

दि न्यू इन्डिया एश्योरन्स कंपनी लि.

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

(भारत सरकार के स्वामित्वाधीन)



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

Insured's Name	BALU RAMA WAGHE		
Insured's Details		Issuing Office Details	
Customer ID	PO68326860	Office Code	Manchar (151611)
Address	A/P SHENDEWADI, 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	8624807417	Phone No	02133-223047
E-mail/Fax	/	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)

Policy Details		Business Source Code	
Policy Number	15161147192400000005	Dev. Off level./Broker/Corp. Agent/IMF	Mr. DIRECT 151611 MANCHAR - (DI00001420)
Period of Insurance	From:03/04/2019 01:05:56 PM To: 02/04/2020 11:59:59 PM	Agent/Bancassurance	Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (SIC0156900)
Date of Proposal	03-Apr-19	Phone No	9623857257 / NA
Prev. Policy no.		E-mail/Fax	nikhiltemgire1@gmail.com / / /
Client Type	Non-Corporate		

Premium	60	GST	0	Total(RS)	60	Total Rupees (In Words)	RUPEES SIXTY ONLY	Receipt No. & Date	15161181190000000013 - 03/04/19
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		
BALU RAMA WAGHE	Male	04/06/1980 38	Agricultural ist	Earning Member	NO	MRS. KAV ITA	Spouse	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 GRAS CRN No. MUM000968087201819M dtd. 17/09/2018 vide Cheque No. 786999	Rate of Tax	Amount In INR
Premium			₹60
SGST	dtd. 13/09/2018 and the stamp duty under this policy is Rs.1/-	0	0
CGST		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 03rd day of April, 2019.

For and on behalf of
The New India Assurance Company
Limited

Signature valid

Digitally signed by
Signature
Valid
Date: 2019.04.03

Policy No. : 15161147192400000005 Document generated by 37531 at 03/04/2019 13:11:58 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>

IRDA REGN. NO. 190.



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 : 15161181190000000013
Collection Date : 03/04/2019
Business Source Code : DI00001420
PAN No of Payer :

Received with thanks from BALU RAMA WAGHE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
15161147192400000005	Bank-151611	60.00	9100 151611	BA0001/303-151611-9100

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.	15161119100000060	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: 03/04/2019

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 : 15161119P0000013

IRDA Registration Number: 190

Signature valid

Digitally signed
by Vandevaran
Date: 2019.04.03
13:11:58 IST

Policy No. : 15161147192400000005 Document generated by 37531 at 03/04/2019 13:11:58 Hours.

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