दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO. PTD. 13 34 pt 4 (Government of India Undertaking)





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

Insured's Name	:	: SACHIN KAILAS MODHAVE						
	Inst	red's Details		Issuin	g Office Details			
Customer ID	:	PO65980415	Office Code	: Manchar (151611)				
Address	;	A/P. SAKORE, 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		7517045454	Phone No	:	02133-223047			
E-mail/Fax	1	ſ	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)			

		Poli	cy Details				
Policy Number	:	15161147182400000083	Business Source Code				
Period of Insurance	:	From:07/01/2019 02:48:59 PM To: 06/01/2020,11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF		Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal		07-Jan-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	15161181180000000488 07/01/19
Stamp Duty	₹1			

POLICY SCHEDULE (Individual)

Details of Ins	ured and	d/other Family	members co	vered under	the policy				(10-4-10-00 H-41 K-20
Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee Details		Sum Insured	Excess (%)
	77.1.40.00					Name	Relation		
SACHIN KAILAS MODHAVE	Male	25/10/1991 , 27	Business	Earning Member	NO	SANDEEP K MODHAV E	Brother	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
 Consolidated
 Stemp fees paid by
 Rate of Tax
 Amount in INR

 Premium
 GRAS GRN No.MH005985987201819M
 760
 760

 SGST
 dtd. 17/09/2018 vide Cheque No. 786999
 0
 0

 CGST
 dtd. 13/09/2018 and the stamp duty under Information of this policy is Rs. 1/ 0
 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 09th day of January,2019.

For and on behalf of The New India Assurance Company Limited

Signature yalid

Policy No.: 15161147182400000083 Document generated by 37531 at 09/01/2019 12:58:35 Hours.

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

दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE СОТЕТЬ! ЗЧФН" / "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 Email

: 02133-223047

Fax

: nia.151611@newindia.co.in

rax

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Collection Number

151611811800000000488

Collection Date

07/01/2019

Business Source Code

: DI00001420

PAN No of Payer

*:

Received with thanks from SACHIN KAILAS MONDHAVE

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000083	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	ΝΔ	N.A.	N.A.	NI X		
7	100000000000000000000000000000000000000	140.0	114.71	IV.M.	N.A.	1516111810001008	N.A.

Total = ₹ 60.00

Utilization details of the Collected Amount :

Premium 60.00		GST		Stamp Duty	Excess Amount	
		0.00		0.00	0	
SI no.	Agency Code		Agency Name	iliano illasarra e	Department Code	
1 NIAAG00087491		NIKHIL HANUN	MANT TEMGIRE	47		

For The New India Assurance Company Limited

Revenue Stamp

Ob

Date of Issue: 07/01/2019

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 of by Signivas Values valen Date 2019.01.07

Policy No.: 15161147182400000083 Document generated by 37531 at 07/01/2019 14:54:26 Hours.

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