



## 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.:0120004225P109905457**

**PERIOD OF INSURANCE**  
**From 21:01 Hrs of 21/09/2025**  
**To Midnight of 20/09/2026**

*Insured*

**MR RAVICHANDRAN**

NO 185 CHELLIYAMMAN STREET EDAYANSATHU VELLORE  
632002  
VELLORE  
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 @ 21/09/2025 9:03:01 PM



INDIVIDUAL PERSONAL ACCIDENT POLICY  
SCHEDULE

Policy No.	<b>0120004225P109905457</b>		Prev. Pol. No.			
Name Of Insured/ID	<b>MR RAVICHANDRAN /23499803261</b>					
Tel.(O)		Fax		Tel. (R)		Mobile
Business/Occupation	Others			Email	*****@gmail.com	
Period of Insurance	From	<b>21:01 Hrs of 21/09/2025</b>	To	<b>Midnight of 20/09/2026</b>		

<b>Coinurance</b>	UIIC 012000 : 100%
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**Coverage Details:-**

<b>Insured Name</b>	RAVICHANDRAN	<b>DOB</b>	25/07/1985
<b>Address</b>	NO 185 CHELLIYAMMAN STREET EDAYANSATHU VELLORE	<b>Profession</b>	Shop owner
<b>Previous Illness(If Any)</b>		<b>Remarks</b>	
<b>Assignee Name</b>	P SATHYA	<b>Assignee Relationship</b>	Spouse
<b>Cover Opted</b>	<b>PADeathPTDTableII</b>	<b>SI</b>	₹500,000.00
<b>Premium</b>	₹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
<b>Total :</b>	₹	<b>265.00</b>
Receipt Number :	10101200025112632187	
Receipt Date:	21/09/2025	

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

<b>Customer GST/UIN No.:</b>		<b>Office GST No.:</b>	33AAACU5552C1ZQ
<b>SAC Code:</b>	997133	<b>Invoice No. &amp; Date:</b>	4225I109905457 & 21/09/2025
<b>Amount Subject to Reverse Charges-NIL</b>			

**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: 21/09/2025

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AMBATTUR 012000 on this 21st 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

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