



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

Insured's Name	: NAMDEV LAXMAN LOHAKARE		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
Customer ID	: PO66198029	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	: 9604637446	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)

<b>Policy Details</b>		<b>Business Source Code</b>	
Policy Number	: 15161147182400000113	Dev. Off level./Broker/Corp. Agent/IMF	: Mr. DIRECT 151611 MANCHAR - (DI00001420)
Period of Insurance	: From: 15/01/2019 02:26:46 PM To: 14/01/2020 11:59:59 PM	Agent/Bancassurance	: Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (SI00156800)
Date of Proposal	: 15-Jan-19	Phone No	: 9623857257 / NA
Prev. Policy no.	: /	E-mail/Fax	: nikhiltemgire1@gmail.com, / / /
Client Type	: Non-Corporate		
Premium	60	GST	0
Total(RS)	60	Total Rupees (In Words)	RUPEES SIXTY ONLY
Stamp Duty	₹ 1	Receipt No. & Date	15161181180000000524 - 15/01/19

**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		
NAMDEV LAXMAN LOHAKARE	Male	01/06/1960 58	Agricultural Ist	Earning Member	NO	MRS. NAB HARAI	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**

	Rate of Tax	Amount in INR
Premium		₹60
SGST		0
CGST		0
IGST		0

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/-

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: [Signature]  
Date: 2019.01.15

Policy No. : 15161147182400000113 Document generated by 37531 at 15/01/2019 14:31:36 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>.

# दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO. LTD. (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 :  
 Collection Number : 1516118118000000524  
 Collection Date : 15/01/2019  
 Business Source Code : DI00001420  
 PAN No of Payer :

Received with thanks from NAMDEV LAXMAN LOHAKARE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
1516114/182400000113	Bank-151611	60.00	9100.151611	BA0001/303-151611 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.	1516111810001052	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  
 14:31:45 IST

Policy No. : 15161147182400000113 Document generated by 37531 at 15/01/2019 14:31:36 Hours.  
 Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.