



UNITED INDIA INSURANCE COMPANY LIMITED

ENDORSEMENT SCHEDULE

GROUP PERSONAL ACCIDENT POLICY

Policy Number	2501004223P112030215	Department	Personal Accident
Previous Policy Number			
Type of Policy	Group Personal Accident Policy	Business Channel code	BRC0000019,BRC0000190,BRC0000042
Policy Start Date	18/12/2023	Policy End Date	17/12/2024
Endorsement No	10	Endorsement Effective Date	20/09/2024
Insured's Name	UJVN LIMITED	Issuing Office	250100
Address	UJJWAL, MAHARANI BAGH, G M S ROAD DEHRADUN DEHRADUN 248006 UTTARAKHAND	Office Address	A SQUARE PLAZA, 10 TILAK ROAD, DEHRADUN - 248001 UTTARANCHAL DEHRADUN 248001 UTTARAKHAND

SAC Code:	997133
Customer GST/UIN No.:	
Office GST No.:	05AAACU5552C1ZP
Credit Note No. & Date:	24100314158C01 & 03/10/2024
Original Invoice No. & Date:	42231112030215 & 21/12/2023
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.

Insured Request No. & Date	202410030243137 & 20/09/2024
Endorsement Type	Deletion of Insured person

Endorsement Premium :	₹ -3,777.00
Endorsement CGST(9%) :	₹ -340.00
Endorsement SGST(9%) :	₹ -340.00
Endorsement Stamp Duty :	₹ 0.00
Total Endorsement Premium :	₹ -4,457.00

REASON FOR ENDORSEMENT: Deletion of insured person as per request by ee ujvnl:

ENDORSEMENT WORDING: Notwithstanding anything contained herein to the contrary it is hereby declared and agreed that at the request of the insured the following member/s has/have been deleted from the within mentioned policy with effect from 20/09/2024 .

In consequence whereof an amount of ₹4457 is hereby allowed as Refund to the insured.
The Total Sum Insured under the policy now stands decreased to ₹ 5484000000 and the Total No. of members covered now are 1828.

Subject otherwise to the terms, exceptions, conditions and limitations of this policy.

For and on behalf of
United India Insurance Company Limited

Authorised Signatory

*Note: Wherever SI for Table of benefit is reflecting "0.00", it indicates that particular cover has not been opted.

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Underwritten By - AVI28999 (DO UW CUM CASHIER)