दि न्य इन्डिया एश्योरन्स कंपनी लि.

ent of India Undertaking" THE NEW INDIA ASSURANCE CO. P. TO. 39 50 1 (Government of India Undertaking)



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

Insured's Name	:	ANIL SHANTARAM LOHOT			
	Insi	ured's Details		Issuin	g Office Details
Customer ID	Office Code				Manchar (151611)
Address	:	A/P. SAKORE, TAL. AMBEGAOAN, DIST. PUNE KALAMB ,MAHARASHTRA, 410515	Address		Trimurti Complex, A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune 410503
Phone No	:	9822721727	Phone No		02133-223047
E-mail/Fax	:	J	E-mail/Fax		nia.151611@newindia.co.in /
PAN No			S.Tax Regn. No		AAACN4165CST178
GSTIN/UIN	- :	NA / NA	GSTIN	1	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

-		Poli	cy Details				
Policy Number		15161147182400000128	Business Source Code				
Period of Insurance	;	From:21/01/2019 11:24:34 AM To: 20/01/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	1	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	1:	Non-Corporate	E-mail/Fax	T:	nikhiltemgire1@gmail.com, / / /		

Premium	GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	15161181180000000541 -
Stamp Duty	₹1	Dillo-		21/01/19

POLICY SCHEDULE (Individual)

Name of Sex the Insured		d/other Family Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee Details		Sum	Excess (%)
			161	1000	Wa Jimal	Name	Relation		1707
ANIL SHANTARA M LOHOTA	Male	06/07/1974	Agricultural ist	Earning Member	NO	MR. ABHI SHEK	Son	100000	0

Special Conditions: NA Subject to Janata Personal Accident 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 Details Consolidated Stamp fees paid by Rate of Tax GRAS GRN No.MH005985987201819M Amount in INR Premium ₹60 dtd, 17/09/2018 vide Cheque No. 786999 SGST 0 dtd. 13/09/2018 and the stamp duty under CGST 0 this policy is Rs.1/-IGST

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.

For and on behalf of The New India Assurance Company Limited

Signature yalid

Policy No.: 15161147182400000128 Document generated by 37531 at 21/01/2019 11:35:41 Hours.

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

vgrs.01.21 essabol 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.

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THE NEW INDIA ASSURANCE CO PTD ST 34 PH ' (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

MANCHAR

Phone

: 02133-223047

Email Fax

; nia.151611@newindia.co.in

Collection Number

: 15161181180000000541

Collection Date

: 21/01/2019

Business Source Code

PAN No of Payer

: DI00001420

Received with thanks from ANIL SHANTARAM LOHOT.

The amount received/Adjusted is towards -

Policy No.	A/C Description	A		
		Amount₹	A/C Code	Sub A/C Code
15161147182400000128	Bank-151611	60.00	9100.151611	
otal = ₹ 60.00				BA00017303-151611-9100

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Referençe No.	Scroll/BG/A
Cash	60.00	N.A.	N.A.	N.A.			PD Balance
Total = ₹ (50.00	1.4.6.4	I'm.A.	N.A.	N.A.	1516111810001086	N.A.

Utilization details of the Collected Amount:

Premium	GST			Stamp Duty		
60 00		0.00			Excess Amount	
SI no.	Agency Code		Agency Name		[0	
NIAAG00087491			MANT TEMGIRE	Department Code		

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 yalid

Policy No.: 15161147182400000128 Document generated by 37531 at 21/01/2019 11:35:41 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.