

THE NEW INDIA ASSURANCE CO. Трот зчон" / "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	:	AMIT MADHUKAR BANAKHELE			4.4	
	Inst	red's Details	Issuing Office Details			
Customer ID		PO66344233	Office Code	: Manchar (151611)		
Address		A/P RAJGURUNAGAR, 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	:	7020738992	Phone No	:	02133-223047	
E-mail/Fax	:	T	E-mail/Fax		nia.151611@newindia.co.in /	
PAN No	:		S.Tax Regn. No		AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	;	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

		Poli	cy Details		SVIII LEISSEN SAN GENERAL TAMAN DE PARTICIONES DE LA CONTRACTOR DE LA CONT		
Policy Number		15161147182400000143	Business Source Code				
Period of Insurance	:	From:21/01/2019 02:36:31 PM To: 20/01/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF		Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	:	21-Jan-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	1	nikhiltemgire1@gmail.com, / / /		

Premium	GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	15161181180000000558 - 21/01/19
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 (%)
				K, N	100	Name	Relation		
AMIT MADHUKAR BANAKHEL	Male	27/11/1983 , 35	Agricultural ist	Earning Member	NO .	MR. MADH UKAR	Father	100000	0

Special Conditions:	NA	
Subject to Janata Persona	Accident Insurance Policy Clause as attached herei	to.

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

Premium and G	GRAS GRN No.MH005985987201819M dtd. 17/09/2018 vide Cheque No. 786999	10000000000000000000000000000000000000	Amount in INR ₹60
SGST	dtd. 13/09/2018 and the stamp duty under	0	0
CGST	this policy is Rs.1/-	0	0
IGST		0	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 21st day of January,2019.

Signature valid

Policy No. : 15161147182400000143 Document generated by 37531 at 21/01/2019 14:41:52 Hours.

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

Date Control 2012

For feld/25sat65f 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.

(HE NEW INDIA ASSURANCE CO. LTD: का उपक्रम" / (Government of India Undertaking)

Stamp Duty under the Policy is ₹1/-.



For and on behalf of The New India Assurance Company Limited

Duly Constituted Attorney(s)

Mudrank \_\_\_\_\_ Dt. \_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_ vide receipt

Tax Invoice No:

IRDA Registration Number: 190

Policy No.: 15181147182400000143 Document generated by 37531 at 21/01/2019 14:41:52 Hours.

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

For redressal of 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

दि न्यू इन्डिया एश्योरन्स कंपनी लि.

HE NEW INDIA ASSURANCE CO. TTDIN का उपक्रम" / "Covernment of India Undertaking" (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

15161181180000000558

Collection Date

21/01/2019

Business Source Code

DI00001420

PAN No of Payer

10

Received with thanks from AMIT MADHUKAR BANAKHELE.

The amount received/Adjusted is towards

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000143	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.	1516111810001103	N.A.

Total = ₹ 60.00

Utilization details of the Collected Amount

Othization	details of the concere	d Alliquite.		- Property of the second second	
Premium		GST		Stamp Duty	Excess Amount
60.00		0.00		0.00	0 4
SI no.	Agency Code		Agency Nan	nė	Department Code
1	NIAAG00087491		NIKHIL HAN	UMANT TEMGIRE	47

For The New India Assurance Company Limited

Revenue Stamp

Date of Issue: 21/01/2019

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

Digitally sign of by Strives in Vales version 21.

Policy No. : 15161147182400000143 Document generated by 37531 at 21/01/2019 14:41:52 Hours.

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