



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.:0120004225P109079560

PERIOD OF INSURANCE
From 18:43 Hrs of 05/09/2025
To Midnight of 04/09/2026

Insured
MR PERIYASAMY
90 PENSION LINE VELU STREET DADAGAPATTY SALEM
636006
SALEM
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
Mobile/Landline Number/Email : arul_krth@hotmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 012000@uiic.co.in

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

Printed By : CUSTOMER @ 05/09/2025 6:44:43 PM



INDIVIDUAL PERSONAL ACCIDENT POLICY
SCHEDULE

Policy No.	0120004225P109079560		Prev. Pol. No.				
Name Of Insured/ID	MR PERIYASAMY /23492116271						
Tel.(O)	94883939	Fax		Tel. (R)	94883939	Mobile	*****3940
Business/Occupation	Others			Email	*****@gmail.com		
Period of Insurance	From	18:43 Hrs of 05/09/2025		To	Midnight of 04/09/2026		

Coinsurance	UIIC 012000 : 100%
-------------	--------------------

Coverage Details:-

Insured Name	PERIYASAMY	DOB	17/05/1969
Address	90 PENSION LINE VELU STREET DADAGAPATTY SALEM	Profession	Shop owner
Previous Illness(If Any)		Remarks	
Assignee Name	CITHRA	Assignee Relationship	Spouse
Cover Opted	PADeathPTDTableII	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(9%):	₹ 20.00
SGST(9%):	₹ 20.00
Stamp Duty:	₹ 25.00
Total :	₹ 265.00
Receipt Number :	10101200025111779253
Receipt Date:	05/09/2025

Agency/Broker Code :	AGN0007651
BDIS Code :	BD41421
Direct Business :	

Customer GST/UIN No.:		Office GST No.:	33AAACU5552C1ZQ
SAC Code:	997133	Invoice No. & Date:	4225I109079560 & 05/09/2025
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: 05/09/2025

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AMBATTUR 012000 on this 05th day of September 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.