

40-1264

दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO. LTD. "नवोदय उपक्रम" / "Government 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 | KIRAN SITARAM KIRVE | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | PO66198272 | Office Code | Manchar (151611) |
| Address | A/P. NIRGUDSAR, TAL. AMBEGAON, 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 | 9960065680 | 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 RJ) |

| | | | |
|---------------------|--|--|--|
| Policy Details | | | |
| Policy Number | 15161147182400000114 | Business Source Code | |
| Period of Insurance | From: 15/01/2019 02:32:06 PM To: 14/01/2020 11:59:59 PM | Dev. Off level./Broker/Corp. Agent/IMF | Mr. DIRECT 151611 MANCHAR - (D100001420) |
| Date of Proposal | 15-Jan-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 | 0 | 60 | RUPEES SIXTY ONLY | 15161181180000000525 15/01/19 |
| 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 | | |
| KIRAN SITARAM KIRVE | Male | 30/07/1989 29 | Service | Earning Member | NO | MR. SITA RAM | Father | 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. MH005985987201819M dtd. 17/09/2018 vide Cheque No. 786999 dtd. 13/09/2018 and the stamp duty under this policy is Rs. 1/- | Rate of Tax | Amount in INR |
| SGST | | | ₹60 |
| CGST | | | 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 15th day of January, 2019.

For and on behalf of
The New India Assurance Company
Limited

Signature valid

Digitally signed by
Kiran Sitaram Kirve
Date: 2019.01.15

Policy No. : 15161147182400000114 Document generated by 37531 at 15/01/2019 14:37:51 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>.

प्रधान कार्यालय : दि न्यू इंडिया एश्योरन्स बिल्डींग, 87, महात्मा गांधी मार्ग, फोर्ट, मुंबई - 400 001. फोन : 022- 22708100 / 22708400. Page 1 of 2

CIN NO. L66000MH1919GOI000526 - GSTIN No. 27AAACN4165C3ZP - IRDA REGN. NO. 190.

दि न्यू इन्डिया एश्योरन्स कंपनी लि.

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

"भारत सरकार का उपक्रम" / "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 : 1516118118000000525
Collection Date : 15/01/2019
Business Source Code : DI00001420
PAN No of Payer :

Received with thanks from KIRAN SITARAM KIRVE.

The amount received/Adjusted is towards -

| Policy No. | A/C Description | Amount ₹ | A/C Code | Sub A/C Code |
|----------------------|-----------------|----------|-------------|------------------------|
| 15161147182400000114 | 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. | 1516111810001053 | 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: 15/01/2019

Cashier's Initial

Authorized Signatory

Note -

- Please note the Policy Number, Collection Number and date in all future correspondence.
- 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 signed
by: Srinivasan
Vaidyanathan
Date: 2019.01.15
14:37:51 IST

Policy No. : 15161147182400000114 Document generated by 37531 at 15/01/2019 14:37:51 Hours.

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

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