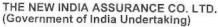
दि न्यू इन्डिया एश्योरन्स कंपनी लि.







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

Insured's Name		ANIKET VASANT BHOR				
	Inst	ured's Details		Issuin	g Office Details	
Customer ID		PO67719135	Office Code		Manchar (151611)	
Address	:	A/P. HIVRE TARFE NARAYANGAON, TAL. JUNNAR, DIST. PUNE NARAYANGAON ,MAHARASHTRA, 410504	Address	:	Trimurti Complex,A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune ,410503	
Phone No	:	7387690955	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	1:	NA / NA	GSTIN	T:	27AAACN4165C3ZP	
	:	and the state of t	SAC	:	997139 (Other non-life insurance services excl RI)	

		Polic	y Details				
Policy Number	:	15161147182400000386	Business Source Code				
Period of Insurance	:	From:14/03/2019 10:54:45 AM To: 13/03/2020 11:59:59 PM	Dev.Off level./Broker/Gorp. Agent/IMF	-	Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	;	14-Mar-19	Agent/Bancassurance	1	Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (S100156800)		
Prev. Policy no.		ALL THE RESIDENCE OF THE PERSON OF THE PERSO	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	15161181180000000930 -
Stamp Duty	₹1 /***			14/03/19

Details of Ins	ured an	d/other Family	members co	vered under	the policy	vidual)			
Name of the Insured	Sex	and the control of th	Occupation	14-1-14-14-14-14-14-14-14-14-14-14-14-14	Existing Nominee Det		e Details	Sum	Excess (%)
		1 1 1	142 N	- 150 No. 11		Name	Relation		1707
ANIKET VASANT	Male	05/07/1988	Business	Earning Member	NO	VASANT B	Father	100000	0

Special Conditions: NA

Subject to Janata Personal Accident Insurance Policy Clause as attached hereto.

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

Premium and GST Detallonsolidated Stamp fees paid by

GRAS GRN, No.MH005985987201819M dtd. 17/09/2018 vide Cheque No. 786999 Rate of Tax Amount in INR Premium dtd. 13/09/2018 and the stamp duty under ₹60 SGST 0 0 this policy is Rs.1/-CGST 0 0 IGST 0

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 14th day of March, 2019.

0

For and onMoehalf of The New India Assurance Company

Signature yalid

Policy No.: 15161147182400000386 Document generated by 37531 at 14/03/2019 11:00:03 Hours,

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

Date 2019 14
For redness also 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.ln.

दि न्य इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)





COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office

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

15161181180000000930

Collection Date

: 14/03/2019

Business Source Code

DI00001420

PAN No of Payer

Received with thanks from ANIKET VASANT BHOR.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub AIC Code
15161147182400000386	Bank-151611	60.00	9100.151611	Sub A/C Code
Total = ₹ 60.00		20.00	3100.131011	BA00017303-151611-9100

Mode	Amount ₹	Cheque No.	Cheque Date	1	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A
Cash	60.00	N.A.	N.A.	N.A.	ALC: NO.	Acad State	3	PD Balance
Total = ₹	60.00			337		N.A.	1516111810001522	N.A

Utilization details of the Collected Amount :

Premium		GST		Stamp Duty	Excess Amount
60.00		0.00		0.00	C C C C C C C C C C C C C C C C C C C
SI no.	Agency Code		Agency Name		Donatus et Col
1	NIAAG00087491		NIKHIL HANUM	ANT TEMGIRE	Department Code

For The New India Assurance Company Limited

Revenue Stamp

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ndia Ass

Date of Issue: 14/03/2019

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/lf there is insufficient premium balance.

Tax Invoice No: 15161118P0000712

IRDA Registration Number: 190

Signature yalid

Policy No.: 15161147182400000386 Document generated by 37531 at 14/03/2019 11:00:03 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.