

दि न्यू इन्डिया एश्योरन्स कंपनी लि.

10.1373

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

"आरंभ चक्रान का उपक्रम" / "Government of India Undertaking"



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

|                   |  |                        |  |
|-------------------|--|------------------------|--|
| Insured's Name    | ASHA SUNIL DHAMALE   |                        |  |
| Insured's Details |  | Issuing Office Details |  |
| Customer ID       | PO66781817   | Office Code            | Manchar (151611)   |
| Address           | A/P. KADUS, TAL. KHED, DIST. PUNE<br><br>RAJ GURU NAGAR<br>MAHARASHTRA, 410505 | Address                | Trimurti Complex, A Wing, 1st floor,<br>Shop No 6, Pune Nasik Highway,<br>Manchar, Tal Ambejaon, Dist Pune<br><br>410503 |
| Phone No          | 9970628481   | Phone No               | 02133-223047   |
| E-mail/Fax        | /  | E-mail/Fax             | nia.151611@newindia.co.in /  |
| PAN No            |  | S.Tax Regn. No         | AAACN4165CST178  |
| GSTIN/UIIN        | NA / NA  | GSTIN                  | 27AAACN4165C3ZP  |
|                   |  | SAC                    | 997139 (Other non-life insurance services excl RI)   |

|                     |   |                                       |   |
|---------------------|---|---------------------------------------|---|
| Policy Details      |   |                                       |   |
| Policy Number       | 15161147182400000237                                  | Business Source Code                  |   |
| Period of Insurance | From 06/02/2019 03:16:59 PM To 05/02/2020 11:59:59 PM | Dev.Off level./Broker/Corp. Agent/IMF | Mr. DIRECT 151611 MANCHAR - (DI00001420)  |
| Date of Proposal    | 06-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       | 15161181160000000666 - 06/02/19 |
| Stamp Duty | ₹ 1 |           |                         |                                 |

POLICY SCHEDULE (Individual)

| Details of Insured and/or other Family members covered under the policy |        |                     |                  |                   |                       |                   |          |             |            |
|---|--------|---------------------|------------------|-------------------|-----------------------|-------------------|----------|-------------|------------|
| Name of the Insured   | Sex    | Date of Birth / Age | Occupation       | Status of Insured | Existing Disabilities | Nominee Details   |          | Sum Insured | Excess (%) |
|   |        |                     |                  |                   |                       | Name              | Relation |             |            |
| ASHA SUNIL DHAMALE  | Female | 13/08/1975, 43      | Agricultural ist | Earning Member    | NO                    | MR. SUNIL DHAMALE | Spouse   | 100,000     | 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

|         |             |               |
|---------|-------------|---------------|
| Premium | Rate of Tax | Amount in INR |
| SGST    | 0           | ₹60           |
| CGST    | 0           | 0             |
| IGST    | 0           | 0             |

Consolidated Stamp fees paid by GRAS GRN No.MH005985987201810M dtd. 17/09/2018 vide Cheque No. 786999 dtd. 13/09/2018 and the stamp duty under this policy is Rs.1/-

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 06th day of February, 2019.

For and on behalf of  
The New India Assurance Company Limited

Signature valid

Digitally signed by Scriverson Vaidya  
Date: 2019.02.06 11:02:16

Policy No. : 15161147182400000237 Document generated by 37531 at 06/02/2019 15:22:01 Hours.

Regd. & Head Office: New India Assurance Bldg., 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 visit our website <http://newindia.co.in>.

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THE NEW INDIA ASSURANCE CO. LTD. "आशा सनिल धामले का उपक्रम" / "Government of India Undertaking"  
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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 : 1516118118000000666  
Collection Date : 06/02/2019  
Business Source Code : DI00001420  
PAN No of Payer :

Received with thanks from ASHA SUNIL DHAMALE.

The amount received/Adjusted is towards -

| Policy No.           | A/C Description | Amount ₹ | A/C Code    | Sub A/C Code           |
|----------------------|-----------------|----------|-------------|------------------------|
| 1516114/182400000237 | 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 | Reference No.    | Scroll/BG/A PD Balance |
|------|----------|------------|-------------|-------------|---------------|------------------|------------------------|
| Cash | 60.00    | N.A.       | N.A.        | N.A.        | N.A.          | 1516111810001233 | N.A.                   |

Total = ₹ 60.00

Utilization details of the Collected Amount :

| Premium | GST           | Stamp Duty              | Excess Amount   |
|---------|---------------|-------------------------|-----------------|
| 60.00   | 0.00          | 0.00                    | 0               |
| Sl no.  | Agency Code   | Agency Name             | Department Code |
| 1       | NIAAG00087491 | NIKHIL HANUMANT TEMGIRE | 47              |

For The New India Assurance Company Limited  
Revenue Stamp



Date of Issue: 06/02/2019

Cashier's Initial

Authorized Signatory

Note -

- Please note the Policy Number, Collection Number and date in all future correspondence.
- 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 signed by Asha Sunil Dhamale  
Date: 2019.02.06  
15:22:01 IST

Policy No. : 15161147182400000237 Document generated by 37531 at 06/02/2019 15:22:01 Hours.

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