



# UNITED INDIA INSURANCE COMPANY LIMITED

NO. 73 - C M T H ROAD, AMBATTUR CHENNAI, TIRUVALLUR, TAMIL NADU  
TIRUVALLUR - 600053 TAMIL NADU  
PHONE: (044) 26570260 FAX: EMAIL:

INDIVIDUAL PERSONAL ACCIDENT POLICY  
POLICY NO.:0120004225P114421490

PERIOD OF INSURANCE  
From 23:57 Hrs of 13/12/2025  
To Midnight of 12/12/2026

*Insured*

**MRS GOMATHI**

126 A SHIVAN KOVIL SOUTH STREET THACHANALLUR TIRUNELVELI  
627358  
TIRUNELVELI  
TAMIL NADU

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

Agent Name : ARULSELVAM S  
Agent Code : AGN0007651  
Mobile/Landline Number/Email : 9884494436  
: arul\_krth@hotmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uiic.co.in](http://www.uiic.co.in).

For any Information, Service Requests, Claim intimation and Grievances please write to [012000@uiic.co.in](mailto:012000@uiic.co.in)

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Download Customer App([www.uiic.co.in](http://www.uiic.co.in)). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.

Website: <http://www.uiic.co.in>

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INDIVIDUAL PERSONAL ACCIDENT POLICY  
SCHEDULE

Policy No.	0120004225P114421490			Prev. Pol. No.			
Name Of Insured/ID	MRS GOMATHI /23537930083						
Tel. (O)		Fax		Tel. (R)		Mobile	*****4874
Business/Occupation	Others			Email	*****@gmail.com		
Period of Insurance	From	23:57 Hrs of 13/12/2025	To	Midnight of 12/12/2026			

Coinurance	UIIC 012000 : 100%
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Coverage Details:-

Insured Name	GOMATHI	DOB	05/12/1972
Address	126 A SHIVAN KOVIL SOUTH STREET THACHANALLUR TIRUNELVELI	Profession	Shop owner
Previous Illness(If Any)		Remarks	
Assignee Name	VIGNESH KARTHIKEYAN	Assignee Relationship	Son
Cover Opted	PADeathPTDTable I	SI	₹500,000.00
Premium	₹225.00		

CB Details:-

Sl. No.	SI (₹)	Percentage(%)	Amount(₹)
1	500,000.00	0	0.00

Net Premium:	₹	225.00
CGST(0%):	₹	0.00
SGST(0%):	₹	0.00
UTGST(0%):	₹	0.00
IGST(0%):	₹	0.00
Stamp Duty:	₹	25.00
<b>Total :</b>	₹	<b>225.00</b>
Receipt Number :	10101200025119773094	
Receipt Date:	13/12/2025	

Agency/Broker Code :	AGN0007651
Dev. Officer Code :	
Direct Business :	

Customer GST/UIN No.:		Office GST No.:	33AAACU5552C1ZQ
SAC Code:	997133	Invoice No. & Date:	42251114421490 & 13/12/2025
Amount Subject to Reverse Charges-NIL			

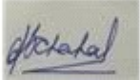
We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

**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: 13/12/2025  
IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AMBATTUR 012000 on this 13th day of December 2025 .

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



Duly Constituted Attorney(s)  
Underwritten By - **ARUS84 ( DIRECT AGENT )**

CONSOLIDATED  
POLICY STAMP DUTY  
PAID AS PER  
TAMILNADU  
GOVERNMENT G. O.  
(RT) No.260 dated  
10.07.2025 FOR THE  
PERIOD FROM  
01.04.2025 TO  
31.03.2026

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