दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO. PTD. ਰਾ ਤਪਾਰਮ (Government of India Undertaking)





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

Insured's Name	:	MANGAL VITHHAL SHELKE			E.		
Insured's Details			Issuing Office Details				
Customer ID	. :	PO66552925	Office Code		: Manchar (151611)		
Address	:	A/P. MANCHAR, TAL. AMBEGAON, DIST. PUNE MANCHAR ,MAHARASHTRA, 410503	Address	:	Trimurti Complex,A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune ,410503		
Phone No	1	7387191494	Phone No		02133-223047		
E-mail/Fax		1	E-mail/Fax		nia.151611@newindia.co.in /		
PAN No	1:		S.Tax Regn. No	:	AAACN4165CST178		
GSTIN/UIN	- 1:	NA / NA	GSTIN	1:	27AAACN4165C3ZP		
	;		SAC	:	997139 (Other non-life insurance services excl RI)		

		Poli	cy Details				
Policy Number	:	15161147182400000176	Business Source Code				
Period of Insurance	:	From:29/01/2019 01:54:25 PM To: 28/01/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF		Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	:	29-Jan-19	Agent/Bancassurance	1	Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (SI00156800)		
Prev. Policy no.			Phone No	1	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	15161181180000000599 - 29/01/19
Stamp Duty	₹ 1			

POLICY SCHEDULE (Individual)

Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee Details		Sum Insured	Excess (%)
				10		Name	Relation		
MANGAL VITHHAL SHELKE	Female	01/06/1969	Agricultural ist	Earning Member	NO	MR. MANI SH SHELK E	Son	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 Premium	GRAS GRN No.MH005985987201819M dtd. 17/09/2018 vide Cheque No. 786999	Rate of Tax	Amount in INR ₹60
SGST	dtd. 13/09/2018 and the stamp duty under	0	0
CGST	this policy is Rs.1/-	0	0
IGST	this policy is res. II-	C	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 29th day of January,2019

For and on behalf of The New India Assurance Company Limited

Signature yalid

Policy No. 15161147182400000176 Document generated by 37531 at 29/01/2019 14:03:09 Hours.

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

Date: Vigit 201.29

For redfassal50f 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. PTD. 3ЧФН" / "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

x

:

Collection Number

15161181180000000599

Collection Date

29/01/2019

Business Source Code

DI00001420

PAN No of Payer

.

Received with thanks from MANGAL VITHHAL SHELKE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000176	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.	1516111810001148	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	cy Code Agency Name		ne	Department Code	
1	NIAAG00087491		NIKHIL HANUMANT TEMGIRE		47	

For The New India Assurance Company Limited Revenue Stamp

Dy

Date of Issue: 29/01/2019

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:

IRDA Registration Number: 190

Signature valid

Digitally sign d
by Strives
Values value
Date 20 9.01.29

Policy No. : 15161147182400000176 Document generated by 37531 at 29/01/2019 14:03:09 Hours.

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