

दि न्यू इन्डिया एश्योरन्स कंपनी लि.

(भारत सरकार के अधीन स्थापित/स्वायत्त/व्यवसायिक)

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	: KAILAS GENBHAU GARGOTE		
Insured's Details		Issuing Office Details	
Customer ID	: PO68443007	Office Code	: Manchar (151611)
Address	: A/P. GARGOTEWADI, 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	: 9657484688	Phone No	: 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)

Policy Details			
Policy Number	: 15161147192400000007	Business Source Code	
Period of Insurance	: From:08/04/2019 12:29:38 PM To: 07/04/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	: Mr. DIRECT 151611 MANCHAR - (DI00001420)
Date of Proposal	: 08-Apr-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	: nikhiltimgire1@gmail.com, / / /

Premium	GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	15161181190000000031 - 08/04/19
Stamp Duty	₹ 1			

POLICY SCHEDULE (Individual)

Details of Insured and/other Family members covered under the policy									
Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee Details		Sum Insured	Excess (%)
						Name	Relation		
KAILAS GENBHAU GARGOTE	Male	26/06/1978 40	Agricultural ist	Earning Member	NO	MRS. SUN ITA	Spouse	100000	0

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

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

Premium and GST Details

Premium	Consolidated Stamp fees paid by GRAS GRN No.MH02-25987201819M	Rate of Tax	Amount in INR
SGST	dtd. 17/09/2018 vide Cheque No. 786999	0	₹60
CGST	dtd. 13/09/2018 and the stamp duty under this policy is Rs.1/-	0	0
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 08th day of April, 2019.

For and on behalf of
The New India Assurance Company Limited



Signature valid

Digitally signed by
Srinivasan Venkatesh
Date: 2019.04.08

Policy No. : 15161147192400000007 Document generated by 37531 at 08/04/2019 12:36:47 Hours.

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

For redressal of 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)

(भारत सरकार के अंतर्गत मितवाधीन)



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 : 1516118119000000031
Collection Date : 08/04/2019
Business Source Code : DI00001420
PAN No of Payer :

Received with thanks from KAILAS GENBHAU GARGOTE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
15161147192400000007	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 PD Balance
Cash	60.00	N.A.	N.A.	N.A.	N.A.	1516111910000089	N.A.

Total = ₹ 60.00

Utilization details of the Collected Amount :

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

For The New India Assurance Company Limited
Revenue Stamp



Date of Issue: 08/04/2019

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/ff there is insufficient premium balance.

Tax Invoice No : 15161119P0000031

IRDA Registration Number: 190

Signature valid

Digitally signed by
Vishwanath
Date: 2019.04.08
12:36:43 IST

Policy No. : 15161147192400000007 Document generated by 37531 at 08/04/2019 12:36:47 Hours.

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