दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO LETO . 61 34641" (Government of India Undertaking)





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

insured's Name	:	: NAMDEV MADHUKAR MEDGE					
	Inst	ured's Details		Issuin	g Office Details		
Customer ID	:	PO66649587	Office Code	: Manchar (151611)			
Address	:	A/P. AVADHAR, 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	:	7776098704	Phone No	:	02133-223047		
E-mail/Fax	:	1	E-mail/Fax	:	nia.151611@newindia.co.in /		
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178		
GSTIN/UIN	:	NA / NA	GSTIN	:	27AAACN4165C3ZP		
	:	-4000	SAC	:	997139 (Other non-life insurance services excl RI)		

		Poli	cy Details				
Policy Number	:	15161147182400000186	Business Source Code				
Period of Insurance	:	From:01/02/2019 02:00:17 PM To: 31/01/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF		Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	:	01-Feb-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	15161181180000000612 - 01/02/19
Stamp Duty	₹ 1			8

POLICY SCHEDULE (Individual)

Details of Ins	ured and	other Family	members co	vered 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 MADHUKAR MEDGE	Male	22/06/1994	Agricultural ist	Earning Member	NO	MRS. SAV ITRIBAI	Mother	100000	0

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

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

Premium and GST Details olidated Stamp fees paid by GRAS GRN No.MH005985987201819M Rate of Tax Premium dtd. 17/09/2018 vide Cheque No. 786999 SGST

dtd. 13/09/2018 and the stamp duty under CGST 0 0 this policy is Rs.1/-**IGST** 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 01st day of February,2019.

For and on behalf of The New India Assurance Company Limited

Amount in INR

0

Signature yalid

Policy No.: 15161147182400000186 Document generated by 37531 at 01/02/2019 14:17:02 Hours.

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

For redressal60 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 LPD. 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

: 15161181180000000612

Collection Date

: 01/02/2019

Business Source Code

DI0000142

PAN No of Payer

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Received with thanks from NAMDEV MADHUKAR MEDGE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000186	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	Referençe No.	Scroll/BG/A PD Balance
Cash	60.00	N.A	N.A.	N.A.	N.A.	1516111810001166	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		Agency Nam	ie	Department Code
1	NIAAG00087491		NIKHIL HANU	JMANT TEMGIRE	47

For The New India Assurance Company Limited

Revenue Stamp

OH

Date of Issue - 01/02/2019

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 of by stinivas in Validas valan Date 20/9/02/01

Policy No.: 15161147182400000186 Document generated by 37531 at 01/02/2019 14:17:02 Hours.

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