



# UNITED INDIA INSURANCE COMPANY LIMITED

UNITED INDIA INSURANCE CO.LTD. FIRST FLOOR, 5-15A CHOLAMBEDU ROAD., KRISHNAPURAM, AMBATTUR 600053  
TIRUVALLUR - 600053 TAMIL NADU  
PHONE: (044) 26570260 FAX: EMAIL:

INDIVIDUAL PERSONAL ACCIDENT POLICY  
POLICY NO.:0120004225P114722854

PERIOD OF INSURANCE  
From 07:53 Hrs of 20/12/2025  
To Midnight of 19/12/2026

*Insured*

**MR SUNDARAPANDI**

EAST STREET VANDARI POST PERAIYUR TALUK MADURAI DIST  
625705  
MADURAI  
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.	0120004225P114722854			Prev. Pol. No.			
Name Of Insured/ID	MR SUNDARAPANDI /23541347232						
Tel. (O)		Fax		Tel. (R)		Mobile	*****2893
Business/Occupation	Others			Email	*****@gmail.com		
Period of Insurance	From	07:53 Hrs of 20/12/2025	To	Midnight of 19/12/2026			

Coinsurance	UIIC 012000 : 100%
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Coverage Details:-

Insured Name	SUNDARAPANDI	DOB	26/05/1989
Address	EAST STREET VANDARI POST PERAIYUR TALUK MADURAI DIST	Profession	Shop owner
Previous Illness(If Any)		Remarks	
Assignee Name	MAHALAKSHMI	Assignee Relationship	Spouse
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 :	10101200025120092231	
Receipt Date:	20/12/2025	

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

Customer GST/UIN No.:		Office GST No.:	33AAACU5552C1ZQ
SAC Code:	997133	Invoice No. & Date:	42251114722854 & 20/12/2025
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: 20/12/2025  
 IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AMBATTUR 012000 on this 20th day of December 2025 .

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

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

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

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