दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO. TTO 34004 (Government of India Undertaking)





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

Insured's Name : SAKHARAM BABAN TAVHARE		SAKHARAM BABAN TAVHARE				
	Insu	ıred's Details	Issuing Office Details			
Customer ID	omer ID : PO66755548 Office Code		: Manchar (151611)			
Address	:	A/P. BELSARWADI, NIRGUDSAR, TAL. AMBEGAON, DIST. PUNE MANCHAR ,MAHARASHTRA, 410503	Address		Trimurti Complex,A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune ,410503	
Phone No	:	9890347545	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	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

		Poli	cy Details				
Policy Number	:	15161147182400000217	Business Source Code				
Period of Insurance	:	From:05/02/2019 05:25:03 PM To: 04/02/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	:	Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	;	05-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	1:	nikhiltemgire1@gmail.com, / / /		

Premium	GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	15161181180000000646 05/02/19
Stamp Duty	₹1			

POLICY SCHEDULE (Individual)

Name of the insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee	: Details	Sum Insured	Excess (%)
			10 10 10 10			Name	Relation		
SAKHARAM BABAN TAVHARE	Male	01/06/1964 , 54	Agricultural ist	Earning Member	NO	MRS. SUM AN	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 Consolidated Stamp fees paid Rate of Tax GRAS GRN No.MH005985987201819M Amount in INR Premium dtd. 17/09/2018 vide Cheque No. 786999 ₹60 SGST dtd. 13/09/2018 and the stamp duty under 0 CGST 0 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 05th day of February, 2019.

For and on behalf of The New India Assurance Company Limited

Signature yalid

Policy No.: 15161147182400000217 Document generated by 37531 at 05/02/2019 17:31:06 Hours.

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

Date of 502. 5 Regu. a near Unite. New militar assurance biog. or information 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 COLLIDS SUBT (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

Phone

: 02133-223047

Email

nia.151611@newindia.co.in

Fax

Collection Number

151611811800000000646

Collection Date

05/02/2019

Business Source Code

: DI00001420

PAN No of Payer

Received with thanks from SAKHARAM BABAN TAVHARE.

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000217	Bank-151611	60.00	9100.151611	BA00017303-151611-9100

Total = ₹ 60.00

Your Dayment (Adjustment Details are as under

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cash	60.30	N.A.	N.A.	N.A.	N.A.	1516111810001211	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 NIAAG00087491		Agency Nam	ne i i i i i i i i i i i i i i i i i i i	Department Code
1			NIKHIL HANUMANT TEMGIRE		47

For The New India Assurance Company Limited Revenue Stamp



Date of Issue: 05/02/2019

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 yalid

Policy No.: 15161147182400000217 Document generated by 37531 at 05/02/2019 17:31:06 Hours. Regd & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.