



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

Policy Number	:22300031260160885504		
Geographical Area	:India		
Insured Name	:JITENDRA SHARMA		
Insured Address	:		
VILL-POKHARBHINDA, POST-MAHUAWA KARKHANA, THANA-TURKPATTI, Kushinagar, Uttar Pradesh,274304			
City	:KUSHINAGAR	District	:KUSHINAGAR
State	:UTTAR PRADESH	Pincode	:274309
Mobile No	:8923054703		
Email	:motorsathi2@gmail.com		

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	:		
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
Helpline No:	18002585970
IRDA License Code - Number:	IRDA/DB79719 - 742

Business Channel Sub Code:	BRC0001039
Broker Name :	Policybazaar Insurance Brokers Private Limited.

**VEHICLE DETAILS**

Registration Number	UP57BR2774	Engine Number	HA11E7RHC16505	Year of Manufacture Vehicle Weight(kg.)	2024
RTA Name	UP57 Padrauna	Chassis Number	MBLHAW216RHC10760	Cubic Capacity / GVW	97
Registration Date	19/04/2024	Vehicle Make & Model	HERO MOTOCORP - SPLENDOR PLUS - X TEC DRS (97)	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
54500	0	0	0.00	0.00	0.00	0.00	54500	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	457	Package Premium	482
Anti Theft Device Discount		GST @18.00%	87
Nil depreciation without Excess	0		
CNG Own Damage Premium	0		
Road-side Assistance	25		
Sub Total(Additions)	0		
NCB Discount @ 0 %	0		
Total	482		
		TOTAL PAYABLE PREMIUM	569
		Receipt Date	14/06/2026
		Receipt Amount	569
		Payment Mode	Online
		Paying Party	JITENDRA SHARMA

**CHEQUE DETAIL**

Cheque Number	Cheque Date	Bank Name	Branch Name	Branch Code	Cheque Signatory	MICR No
PB170005313	14/06/2026	RazorpayWallet			JITENDRA SHARMA	

**EXISTING TP POLICY DETAILS :**

Policy No	InsurerName	Insurer Address	Policy StartDate	Policy Enddate
252400/31/2025/6648	THE ORIENTAL INSURANCE CO. LTD	VILL-POKHARBHINDA, POST-MAHUAWA KARKHANA, THANA-TURKPATTI, Kushinagar, Uttar Pradesh,274304	18/04/2024	17/04/2029

**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: 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:** 10.82.6.234

**Print Date:** 14/6/2026 21:05:13