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	:	JYOTI GANPAT RAKSHE	Martin Company of the			
	Insu	red's Details		Issuin	g Office Details	
Customer ID		PO67620828	Office Code	: Manchar (151611)		
Address		A/P. CHAVAN MALA, TILEWADI, 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		9763645085	Phone No	1:	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)	

		Police	cy Details		
Policy Number	:	15161147182400000357	Bus	ine	ss Source Code
Period of Insurance	:	From:11/03/2019 12:49:49 PM To: 10/03/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	1	Mr. DIRECT_151611 MANCHAR - (DI00001420)
Date of Proposal	;	11-Mar-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		nikhiltemgire1@gmail.com, / / /

Premium	GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	Ö	60	RUPEES SIXTY ONLY	15161181180000000876
Stamp Duty	₹1	Kell Age		1 1/05/13

			P	DLICY SCH	EDULE (Indivi	dual)			
Details of Ins	sured and	other Family	members co						
Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nomine	ee Details	Sum Insured	Excess (%)
		7	1000			Name	Relation		
IVOTI		12010613050			A 28 COVER OF		ACCOUNT OF THE PARTY OF THE PAR		

			0.0	The Minds		Name	Relation		
JYOTI GANPAT RAKSHE	Female	12/06/1978 , 40	Agricultural ist	Earning Member	NO	GANPAT R AKSHE	Spouse	100000	0
Special Con	ditions	N/A							

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

Consolidated Stamp fees paid by GRAS GRN No.MH605385987201819M Rate of Tax Amount in INR Premium dtd. 17/09/2018 vide Cheque No. 786999 SGST 0 dtd. 13/09/2018 and the stamp duty under CGST 0 0 this policy is Rs.1/-IGST 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 11th day of March, 2019.

For and on behalf of The New India Assurance Company Limited

Signature yalid

Policy No.: 15161147182400000357 Document generated by 37531 at 11/03/2019 12:57:32 Hours.

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

Date 2019.03.11
For tedralsal50 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 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

: 02133-223047

Email

: nia.151611@newindia.co.in

Fax

10.00

Collection Number

: 15161181180000000876

Collection Date

11/03/2019

**Business Source Code** 

DI00001420

PAN No of Payer

A 400 Marca

Received with thanks from JYOTI GANPAT RAKSHE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000357	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	Reference No.	Scroll/BG/A
ĺ	Cash	60.00	N.A.	N.A.	N.A	N.A.	3536333010003477	PD Balance
	T-4-1 # 4	0.00			11	IN.A.	1516111810001473	N.A.

Total = ₹ 60.00

Utilization details of the Collected Amount :

Premium		GST		Stamp Duty	Excess Amount	7
60.00		0.00	S. S. S. DEFE	0.00	n lakeess xunount	
Si no.	Agency Code	and the second	Agency Name	Cherry 24 NA S	Department Code	
1	NIAAG00087491		NIKHIL HANUMA	ANT TEMGIRE	47	

For The New India Assurance Company Limited

Revenue Stamp

May India Asso

Date of Issue: 11/03/2019

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: 15161118P0000657

IRDA Registration Number: 190



Policy No. : 15161147182400000357 Document generated by 37531 at 11/03/2019 12:57:32 Hours.

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