



## 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.:0120004225P114433815

PERIOD OF INSURANCE  
From 22:19 Hrs of 14/12/2025  
To Midnight of 13/12/2026

*Insured*

### MR MANTHI RAMOORTHI

S MANTHIRAMOORTHI 97 THADIVEERANKOVIL WEST STREET TIRUNELVELI TOWN  
627006  
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	:	<u>9884494436</u> <u>arul_krth@hotmail.com</u>

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>

Printed By : CUSTOMER @ 14/12/2025 10:22:31 PM



INDIVIDUAL PERSONAL ACCIDENT POLICY  
SCHEDULE

Policy No.	0120004225P114433815	Prev. Pol. No.				
Name Of Insured/ID	<b>MR MANTHIRAMOORTHI /23538282496</b>					
Tel. (O)		Fax		Tel. (R)		Mobile *****4407
Business/Occupation	Others			Email	*****@gmail.com	
Period of Insurance	From	22:19 Hrs of 14/12/2025	To	Midnight of 13/12/2026		

Coinsurance	UIIC 012000 : 100%
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Coverage Details:-

Insured Name	MANTHIRAMOORTHI	DOB	03/05/1985
Address	S MANTHIRAMOORTHI 97 THADIVEERANKOVIL WEST STREET TIRUNELVELI TOWN	Profession	Shop owner
Previous Illness(If Any)		Remarks	
Assignee Name	PORKODI MEENA	Assignee Relationship	Spouse
Cover Opted	PAOnlyDeathTable1	SI	₹250,000.00
Premium	₹100.00		

CB Details:-

Sl. No.	SI ₹	Percentage(%)	Amount ₹
1	250,000.00	0	0.00

Net Premium:	₹	100.00
CGST(0%):	₹	0.00
SGST(0%):	₹	0.00
UTGST(0%):	₹	0.00
IGST(0%):	₹	0.00
Stamp Duty:	₹	12.50
<b>Total :</b>	₹	<b>100.00</b>
Receipt Number :	10101200025119786451	
Receipt Date:	14/12/2025	

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

Customer GST/UIN No.:		Office GST No.:	33AAACU5552C1ZQ
SAC Code:	997133	Invoice No. & Date:	4225I114433815 & 14/12/2025
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: 14/12/2025

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AMBATTUR 012000 on this 14th 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

This is a system generated document and any manual alteration / correction / overwriting in the document will make it invalid.