

दि न्यू इन्डिया एश्योरन्स कंपनी लि.

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



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

Insured's Name	DHARMA POPAT THIGALE		
Insured's Details		Issuing Office Details	
Customer ID	PO66205764	Office Code	Manchar (151611)
Address	A/P. THIGALSTHAL 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	8390287116	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	15161147182400000124	Business Source Code	
Period of Insurance	From:15/01/2019 04:58:10 PM To: 14/01/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	Mr. DIRECT 151611 MANCHAR - (DI00001420)
Date of Proposal	15-Jan-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	nikhiltmgire1@gmail.com, / / /

Premium	GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	15161181180000000535 - 15/01/19
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		
DHARMA POPAT THIGALE	Male	27/03/1962 56	Service	Earning Member	NO	MRS. ALK A	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 GRN No.MH005985987201819M dtd. 17/09/2018 vide Cheque No. 788599 dtd. 13/09/2018 and the stamp duty under this policy is Rs.1/-	
Premium	Rate of Tax	Amount in INR
SGST		₹60
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 15th day of January, 2019.

For and on behalf of
The New India Assurance Company Limited

Signature valid

Digitally signed by
Prakash Chandra
Valdevalan
Date: 2019.01.15

Policy No. : 15161147182400000124 Document generated by 37531 at 15/01/2019 17:06:30 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>.



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 : 1516118118000000535
 Collection Date : 15/01/2019
 Business Source Code : DI0001420
 PAN No of Payer :

Received with thanks from DHARMA POPAT THIGALE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
15161147182400000124	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.	1516111810001063	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: 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 valid

Digitally signed
by Anvishan
Valkar on
Date 2019.01.15
17:06:36 IST

Policy No. : 15161147182400000124 Document generated by 37531 at 15/01/2019 17:06:30 Hours.

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