

1472

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

दि न्यू इन्डिया एश्योरन्स कंपनी लि.

(भारत सरकार के अधीन स्वायत्तताधीन)



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

| | | | |
|-------------------|--|------------------------|--|
| Insured's Name | DEEPA PRASAD NAIKADE | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | PO67488471 | Office Code | Manchar (151611) |
| Address | A/P. KOREGAON (NAIKADEWASTI), TAL. AMBEGAON, DIST. PUNE MANCHAR, MAHARASHTRA, 410503 | Address | Trimurti Complex, A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune 410503 |
| Phone No | 9373172589 | 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 | | | |
| Policy Number | 15161147182400000342 | Business Source Code | |
| Period of Insurance | From:06/03/2019 10:53:32 AM To: 05/03/2020 11:59:59 PM | Dev.Off level./Broker/Corp. Agent/IMF | Mr. DIRECT 151611 MANCHAR - (DI00001420) |
| Date of Proposal | 06-Mar-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 | 15161181180000000847 - 06/03/19 |
| Stamp Duty | ₹ 1 | | | |

POLICY SCHEDULE (Individual)

| Details of Insured and/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 (%) |
| DEEPA PRASAD NAIKADE | Female | 12/02/1993 26 | Agricultural ist | Earning Member | NO | Name | Relation | 100000 | 0 |
| | | | | | | MR. PRAS AD | Spouse | | |

| | |
|---|----|
| 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
SGST
CGST
IGST

Consolidated Stamp fees paid by
GRAS GRN No.MH005985987201819M
dtd. 17/09/2018 vide Cheque No. 786999
dtd. 13/09/2018 and the stamp duty under
this policy is Rs.1/-

| Rate of Tax | Amount in INR |
|-------------|---------------|
| | ₹60 |
| 0 | 0 |
| 0 | 0 |
| 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 06th day of March, 2019.

For and on behalf of
The New India Assurance Company
Limited

Signature valid

Digitally signed
by: Srinivasan
Vaidyanathan
Date: 2019.03.06

Policy No. : 15161147182400000342 Document generated by 37531 at 06/03/2019 11:17:57 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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(भारत सरकार के मंत्रालय स्वामित्वाधीन)



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 : 1516118118000000847
Collection Date : 06/03/2019
Business Source Code : DI00001420
PAN No of Payer :

Received with thanks from DEEPA PRASAD NAIKADE.

The amount received/Adjusted is towards -

| Policy No. | A/C Description | Amount ₹ | A/C Code | Sub A/C Code |
|----------------------|-----------------|----------|-------------|------------------------|
| 15161147182400000342 | 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. | 1516111810001443 | 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



Date of Issue: 06/03/2019

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 : 15161118P0000627

IRDA Registration Number: 190

Signature valid

Digitally signed
by Gaurav S. N.
Vandevan
Date: 2019.03.06
11:17:58 IST

Policy No. : 15161147182400000342 Document generated by 37531 at 06/03/2019 11:17:57 Hours.

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