIUM (IN RUPEES)**

A-OWN DAMAGE PREMIUM		TOTAL PREMIUM	
Basic Own Damage	369	Package Premium	394
Anti Theft Device Discount		GST @18.00%	71
Nil depreciation without Excess	0		
CNG Own Damage Premium	0		
Road-side Assistance	25		
Sub Total(Additions)	0		
NCB Discount @ 0 %	0		
Total	394		
		<b>TOTAL PAYABLE PREMIUM</b>	465
		Receipt Date	16/06/2026
		Receipt Amount	465
		Payment Mode	Online
		Paying Party	ANGAD KUMAR

**CHEQUE DETAIL**

Cheque Number	Cheque Date	Bank Name	Branch Name	Branch Code	Cheque Signatory	MICR No
PB170185790	16/06/2026	RazorpayWallet			ANGAD KUMAR	

**EXISTING TP POLICY DETAILS :**

Policy No	InsurerName	Insurer Address	Policy StartDate	Policy Enddate
2218003124P107520182	UNITED INDIA INSURANCE CO. LTD	VIL SINGAHA CHAU TOLA MATHIYA KHURD,POST SINGAHA,THANA RAMKOLA,274305	21/08/2024	20/08/2029

**WARRANTED THAT IN CASE OF CANCELLATION OF EXISTING TP POLICY UNDER ANY CIRCUMSTANCES, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED.**

**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 <http://uiic.co.in/sites/default/files/uploads/downloadcenter/IndianMotorTariff.pdf>.

For terms and conditions for add on covers go to : [http://uiic.co.in/sites/default/files/uploads/downloadcenter/motor\\_additional\\_covers.pdf](http://uiic.co.in/sites/default/files/uploads/downloadcenter/motor_additional_covers.pdf)

**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. Date & Signature of Proposal: 16/06/2026 00:00:00

In Witness whereof this Policy has been signed at GURGAON this day of , Date

CONSOLIDATED STAMP DUTY PAID VIDE  
GRN NO. 75907349 DTD 31/03/2021 AND  
CIN. NO. 122748020 DTD 06/04/2021 ISSUED BY  
TREASURY OFFICER, GURGAON

In case of any claim, You can contact nearest local office of United India  
Insurance Company Ltd or Contact PB on 1800-258-5970



Duly Constituted Attorneys

**IP Address:** 10.82.5.65

**Print Date:** 16/6/2026 12:17:17