



## UNITED INDIA INSURANCE COMPANY LIMITED

## RECEIPT

Issuing Office code/Address :	080300 / DO ALLAHABAD RAM MOHAN PLAZA, MADHO KUNJ, KATRA, ALLAHABAD UTTAR PRADESH 211002	Receipt Number :	10108030016108931188
		Collection Date :	30/09/2016

Received with thanks from THE GOUP, THROUGH D.G. DIRECTORATE OF INSTITUTIONAL FINANCE, INSURANCE & EXTERNALLY AIDED PROJECT (Customer ID : 23027996062) a sum of Rs. 378158043.00 (Thirty-seven crores eighty-one lakhs fifty-eight thousand forty-three rupees only) as per detail given hereunder:

SL No	Policy Number	Policy Type	Endt/Ren/Clm/Decln No	Particulars	Total Amount
1	0803002616P108684363	SpecialContingencyPolicy	0	Final Premium	32,88,33,082.00
2	0803002616P108684363	SpecialContingencyPolicy	0	Service Tax	4,60,36,631.00
3	0803002616P108684363	SpecialContingencyPolicy	0	Education Cess	0.00
4	0803002616P108684363	SpecialContingencyPolicy	0	Higher Education Cess	0.00
5	0803002616P108684363	SpecialContingencyPolicy	0	Swachh Bharat Cess	16,44,165.00
6	0803002616P108684363	SpecialContingencyPolicy	0	Krishi Kalyan Cess	16,44,165.00

**Total (Rounded Off) : 37,81,58,043.00**

**Stamp Duty : 0.00**

**Bank Charges : 1.00**

**Total Amount : 37,81,58,044.00**

Instrument Details							
SL No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	116080300105483317	RTGS/NEFT	416258632449	14/09/2016	STATE BANK OF INDIA	LUCKNOW	37,81,58,044.00

Particulars :

Service Tax Registration Number : AAACU5552CST001

for UNITED INDIA INSURANCE COMPANY LIMITED



Cashier Initial

Note:

1. Receipt valid subject to realisation of cheque
2. Please quote policy no., collection no., and date in all correspondences.

AUTHORISED SIGNATORY

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## UNITED INDIA INSURANCE COMPANY LIMITED

RAM MOHAN PLAZA, MADHO KUNJ, KATRA, ALLAHABAD UTTAR PRADESH

ALLAHABAD - 211002 UTTAR PRADESH

PHONE: (0532) 2250543 FAX: EMAIL:

### SPECIAL CONTINGENCY POLICY POLICY NO.:0803002616P108684363

#### PERIOD OF INSURANCE

From 10:00 hrs of 14/09/2016

To midnight of 13/09/2017

*Insured*

### THE GOUP, THROUGH D.G. DIRECTORATE OF INSTITUTIONAL FINANCE, INSURANCE & EXTERNALLY AIDED PROJECT

16, VIDHAN SABHA MARG, LUCKNOW

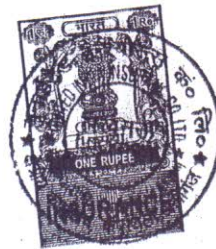
LUCKNOW

226001

UTTAR PRADESH

Agent Name :  
Agent Code :  
Mobile/Landline :  
Number/Email :

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014  
Website: <http://www.uilc.co.in>, Email - [info@uilc.co.in](mailto:info@uilc.co.in)





## POLICY SCHEDULE

Policy Number: 0803002616P108684363

Insured Details: Name/ID: THE GOUP, THROUGH D.G. DIRECTORATE OF INSTITUTIONAL FINANCE, INSURANCE & EXTERNALLY AIDED PROJECT /23027996062 Tel.:0522-4011773 (O): 2250543 Tel.(R) 2623291

Email: director.dif@gmail.com

Business/Occupation: Government Body

Period Of Insurance From 10:00 Hrs of 14/09/2016 To Midnight of 13/09/2017

CO-INSURANCE DETAILS: UIIC 080300 : 100%

INSURED POPULATION IN ALLAHABAD CLUSTER AS DETAILED BELOW:

S.NO.	DISTRICT	POPULATION (No. of Insured in 100's)
1	FATEHPUR	5021
2	PRATAPGARH	6531
3	KAUSHAMBI	3071
4	ALLAHABAD	7326
5	MIRZAPUR	4011
6	SONEBHADRA	2881
		<b>28841</b>

## SECTION WISE PREMIUM DETAILS

Section No.	Cover Names	Description	Total Sum Insured (in Rs.)
1	<b>Personal Accident to Head of Family</b>	As per annexure attached	<b>144205000000.0</b>
2	<b>Health Family Floater</b>	As per annexure attached	<b>721025000000.00</b>
3	<b>Artificial Limb</b>	As per annexure attached	<b>288410000000.00</b>

<b>Premium : 328,833,082.00</b>
<b>Service Tax : 46,036,631.00</b>
<b>Swachh Bharat Cess : 1,644,165.00</b>
<b>Krishi Kalyan Cess : 1,644,165.00</b>
<b>Stamp duty : 1.00</b>
<b>Total : 378,158,043.00</b>
<b>Receipt Number:10108030016108931188</b>
<b>Receipt Date : 30/09/2016</b>
<b>S Tax Regn. No.:AAACU5552CST001</b>

**Premium in Words:** Thirty-seven crores eighty-one lakhs fifty-eight thousand forty-three rupees only.

**INSTALLMENT SCHEDULE DETAIL:**

**TOTAL PREMIUM AMOUNT: Rs.756316086.00 (INCLUSIVE OF S.TAX)**

**1<sup>st</sup> INSTALLMENT PREMIUM RECEIVED: Rs.378,158,043.00 ((INCLUSIVE OF S.TAX)**

**2<sup>nd</sup> INSTALLMENT PREMIUM DUE ON: 14<sup>th</sup> MARCH 2017**

**2<sup>nd</sup> INSTALLMENT PREMIUM AMOUNT: Rs.378,158,043.00/- (INCLUSIVE OF S.TAX)**

**Special Conditions**

Coverages, Terms and conditions, exclusions of the policy will be governed by G.O. No. 1880-2005/Sansthagat Vittyka/Ka/Ni.6/Ka-24/2015-16 dated 20 Jun 2016 & 2937-3060/Ka-24/2016-17 dated 25 Jul 2016 and MOU signed in between the Company and DG Directorate of Institutional Finance Insurance and Externally Aided Project, Government of Uttar Pradesh and Terms & Conditions of PA Policy. Policy wordings & full RFQ enclosed herewith.

**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.

**Date of Proposal and Declaration : 14/09/2016 IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO ALLAHABAD 080300 on this 30th day of September, 2016.**

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

  
Duly Constituted Attorney(s)

