दि न्य इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO. ETD. 39004 (Government of India Undertaking)



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

Insured's Name		RAHUL BHASKAR CHIKHALE				
	ured's Details	Issuing Office Details				
Customer ID	. :	PO65698872	Office Code	: Manchar (151611)		
Address		A/P. VITTHALWADI, KALAMB, TAL. AMBEGAON, DIST. PUNE KALAMB ,MAHARASHTRA, 410515	Address	;	Trimurti Complex,A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune .410503	
Phone No	:	7758945470	Phone No		02133-223047	
E-mail/Fax		1	E-mail/Fax		nía.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)	

		Pol	icy Details		
Policy Number	ess Source Code				
Period of Insurance	:	From:27/12/2018 03:22:12 PM To: 26/12/2019 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF		Mr. DIRECT_151611 MANCHAR - (DI00001420)
Date of Proposal	:	27-Dec-18	Agent/Bancassurance	:	Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (SI00156800
Prev. Policy no.	rev. Policy no. :		Phone No		9623857257 / NA
Client Type	Non-Corporate	E-mail/Fax			
Premium		GST Total(RS)	Total Rupees (In We		5 1 1 1 1 1 1

Premium	GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	15161181180000000452 -
Stamp Duty	₹1			27/12/18

POLICY SCHEDULE (Individual)

Name of Sex the Insured	Sex	Date of Birth / Age	Occupation		Existing Disabilities	Nominee Details		Sum	Excess (%)
						Name	Relation		(,0)
RAHUL BHASKAR CHIKHALE	Male	12/11/1986	Service	Earning Member	NO	BHAGYASH REE	Spouse	100000	0

Special Conditions:

Subject to Janata Personal Accident Insurance Policy Clause as attached hereto.

NA

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

Premium and GST Details

Rate of Tax Amount in INR Premium ₹60 SGST 0 0 CGST 0 0 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 27th day of December,2018.

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/-

For and on behalf of The New India Assurance Company Limited

Signature yalid

Policy No.: 15161147182400000062 Document generated by 37531 at 27/12/2018 15:28:14 Hours

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

18.12.27 see 17.27 see 18.12.27 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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nt of India Undertaking" THE NEW INDIA ASSURANCE COPLETE! 3400H (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

Email

02133-223047 nia.151611@newindia.co.in

Fax

Collection Number

15161181180000000452

Collection Date

: 27/12/2018

Business Source Code

DI00001420

PAN No of Payer

Received with thanks from RAHUL BHASKAR CHIKHALE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	
15161147182400000062	Bank-151611			Sub A/C Code
otal = ₹ 60 00	1 BBIK-131011	60.00	9100.151611	BA00017303-151611-9100

Your Payment/Adjustment Details are as under

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A
Cash	60.00	NΔ	N.A.	AL A			PD Balance
Total = ₹	- In-	JIM.O.	IIV.A.	N.A.	N.A.	1516111810000960	N.A.

Utilization details of the Collected Amount :

Premium	GST			Stamp Duty		
60.00		0.00			Excess Amount	
SI no.	Agency Code		Agency Name		10	
NIAAG00087491		NIKHIL HANUMANT TEMGIRE		Department Code		

For The New India Assurance Company Limited

Revenue Stamp

Date of Issue: 27/12/2018

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 yalid

Policy No.: 15161147182400000062 Document generated by 37531 at 27/12/2018 15:28:14 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.