## दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE COLLTD. 34 pp 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		SANJAY SADASHIV GANJALE			
	Ins	ured's Details			
Customer ID	:	PO66043367	<del> </del>	Issuir	ng Office Details
Address			Office Code		Manchar (151611)
		A/P. MANCHAR, GANJALE MALA, 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
Phone No		9890764328			.410503
E-mail/Fax		1	Phone No	:	02133-223047
PAN No			E-mail/Fax	:	nia.151611@newindia.co.in /
GSTIN/UIN	1:	100	S.Tax Regn. No		AAACN4165CST178
	<del>  :</del>	NA / NA	GSTIN		27AAACN4165C3ZP
	1:		SAC		
					997139 (Other non-life insurance services excl RI)

Policy Number		Pol	icy Details				
	- 1:	15161147182400000100					
Period of Insurance		From:09/01/2019 02:00:17 PM To:	Business Source Code				
		08/01/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF		Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	:	09-Jan-19	The state of the s	-	and the control of the control		
			Agent/Bancassurance		Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL		
Prev. Policy no.	1.1	and the second second	a a m pay a disiple		HANUMANT TEMGIRE (SI0015680)		
Client Type	11	Non Commit	Phone No	1:	9623857257 / NA		
- 41	-1:1	Non-Corporate	E-mail/Fax				
Premium		GST Total(DS)		1:	nikhiltemgire1@gmail.com, / / /		

Premium	GST	Total(RS)	Total D	
60	0		Total Rupees (In Words)	Receipt No. & Date
		60	RUPEES SIXTY ONLY	15161181180000000050
Stamp Duty	₹1		100000000000000000000000000000000000000	09/01/19

POLICY SCHEDULE (Individual)

Name of the Insured	mcv.	d/other Family Date of	Occupation	Status of	Existing	10 to 100 to			
and modified		Birth / Age	- 7	Insured	Disabilities	Nomine	e Details	Sum	Excess
SANJAY	Male	12/12/1978	Agginult		THE PERSON	Name	Relation	Insured	(%)
SADASHIV GANJALE		, 40	ist	Earning Member	NO	MRS. SUV ARNA	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

Premium and GST Details

Consolidated Stamp fees paid by Rate of Tax GRAS GRN No.MH005985987201819M Premium Amount in INR dtd. 17/09/2018 vide Cheque No. 786999 0 SGST ₹60 dtd. 13/09/2018 and the stamp duty under o CGST 0 IGST this policy is Rs.1/-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

Policy No.: 15161147182400000100 Document generated by 37531 at 09/01/2019 14:08:06 Hours. Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415. Data 2019, 01.09

For red 22 Sabot 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 दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE COPETD! 34004 it 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

nia.151611@newindia.co.in

Collection Number

: 15161181180000000507

Collection Date **Business Source Code** 

09/01/2019

PAN No of Payer

DI00001420

Received with thanks from SANJAY SADASHIV GANJALE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	
15161147182400000100 Total = ₹ 60.00	Bank-151611	60.00	9100.151611	Sub A/C Code BA00017303-151611-9100

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque	Cheque Date	Drawee Bank			
Cash	60 00	No.	N A	Didirec Balik	Drawee Branch	Referençe No.	Scroll/BG/A PD Balance
Total = ₹ 6	50.00		IN.A. N.	A	N.A.	1516111810001026	N.A

Utilization details of the Collected Amount :

Premium		GST		Chama B		
60.00		0.00		Stamp Duty	Excess Amount	
SI no. Agency Code		Agency Nan		0.00	0	
1 NIAAG0008749			NIKHIL HANUMANT	TEMCINE	Department Code	

For The New India Assurance Company Limited Revenue Stamp

Cashier's Initial

Authorized Signatory

Note

Date of Issue: 09/01/2019

1 Please note the Policy Number, Collection Number and date in all future correspondence

2.N/A 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.: 15161147182400000100 Document generated by 37531 at 09/01/2019 14:08:06 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.