THE NEW INDIA ASSURANCE CO. LTD. 3954" / (Government of India Undertaking)





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

Insured's Name	:	ASHOK VITTHAL GORDE	γ		and the second s	
Insured's Details			Issuing Office Details			
Customer ID		PO66203102	Office Code	:	Manchar (151611)	
Address	:	A/P BASTI SAVARGAON, TAL JUNNAR, DIST. PUNE JUNNAR ,MAHARASHTRA, 410502	Address	:	Trimurti Complex A Wing, 1st floor Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune ,410503	
Phone No	:	9960024202	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	
	1.2		SAC	:	997139 (Other non-life insurance services excl RI)	

		Polic	cy Details		A CONTRACTOR OF THE PARTY OF TH		
Policy Number		15161147182400000120	Business Source Code				
Period of Insurance		From:15/01/2019 04:03:45 PM To: 14/01/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	:	Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	1	15-Jan-19	Agent/Bancassurance	1	Mr NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (SI00156800		
Prev. Policy no.	1.0		Phone No	;	9623857257 / NA		
Client Type	10	Non-Corporate	E-mail/Fax	:	nikhiltemgire1@gmail.com, 7.7.1		

Premium	GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	15161181180000000531 15/01/19
Stamp Duty	₹ 1		400000000000000000000000000000000000000	

## POLICY SCHEDULE (Individual)

Name of Sex the Insured		Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee Details		Sum Insured	Excess (%)
			ne ne			Name	Relation		
ASHOK VITTHAL GORDE	Male	04/07/1981	Agricultural ist	Earning Member	NO	MRS. JYO	Spouse	100000	0

Special Conditions: NA

Signature yalic

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	GS Detailelidated Stamp fees paid by		
	GRAS GRN No.MH005985987201819M	Rate of Tax	Amount in INR
Premium	dtd 17/09/2018 vide Cheque No. 780999		₹60
SGST	dtd. 13/09/2018 and the stamp duty under	O	O
CGST	this policy is Rs.1/-	0	0
LOCK	uns poncy to recent	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 15th day of January,2019.

For and an behalf of The New India Assurance Company

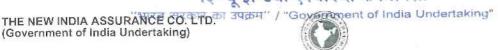
Policy No.: 15161147182400000120 Document generated by 37531 at 15/01/2019 16:08:21 Hours.

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

For teddessal50f 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://inewindia.co.in.

दि न्यू इन्डिया एश्योरन्स कंपनी लि.

(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

: 15161181180000000531

Collection Date

: 15/01/2019

**Business Source Code** 

:: DI00001420

PAN No of Payer

Received with thanks from ASHOK VITTHAL GORDE.

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code	
15161147182400000120	Bank-151611	60.00	9100.151611	BA00017303-151611-9100	

Total = ₹ 60.00

our Payment/Adjustment Details are as unde

Mode	Amount ₹		Cheque Date	Drawee Bank	Drawee Branch	Referençe No.	Scroll/BG/A PD Balance
Cash	60.00	N.A.	N.A.	N.A.	N.A.	1516111810001059	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 na.	Agency Code		Agency Name	Department Code
1	NIAAG00087491		NIKHIL HANUMANT TEMGIRE	47

For The New India Assurance Company Limited

Revenue Stamp

Date of Issue: 15/01/2019

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.: 15161147182400000120 Document generated by 37531 at 15/01/2019 16:08:21 Hours.

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