## दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO. ET 6. 01 34 00 1 eroment of India Undertaking" (Government of India Undertaking)



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

Insured's Name	. :	GANESH BABAN RAKSHE			- F		
	ured's Details	Issuing Office Details					
Customer ID	: PO66651333		Office Code		: Manchar (151611)		
Address	:	A/P. RAKSHEWADI, 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	:	9850593112	Phone No		02133-223047		
E-mail/Fax	:	1	E-mail/Fax		nia.151611@newindia.co.in /		
PAN No	:		S.Tax Regn. No	1	AAACN4165CST178		
GSTIN/UIN	:	NA / NA	GSTIN		27AAACN4165C3ZP		
	:		SAC	:	997139 (Other non-life insurance services excl RI)		

		Poli	cy Details				
Policy Number		15161147182400000190	Business Source Code				
Period of Insurance	:	From:01/02/2019 02:36:00 PM To: 31/01/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF		Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	:	01-Feb-19	Agent/Bancassurance	:	Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (SI00156800)		
Prev. Policy no.	:		Phone No	Τ.	9623857257 / NA		
Client Type	:	Non-Corporate	E-mail/Fax	1:	nikhiltemgire1@gmail.com, / / /		

Premium	GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	15161181180000000616 -
Stamp Duty	₹1			01/02/19

POLICY SCHEDULE (Individual)

Name of Sex the Insured		Date of Birth / Age	Occupation			Existing Nominee Deta		Sum Insured	Excess (%)
						Name	Relation		
GANESH BABAN RAKSHE	Male	12/07/1976 , 42	Agricultural ist	Earning Member	NO	MRS. SWA TI RAKSH	Spouse	100000	0

Special Conditions: NA Subject to Janata Personal Accident Insurance Policy Clause as attached hereto.

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

Premium and GST Details polidated Stamp fees paid by

GRAS GRN No.MH005985987201819M Rate of Tax Amount in INR Premium dtd. 17/09/2018 vide Cheque No. 786999 ₹60 SGST dtd. 13/09/2018 and the stamp duty under 0 CGST 0 this policy is Rs.1/-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 01st day of February,2019.

For and on behalf of The New India Assurance Company Limited

Signature valid

Policy No.: 15161147182400000190 Document generated by 37531 at 01/02/2019 14:40:09 Hours.

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

Date 2019 02.91

For redires 3a50 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

दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE СФ: ФТО ФТ ЗЧФН" / "Government of India Undertaking" (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

: 15161181180000000616

Collection Date

: 01/02/2019

Business Source Code

DI00001420

PAN No of Payer

. Diooc

Received with thanks from GANESH BABAN RAKSHE

The amount received/Adjusted is towards

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000190	Bank-151611	60.00	9100.151611	BA00017303-151611-9100

Total = ₹ 60.00

our Payment/Adjustment Details are as under

Mode	Amount ₹		Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cash	60.00	N.A.	N.A.	N.A.	N.A.	1516111810001170	N.A.

Total = ₹ 60.00

Utilization details of the Collected Amount

Premium	0	GST		Stamp Duty	Excess Amount
60.00		0.00		0.00	0
SI no.	Agency Code NIAAG00087491		Agency Nam	ne	Department Code
1			NIKHIL HANU	JMANT TEMGIRE	47

For The New India Assurance Company Limited

Revenue Stamp



Date of Issue 01/02/2019

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 sign d
by Strives in
Valdeswalen
Date 200 9 02 01

Policy No.: 15161147182400000190 Document generated by 37531 at 01/02/2019 14:40:09 Hours.