



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

Policy Number :22300031260160885123
Geographical Area :India
Insured Name :SUSHIL SHARMA
Insured Address :

Previous Policy Number :
Insurance Start Date & Time :16/06/2026 0:00 (hours)
Insurance Expiry Date & Time :15/06/2027 midnight
Policy Issuing Office Address :

VILL- KONHAWALIA BHARTHRAI PO- MAHUAWA BAJARTAR PS- TARKULWA Deoria Uttar Pradesh 274408
City :DEORIA District :DEORIA
State :UTTAR PRADESH Pincode :274705
Mobile No :8923054703
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 :06AAACU5552C1ZN

| | | | |
|-----------------------------|--------------------|----------------------------|---|
| Business Channel Code: | NA | Business Channel Sub Code: | BRC0001039 |
| Helpline No: | 18002585970 | Broker Name : | Policybazaar Insurance Brokers Private Limited. |
| IRDA License Code - Number: | IRDA/DB79719 - 742 | | |

VEHICLE DETAILS

| | | | | | |
|---------------------|-------------|----------------------|--|---|-------------|
| Registration Number | UP52CC6259 | Engine Number | HA11E7RHK66098 | Year of Manufacture Vehicle Weight(kg.) | 2024 |
| RTA Name | UP52 Deoria | Chassis Number | MBLHAW220RHKA5233 | Cubic Capacity / GVW | 97 |
| Registration Date | 04/11/2024 | Vehicle Make & Model | HERO MOTOCORP - SPLENDOR PLUS - I3s USB Side Stand Sensor (97CC) | 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 |
|---------|---------|------------|------------------------------------|----------------------------|---------|---------|-------|----------------------|
| 58000 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 58000 | 0.00 |

OTHER DETAILS

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

NOMINEE DETAILS

| Nominee Name | Nominee Relationship | Nominee Age |
|--------------|----------------------|-------------|
| | | |

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 | 486 | Package Premium | 511 |
| Anti Theft Device Discount | | GST @18.00% | 92 |
| Nil depreciation without Excess | 0 | | |
| CNG Own Damage Premium | 0 | | |
| Road-side Assistance | 25 | | |
| Sub Total(Additions) | 0 | | |
| NCB Discount @ 0 % | 0 | | |
| Total | 511 | | |
| | | TOTAL PAYABLE PREMIUM | 603 |
| | | Receipt Date | 14/06/2026 |
| | | Receipt Amount | 603 |
| | | Payment Mode | Online |
| | | Paying Party | SUSHIL SHARMA |

CHEQUE DETAIL

| Cheque Number | Cheque Date | Bank Name | Branch Name | Branch Code | Cheque Signatory | MICR No |
|---------------|-------------|----------------|-------------|-------------|------------------|---------|
| PB169997151 | 14/06/2026 | RazorpayWallet | | | SUSHIL SHARMA | |

EXISTING TP POLICY DETAILS :

| Policy No | InsurerName | Insurer Address | Policy StartDate | Policy Enddate |
|----------------------|--------------------------------|--|------------------|----------------|
| 252400/31/2025/56991 | THE ORIENTAL INSURANCE CO. LTD | VILL- KONHAWALIA BHARTHRAI PO- MAHUAWA BAJARTAR PS- TARKULWA Deoria Uttar Pradesh 274408 | 04/11/2024 | 03/11/2029 |

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

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: 14/06/2026 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: 10.82.4.126

Print Date: 14/6/2026 19:29:43