दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO. LTD. ФТ ЗЧФН" / "Government of India Undertaking" (Government of India Undertaking)



JANATA PERSONAL ACCIDENT (INDIVIDUAL) INSURANCE POLICY (IRDA/NL-HLT/NIA/P-P/V.1/55/14-15)

Insured's Name	:	AJEET EKNATH KUTE			
	ured's Details	Issuing Office Details			
Customer ID	:	PO66650743	Office Code	. :	Manchar (151611)
Address	:	A/P. KOHINDE, TAL. KHED, DIST. PUNE RAJ GURU NAGAR ,MAHARASHTRA, 410505	Address	:	Trimurti Complex,A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune ,410503
Phone No	:	7057428727	Phone No	:	02133-223047
E-mail/Fax	:	1	E-mail/Fax	:	nia.151611@newindia.co.in /
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN		NA / NA	GSTIN	:	27AAACN4165C3ZP
	:	2000	SAC	:	997139 (Other non-life insurance services excl RI)

		Poli	cy Details	************			
Policy Number	:	15161147182400000188	Business Source Code				
Period of Insurance	:	From:01/02/2019 02:24:15 PM To: 31/01/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	ŀ	Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	:	01-Feb-19	Agent/Bancassurance	:	Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (SI00156800)		
Prev. Policy no.	:		Phone No	:	9623857257 / NA		
Client Type	;	Non-Corporate	E-mail/Fax	:	nikhiltemgire1@gmail.com, / / /		

Premium	GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	1516118118000000061 01/02/19
Stamp Duty	₹ 1			

POLICY SCHEDULE (Individual)

Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee Details		Sum Insured	Excess (%)
	1					Name	Relation		
AJEET EKNATH KUTE	Male	12/10/1989	Driver	Earning Member	NO	MRS. VID YA KUTE	Spouse	100000	0

Special Conditions:	NA
Subject to Janata Personal Acci	dent Insurance Policy Clause as attached hereto.

NOTE: WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'.

Premium and GST GRN No.MH005985987201819M Premium SGST dtd. 17/09/2018 vide Cheque No. 786999 dtd. 13/09/2018 and the stamp duty under this policy is Rs.1/-	Rate of Tax 0 0 0	Amount in INR ₹60 0 0
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In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 01st day of February,2019.

For and on behalf of The New India Assurance Company Limited

gitally sign of Schrives Policy No. : 15161147182400000188 Document generated by 37531 at 01/02/2019 14:29:18 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Signature yalid

For tedit as aBoT your grievance, if any, you may approach any one of the following offices 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach insurance Ombudsman. For details of our office addresses and addresses of office of insurance Ombudsman, please visit our website http://newindia.co.in.

दि न्यू इन्डिया एश्योरन्स कंपनी लि.

ent of India Undertaking" THE NEW INDIA ASSURANCE CO. 1970. का उपक्रम (Government of India Undertaking)



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office

: Manchar (151611)

Address

: Trimurti Complex,A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune

,410503 MANCHAR

Phone

: 02133-223047

Email

: nia.151611@newindia.co.in

Fax

Collection Number Collection Date

15161181180000000614 01/02/2019

Business Source Code

DI00001420

PAN No of Payer

Received with thanks from AJEET EKNATH KUTE

The amount received/Adjusted is towards

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000188	Bank-151611	60.00	9100.151611	BA00017303-151611-9100

Total = ₹ 60.00

Your Payment/Adjustment Details are as under-

Mode	Amount₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Referençe No.	Scroll/BG/A PD Balance
Cash	60.00	N.A.	N.A.	N.A.	N.A.	1516111810001168	N.A.

Total = ₹ 60.00

Utilization details of the Collected Amount

Premium		GST		Stamp Duty	Excess Amount
60.00		0.00		0.00	0
SI no.	Agency Code		Agency Nam	ie	Department Code
1	NIAAG00087491		NIKHIL HANU	JMANT TEMGIRE	47

For The New India Assurance Company Limited Revenue Stamp



Date of Issue: 01/02/2019

Cashier's Initial

Authorized Signatory

Note

1 Please note the Policy Number, Collection Number and date in all future correspondence.

2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No:

IRDA Registration Number: 190

Signature valid

Policy No.: 15161147182400000188 Document generated by 37531 at 01/02/2019 14:29:18 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.