THE NEW INDIA ASSURANCE CO. LTD. का उपक्रम" / (Government of India Undertaking)





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

Insured's Name	d's Name : KISAN NAMDEV TOKE						
	Insu	red's Details	Issuing Office Details				
Customer ID		PO66344622	Office Code		Manchar (151611)		
Address	·	A/P. KADUS, 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	:	9527155045	Phone No	2	02133-223047		
E-mail/Fax	1	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)		

		Poli	cy Details				
Policy Number	1:	15161147182400000144	Business Source Code				
Period of Insurance	i	From:21/01/2019 02:42:30 PM To: 20/01/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	:	Mr DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	:	21-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	15161181180000000559 21/01/19
Stamp Duty	₹ 1			The state of the s

POLICY SCHEDULE (Individual)

Name of Sex the Insured		Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee Details		Sum Insured	Excess (%)
				A SHORT		Name	Relation		
KISAN NAMDEV TOKE	Male	01/01/1976	Agricultural ist	Earning Member	NO	MRS. KAM AL TOKE	Spouse	100000	0

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

E: 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.MH005985987201819M

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 21st day of January,2019.

For and on behalf of The New India Assurance Company Limited

Signature yalid

Policy No. : 15161147182400000144 Document generated by 37531 at 21/01/2019 14:48:18 Hours.

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

For fedfassation 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 COTE TO TO SUST (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

15161181180000000559

Collection Date

21/01/2019

Business Source Code

DI00001420

PAN No of Payer

Received with thanks from KISAN NAMDEV TOKE.

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000144	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.	1516111810001104	N.A.

Total = ₹ 60.00

Utilization details of the Collected Amount :

Premium	um GST		No. of	Stamp Duty	Excess Amount
60.00		0.00		0.00	0
SI no.	Agency Code		Agency Nar	me	Department Code
1	NIAAG00087491		NIKHIL HANUMANT TEMGIRE		47

For The New India Assurance Company Limited

Revenue Stamp

Authorized Signatory

Note

Date of Issue: 21/01/2019

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 yalid

Policy No.: 15161147182400000144 Document generated by 37531 at 21/01/2019 14:48:18 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.