## दि न्यू इन्डिया एश्योरन्स कंपनी लि.





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

Insured's Name	:	VILAS TUKARAM ARGADE					
	Inst	ured's Details	Issuing Office Details				
Customer ID		PO68070121	Office Code : Manchar (151611)				
Address	:	A/P. KADUS, TAL. KHED, DIST. PUNE RAJ GURU NAGAR ,MAHARASHTRA, 410505	Address	i:	Trimurti Complex, A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune ,410503		
Phone No	:	9545311115, 9881012422	Phone No		02133-223047		
E-mail/Fax	i	1	E-mail/Fax		nia.151611@newindia.co.in /		
PAN No	:		S.Tax Regn. No		AAACN4165CST178		
GSTIN/UIN	:	NA / NA	GSTIN		27AAACN4165C3ZP		
	i:	No. of the Control of	SAC	:	997139 (Other non-life insurance services excl RI)		

	Polic	y Details
Policy Number	: 15161147182400000410	Business Source Code
Period of Insurance	From:26/03/2019 02:43:12 PM To: 25/03/2020 11:59:59 PM	Dev.Off : Mr. DIRECT 151611 MANCHAR - (DI00001420)  Agent/IMF
Date of Proposal	: 26-Mar-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 : nikhiltemgire1@gmail.com, / / /
Premium	GST Total(RS)	Total Rupees (In Words) Receipt No. & Date
60	0 60	DUDEEC CIXTY ON IV

Premium		GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60		0	60	RUPEES SIXTY ONLY	15161181180000001000 - 26/03/19
Stamp Duty	₹ 1				26/03/19

POLICY SCHEDULE (Individual)

Name of Sex the Insured		Date of Birth / Age	Occupation	covered under on Status of Insured	Existing Disabilities	Nominee Details		Sum	Excess (%)
		3,3	400		17.5	Name	Relation		1.27
VILAS TUKARAM ARGADE	Male	06/02/1971 , 48	Agricultural ist	Earning Member	NO	MRS. SUN ITA	Spouse	100000	0

Special Conditions:

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

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

NA

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

Premium and GST Details

Premium

SGST

CGST

IG5T

Consolidated Stamp fees paid by GRAS GRN No.MH005985987201819M

dtd. 17/09/2018 vide Cheque No. 788999f Tax

dtd. 13/09/2018 and the stamp duty under

0 this policy is Rs.1/-

Amount in INR

₹60

0

G 0 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 26th day of March, 2019.

For and on behalf of The New India Assurance Company Limitedia

Signature yalid

Policy No.: 15161147182400000410 Document generated by 37531 at 25/03/2019 14:48:02 Hours.

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

Date 29.03.26

For recharged by 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.

## दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO. LTD. (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

15161181180000001000

Collection Date **Business Source Code**  26/03/2019

DI00001420

PAN No of Payer

Received with thanks from VILAS TUKARAM ARGADE.

The amount received/Adiusted is towards

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
15161147182400000410	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.	1516111810001580	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		Agency Name		Department Code
1	NIAAG00087491	·	NIKHIL HANUM	MANT TEMGIRE	47

The New India Assurance Company Limited

India ASS

Date of Issue: 26/03/2019

Cashier's Initial

Authorized Signatory

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: 15161118P0000782

IRDA Registration Number: 190

Signature yalid

Policy No.: 15161147182400000410 Document generated by 37531 at 26/03/2019 14:48:02 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.