



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

<b>Policy Number</b>	:22300031260160877377	<b>Previous Policy Number</b>	:HERO/2110742
<b>Geographical Area</b>	:India	<b>Insurance Start Date &amp; Time</b>	:15/06/2026 0:00 (hours)
<b>Insured Name</b>	:RAGHAV KUMAR	<b>Insurance Expiry Date &amp; Time</b>	:14/06/2027 midnight
<b>Insured Address</b>	:	<b>Policy Issuing Office Address</b>	:
Kushinagar, 274406 <b>City</b> :KUSHINAGAR <b>District</b> :KUSHINAGAR <b>State</b> :UTTAR PRADESH <b>Pincode</b> :274309 <b>Mobile No</b> :8923054703 <b>Email</b> :motorsathi2@gmail.com		Divisional Office-30 (Gurugram) Unit no: 34,35,6A,6B,Ground Floor,Vipul Trade Centre, Sector-48, Sohna Road <b>City</b> :GURUGRAM <b>District</b> :Gurugram <b>State</b> :HARYANA <b>Pincode</b> :122001 <b>Office Contact Details</b> :0124-2213170 <b>Email Id</b> :pb.support@uiic.co.in <b>GSTIN</b> :06AAACU5552C1ZN	

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

**VEHICLE DETAILS**

<b>Registration Number</b>	UP57BX8054	<b>Engine Number</b>	HA11E7SHC14375	<b>Year of Manufacture Vehicle Weight(kg.)</b>	2025
<b>RTA Name</b>	UP57 Padrauna	<b>Chassis Number</b>	MBLHAW217SHC09283	<b>Cubic Capacity / GVW</b>	97
<b>Registration Date</b>	12/05/2025	<b>Vehicle Make &amp; Model</b>	HERO MOTOCORP - SPLENDOR PLUS - X TEC DRS (97)	<b>Type of Body</b>	Two Wheeler
<b>AA Membership Name</b>		<b>Seating Capacity</b>	2	<b>Geographical Extension</b>	NoExtn

**INSURED DECLARED VALUE (IN RUPEES)**

Vehicle	Trailer	FiberGlass	Electrical /Electronic Accessories	Non-Electrical Accessories	CNG Kit	LPG Kit	TOTAL	Co-Insurance Details
62500	0	0	0.00	0.00	0.00	0.00	62500	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	524	Package Premium	549
Anti Theft Device Discount		GST @18.00%	99
Nil depreciation without Excess	0		
CNG Own Damage Premium	0		
Road-side Assistance	25		
Sub Total(Additions)	0		
NCB Discount @ 0 %	0		
<b>Total</b>	<b>549</b>		
		<b>TOTAL PAYABLE PREMIUM</b>	<b>648</b>
		<b>Receipt Date</b>	<b>13/06/2026</b>
		<b>Receipt Amount</b>	<b>648</b>
		<b>Payment Mode</b>	<b>Online</b>
		<b>Paying Party</b>	<b>RAGHAV KUMAR</b>

**CHEQUE DETAIL**

Cheque Number	Cheque Date	Bank Name	Branch Name	Branch Code	Cheque Signatory	MICR No
PB169846573	13/06/2026	RazorpayWallet			RAGHAV KUMAR	

**EXISTING TP POLICY DETAILS :**

Policy No	InsurerName	Insurer Address	Policy StartDate	Policy Enddate
HERO/2110742	SBI GENERAL INSURANCE COMPANY LIMITED	Kushinagar, 274406	07/05/2025	06/05/2030

**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: 13/06/2026 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:** 10.82.5.42

**Print Date:** 13/6/2026 15:16:40