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	:	SANDIP MARUTI LOKHANDE			
		ured's Details		leeuin	og Office Details
Customer ID		PO67382554	Issuing Office Details Office Code : Manchar (151611)		
Address		A/P. NARAYANGAON, (VAIDWADI), TAL. JUNNAR, DIST. PUNE NARAYANGAON ,MAHARASHTRA, 410504	Address	:	Manchar (151611) Trimurti Complex,A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune, 410503
Phone No	:	8087077998	Phone No		02133-223047
E-mail/Fax		1	E-mail/Fax		
PAN No	:				nia.151611@newindia.co.in /
GSTIN/UIN	1:	NA / NA	S.Tax Regn. No		AAACN4165CST178
		INA / IVA	GSTIN	:	27AAACN4165C3ZP
	:	,	SAC	:	997139 (Other non-life insurance services excl RI)

		Poli	cy Details				
Policy Number		15161147182400000332		usiness Source Code			
Period of Insurance	:	From:01/03/2019 12:42:30 PM To: 29/02/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	:	Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal		01-Mar-19	Agent/Bancassurance	:	Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (SI00156800)		
Prev. Policy no.	1:		Phone No		9623857257 / NA		
Client Type	:	Non-Corporate	E-mail/Fax	T:	nikhiltemgire1@gmail.com, / / /		

Premium	GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	15161181180000000829
Stamp Duty	₹1			01/03/19

POLICY SCHEDULE (Individual)

Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee	e Details	Sum	Excess (%)
CANDID						Name	Relation		1707
SANDIP MARUTI LOKHANDE	Male	01/03/1979	Agricultural ist	Earning Member	NO	MRS. SAN GITA	Spouse	100000	0

Special Conditions:

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

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

Premium and GST Detailsonsolidated Stamp fees paid by

NA

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 March, 2019.

For and on behalf of The New India Assurance Company Limited

Signature valid

Policy No.: 15161147182400000332 Document generated by 37531 at 01/03/2019 12:47:53 Hours.

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

Date variety of the control 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.







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

151611811800000000829

Collection Date

: 01/03/2019

Business Source Code

: DI00001420

PAN No of Payer

Received with thanks from SANDIP MARUTI LOKHANDE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000332	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.	1516111810001427	N.A.

Total = ₹ 60.00

Utilization details of the Collected Amount :

Premium	GST		- Allerine	Stamp Duty	Excess Amount
60.00		0.00		0.00	0
SI no.	Agency Code		Agency Name	land Tour	Department Code
1	NIAAG00087491		NIKHIL HANUMANT TEMGIRE		47

For The New India Assurance Company Limited

Revenue Stamp

Date of Issue: 01/03/2019

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: 15161118P0000607

IRDA Registration Number: 190

Signature valid

Policy No.: 15161147182400000332 Document generated by 37531 at 01/03/2019 12:47:53 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.