दि न्यू इन्डिया एश्योरन्स कंपनी लि.



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

Insured's Name		GANESH KISAN KOBAL			
		red's Details		Issuin	g Office Details
Customer ID	:	PO67487395	Office Code	1.	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	:	9552303549	Phone No	1:	02133-223047
E-mail/Fax	. :	- I	E-mail/Fax		nia.151611@newindia.co.in /
PAN No	:	Service of Dec. Salties and Service and Se	S.Tax Regn. No	- 1	AAACN4165CST178
GSTIN/UIN		NA / NA	GSTIN	:	27AAACN4165C3ZP
	<u> </u> :		SAC	:	997139 (Other non-life insurance services excl RI)

		Poli	cy Details		
Policy Number	:	15161147182400000338	Business Source Code		
Period of Insurance	:	From:06/03/2019 10:32:49 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	1	Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (SI00156800
Prev. Policy no.	:		Phone No	1.5	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	15161181180000000843
Stamp Duty	₹1			06/03/19

POLICY SCHEDULE (Individual) Details of Insured and/other Family members covered under the policy Name of Date of Occupation Status of Existing Nominee Details Sum Excess the insured Birth / Age Disabilities Insured Insured (%) Name Relation GANESH Male 22/05/1993 Earning Service NO MRS. VIM

Mother 100000 KISAN 0 , 25 Member AL KOBAL 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 solidated Stamp fees paid by

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

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 0 CGST 0 this policy is Rs.1/-0 **IGST** 0 0

एश्योरन्त्र 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

Signature valid

Policy No.: 15161147182400000338 Document generated by 37531 at 06/03/2019 10:37:16 Hours.

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

Date 20.9.03.06

For redressabol 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.

THE NEW INDIA ASSURANCE CO. LTD. (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

151611811800000000843

Collection Date

Business Source Code

DI00001420

PAN No of Payer

Received with thanks from GANESH KISAN KOBAL.

The amount received/Adjusted is towards -

Policy No.	A10.5			
	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000338	Bank-151611	60.00	9100.151611	The state of the s
otal - 7 60 00			5100,131011	BA00017303-151611-9100

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A
Cash	60.00	N.A.	N.A.	N.A.			PD Balance
Total = ₹	60.00			INO.	N.A.	1516111810001439	N.A.

Utilization details of the Collected Amount

Premium 60.00		O.00		Stamp Duty	
				0.00	Excess Amount
SI no.	Agency Code		Agency Name		10
1	NIAAG0008749	1		MANT TEMGIRE	Department Code

For The New India Assurance Company Limited

Revenue Stamp

Date of Issue: 06/03/2019

Cashier's Initial

Authorized Signatory

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: 15161118P0000623

IRDA Registration Number: 190

Signature yalid

Policy No.: 15161147182400000338 Document generated by 37531 at 06/03/2019 10:37:16 Hours. Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.