दि न्यू इन्डिया एश्योरन्स कंपनी लि.

nt of India Undertaking' THE NEW INDIA ASSURANCE CO. LTD. 3400H



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

Insured's Name		GANPAT UDHAV SHINDE		*		
	Insured's Details				g Office Details	
Customer ID		PO65698471	Office Code	:	Manchar (151611)	
Address	:	A/P. NIMGAON KHANDOBA, TAL. KHED, DIST. PUNE PUNE ,MAHARASHTRA, 412406	Address	:	Trimurti Complex,A Wing. 1st floor Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune ,410503	
Phone No	:	8275570535	Phone No	:	02133-223047	
E-mail/Fax	:	1	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)	

		Police	cy Details				
Policy Number	:	15161147182400000061	Business Source Code				
Period of Insurance	:	From:27/12/2018 03:16:22 PM To: 26/12/2019 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	:	Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	:	27-Dec-18	Agent/Bancassurance	ŀ	Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (SI00156800)		
Prev. Policy no.	:	12 12 14 14 14	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	15161181180000000451 27/12/18
Stamp Duty	₹1		與四個問題 1912 19	Marie and the second se

POLICY SCHEDULE (Individual)

Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee	nee Details Sum Insured		Excess (%)
						Name	Relation		
GANPAT UDHAV SHINDE	Male	01/06/1966	Service	Earning Member	NO	AKASH GA NPAT SHI NDE	Son	100000	0

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 NOTE: CANCELLED 'AB-INITIO'.

Premium and GST Details

(Government of India Undertaking)

Rate of Tax Amount in INR Premium ₹60 SGST 0 0 CGST 0 0 0 n

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 27th day of December,2018.

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/-

behalf of For and on The New India Assurance Company Limited

Signature valid

Policy No.: 15161147182400000061 Document generated by 37531 at 27/12/2018 15:21:34 Hours.

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

sal 20 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 CO. СТВТ 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

90

Collection Number

: 15161181180000000451

Collection Date

27/12/2018

Business Source Code

DI00001420

PAN No of Payer

.

Received with thanks from GANPAT UDHAV SHINDE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000061	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	Referençe No.	Scroll/BG/A PD Balance
Cash	60.00	N.A.	N.A.	N.A.	N.A.	1516111810000959	N.A.

Total = ₹ 60.00

Utilization details of the Collected Amount

Premium		GST		Stamp Duty	Excess Amount
60.00		0.00		0.00	0
Si no.	Agency Code		Agency Name		Department Code
1	NIAAG00087491		NIKHIL HANUMA	NT TEMGIRE	47

For The New India Assurance Company Limited

Revenue Stamp

ar DL

Date of Issue: 27/12/2018

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 of by Scrivis Vales value on Date 2018-12-27

Policy No. : 1516114718240000061 Document generated by 37531 at 27/12/2018 15:21:34 Hours.

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