दि न्यू इन्डिया एश्योरन्स कंपनी लि.



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

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

Insured's Name	POOJA KISAN ERANDE						
Insured's Details			Issuing Office Details				
Customer ID		PO67539973	Office Code	:	Manchar (151611)		
Address	:	A/P. THUGAON, TAL. AMBEGAON, DIST. PUNE GODEGAON (PUNE) ,MAHARASHTRA, 412408	Address	:	Trimurti Complex,A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune ,410503		
Phone No		7499270196	Phone No	:	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)		

		Polic	y Details				
Policy Number	:	15161147182400000350	Business Source Code				
Period of Insurance	:	From:07/03/2019 03:13:28 PM To: 06/03/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	:	Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	:	07-Mar-19	Agent/Bancassurance	ŀ	Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (SI00156800)		
Prev. Policy no.	1:	7 47 / 2 3 3 4 3 3 4	Phone No		9623857257 / NA		
Client Type		Non-Corporate	E-mail/Fax	14	nikhiltemgire1@gmail.com, / / /		

Premium	GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	15161181180000000869 07/03/19
Stamp Duty	₹1			

POLICY SCHEDULE (Individual)

Name of Sex the Insured		Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee Details		Sum Insured	Excess (%)
						Name	Relation		
POOJA KISAN ERANDE	Female	17/06/1998 , 20	Agricultural ist	Earning Member	NO	MR KISA N ERANDE	Spouse	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.MH005985937201819M Amount in INR Rate of Tax dtd. 17/09/2018 vide Cheque No. 786999 ₹60 Premium dtd. 13/09/2018 and the stamp duty under 0 0 SGST this policy is Rs.1/-0 0 CGST 0 0 IGST

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 07th day of March, 2019.

For and on behalf of The New India Assurance Company Limited

Signature yalid

Policy No.: 15161147182490000350 Document generated by 37531 at 07/03/2019 15:21:32 Hours.

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

aboff 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.







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 MANCHAF

Phone

: 02133-223047

Email

: nia.151611@newindia.co.in

Fax

: 15161181180000000869

Collection Number Collection Date

: 07/03/2019

Business Source Code

: DI00001420

PAN No of Payer

Received with thanks from POOJA KISAN ERANDE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000350	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.	1516111810001464	N.A.

Total = ₹ 60.00

Utilization details of the Collected Amount :

Premium		GST		Stamp Duty		Excess Amount
60.00		0.00		0.00	484	0
SI no.	Agency Code		Agency Name	60	1 5	Department Code
1	NIAAG00087491	-	NIKHIL HANUMAN	IT TEMGIRE		47

For The New India Assurance Company Limited

Revenue Stamp

AT MANY DESCRIPTION OF THE PROPERTY OF THE PRO

Date of Issue: 07/03/2019

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: 15161118P0000650

IRDA Registration Number: 190



Policy No.: 15161147182400000350 Document generated by 37531 at 07/03/2019 15:21:32 Hours.

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