## दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO. TTDPI 34504 (Government of India Undertaking)





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

Insured's Name	:	TAUSIF HANIF MOMIN							
	Inst	red's Details	Issuing Office Details						
Customer ID	:	PO66811854	Office Code		Manchar (151611)				
Address	:	A/P. OTUR, TAL. JUNNAR, DIST. PUNE OTUR ,MAHARASHTRA, 412409	Address		Trimurti Complex,A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune ,410503				
Phone No	:	9860786523	Phone No	:	02133-223047				
E-mail/Fax	:	I	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)				

3		Poli	cy Details		*	
Policy Number		15161147182400000246	Business Source Code			
Period of Insurance	:	From:07/02/2019 02:41:23 PM To: 06/02/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	:	Mr. DIRECT_151611 MANCHAR - (DI00001420)	
Date of Proposal	:	07-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	15161181180000000680 07/02/19
Stamp Duty	₹1	maun.		

POLICY SCHEDULE (Individual)

Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee	e Details	Sum Insured	Excess (%)
			E I TO MILE	Total light		Name	Relation		
TAUSIF HANIF MOMIN	Male	12/06/1982 , 36	Service	Earning Member	NO	MRS: SAN A MOMIN	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 GS	GRAS GRN No MH0059859872018	by	
	GRAS GRN No.MH0059859872018	19M Rate of Tax	
Premium	dtd. 17/09/2018 vide Cheque No. 786	999	₹60
SGST	dtd. 13/09/2018 and the stamp duty ur	0	0
CGST	this policy is Rs.1/-	o o	0
IGST	uns policy is Ns. II-	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 07th day of February,2019.

For and on behalf of The New India Assurance Company Limited

Signature yalid

Policy No.: 15161147182400000246 Document generated by 37531 at 07/02/2019 14:48:35 Hours.

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

Date: 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

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THE NEW INDIA ASSURANCE CO. LTD: ЗЧрэн" / (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 MANCHAF

Phone

: 02133-223047

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: nia.151611@newindia.co.in

Fax

100

Collection Number

: 15161181180000000680

Collection Date
Business Source Code

: 07/02/2019

PAN No of Payer

: DI00001420

Received with thanks from TAUSIF HANIF MOMIN.

The amount received/Adjusted is towards

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code	
15161147182400000246	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	N.A.	N.A.	N.A.	N.A.	1516111810001246	N.A.

Total = ₹ 60.00

Utilization details of the Collected Amount:

Premium		GST		Stamp Duty	Excess Amount
60.00		0.00	A CARLES	0.00	0
SI no.	Agency Code		Agency Name		Department Code
1	NIAAG00087491	7 5 7 100	NIKHIL HAN	UMANT TEMGIRE	47

For The New India Assurance Company Limited Revenue Stamp

04

Date of Issue: 07/02/2019

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 valid

Digitally sign d
by Stinivas h
Vaneswaan
Date 2019.02.07

Policy No.: 15161147182400000246 Document generated by 37531 at 07/02/2019 14:48:35 Hours.

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