दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO. LTD. 34004 (Government of India Undertaking)





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

Insured's Name	1:	: GANESH ANIL PINGALE					
	Inst	ured's Details		Issuin	g Office Details		
Customer ID	:	PO66517350	Office Code	:	Manchar (151611)		
Address	:	A/P PABAL, TAL SHIRUR. DIST. PUNE DHAMNI ,MAHARASHTRA, 410508	Address		Trimurti Complex,A Wing, 1st floor, Shop No 6, Pune Nasik Highway Manchar, Tal Ambegaon, Dist Pune ,410503		
Phone No	:	9657983535	Phone No		02133-223047		
E-mail/Fax		j	E-mail/Fax	:	nia.151611@newindia.co.in /		
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178		
GSTIN/UIN	:	NA / NA	GSTIN	;	27AAACN4165C3ZP		
		4	SAC	:	997139 (Other non-life insurance services excl RI)		

		Poli	cy Details				
Policy Number	:	15161147182400000166	Business Source Code				
Period of Insurance	:	From:28/01/2019 01:15:53 PM To: 27/01/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	:	Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	:	28 Jan-19	Agent/Bancassurance	1:	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	15161181180000000589 - 28/01/19
Stamp Duty	₹ 1			

POLICY SCHEDULE (Individual)

Name of Sex the Insured		Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee Details		Sum Insured	Excess (%)
						Name	Relation		
GANESH ANIL PINGALE	Male	10/07/1985 , 33	Agricultural ist	Earning Member	NO	MRS. RUP ALI PING ALF	Spouse	100000	0

Special Conditions:

INA

Subject to Janata Personal Accident Insurance Policy Clause as attached hereto.

NOTE:

SGST

CGST

WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'.

Premium and GST Decays solidated Stamp fees paid by

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

Rate of Tax Amount in INR ₹60 O n 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 28th day of January,2019.

For and on behalf of The New India Assurance Company Limited_

Signature yalid

Policy No.: 15161147182400000166. Document generated by 37531 at 28/01/2019 13:35:35 Hours.

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

rssaled 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 COSTETDET 3400H (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 Email

: 02133-223047

Fax

: nia.151611@newindia.co.in

Collection Number

Collection Date

151611811800000000589 : 28/01/2019

Business Source Code

DI00001420

PAN No of Payer

Received with thanks from GANESH ANIL PINGALE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000166	Bank-151611	60.00	9100.151611	BA00017303-151611-9100

Your Payment/Adjustment Details are as under

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Referençe No.	Scroll/BG/A
Cash	60.00	AL A	N.A.				PD Balance
Total = 9	-	114.A.	IN.A.	N.A.	N.A.	1516111810001137	N.A

Total = ₹ 60.00

Utilization details of the Collected Amount

Premium 60.00		GST		Stamp Duty	Excess Amount	
		0.00	TRAUSHIE TO	0.00	CXCess Amount	
SI no.	Agency Code NIAAG00087491		Agency Name		Donortmont Code	
1				MANT TEMGIRE	Department Code	

For The New India Assurance Company Limited

Revenue Stamp

Cashier's Initial

Authorized Signatory

Note -

Date of Issue: 28/01/2019

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

Policy No.: 15161147182400000166 Document generated by 37531 at 28/01/2019 13:35:35 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.