## दि न्यू इन्डिया एश्योरन्स कंपनी लि.

ent of India Undertaking" THE NEW INDIA ASSURANCE CO. PTD. 61 34 54 (Government of India Undertaking)



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

Insured's Name	:	VIKAS RAMBHAU MALI				
	Inst	ured's Details		Issuin	g Office Details	
Customer ID		PO66330873	Office Code	: Manchar (151611)		
Address	:	A/P. VALATI, 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	:	8600962112	Phone No	1.	02133-223047	
E-mail/Fax	:	I	E-mail/Fax		nia.151611@newindia.co.in /	
PAN No	:		S.Tax Regn. No	1:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	27AAACN4165C3ZP	
	;		SAC	:	997139 (Other non-life insurance services excl RI)	

		Poli	cy Details				
Policy Number		15161147182400000129	Business Source Code				
Period of Insurance	:	From:21/01/2019 11:36:09 AM To: 20/01/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	-	Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	i	21-Jan-19	Agent/Bancassurance	3	Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (SI00156800)		
Prev. Policy no.			Phone No	1	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	15161181180000000542 21/01/19	
Stamp Duty	₹1	e AlEBagal		21/01/19	

POLICY SCHEDULE (Individual)

Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nomine	Nominee Details		Excess (%)
			4-15			Name	Relation	_	17
VIKAS RAMBHAU MALI	Male	01/01/1978	Agricultural ist	Earning Member	NO	MRS. UMA V MALI	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'. NOTE:

Premium and GST Details Consolidated Stamp fees paid by

Premium

Signature valid

GRAS GRN No.MH005985987201819Mate of Tax Amount in INR dtd. 17/09/2018 vide Cheque No. 786999 ₹60

SGST dtd. 13/09/2018 and the stamp duty under 0 CGST 0 0 this policy is Rs.1/-IGST 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 21st day of January,2019.

For and on behalf of The New India Assurance Company Limited

Policy No.: 15161147182400000129 Document generated by 37531 at 21/01/2019 11:40:53 Hours.

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

Date regress of 21 For redress also 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 visit our website http://newindia.co.in.

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THE NEW INDIA ASSURANCE СО ТТОТІ ЗЧОНІ / "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

: 02133-223047

Email

: nia.151611@newindia.co.in

Fax

Collection Number

15161181180000000542

Collection Date
Business Source Code

: 21/01/2019

DANIA (D

: DI00001420

PAN No of Payer

Received with thanks from VIKAS RAMBHAU MALI.

The amount received/Adjusted is towards

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000129	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
Cash	60.00	N.A.	AL A	N A	+		PD Balance
Total M		19.24	IN.A.	IN A.	N.A.	1516111810001087	N.A.

Total = ₹ 60.00

Utilization details of the Collected Amount :

Premium 60.00		GST		Stamp Duty	Excess Amount
		0.00		0.00	C C C C C C C C C C C C C C C C C C C
SI no,	Agency Code		Agency Name		Department Code
1 NIAAG00087491		NIKHIL HANUM	ANT TEMGIRE	47	

For The New India Assurance Company Limited

Revenue Stamp

India long

Date of Issue: 21/01/2019

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 signed by Scinivas in Valestra en Date 2019.01.21

Policy No. : 15161147182400000129 Document generated by 37531 at 21/01/2019 11:40:53 Hours.

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