



Personal Accident Insurance ((Individual))
UIN NUMBER - IRDAN190P0002201314

Insured Name	: KAILASH OMPRAKASH JAIN		
Insured's Details		Issuing Office Details	
Customer ID	: PO44256021	Office Code	: JALNA BRANCH (160501)
Address	: 9/B 10, GUT NO. 43, SHRIRANG CITY, PAITHAN ROAD, AURANGABAD, MAHARASHTRA AURANGABAD(MA) ,MAHARASHTRA, 431003	Address	: K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203
Phone No	: XXXXXX9400	Phone No	: 02482232708 / 02482232709
E-mail/Fax	: kailash@jainuineinsurance.co.in, /	E-mail/Fax	: nia.160501@newindia.co.in /
PAN No	: AGFPJ2058J	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AGFPJ2058J1ZC / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997133 (Accident and health insurance services)

Policy Details

Policy Number	: 16050142230100000982	Business Source Code	
Period of Insurance	: From:14/09/2023 12:00:01 AM To: 13/09/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF/POS/Web Aggregator	: JAINUINE INSURANCE BROKERS PVT. LTD. - (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)
Date of Proposal	: 14-Sep-23	Agent/Bancassurance/Specialized Person/CPSC User	:
Prev. Policy no.	: 16040142220100000005	Phone No	: 02402350377, 9850049400 / NA /
Client Type	: Non-Corporate	E-mail/Fax	: kailash@jainuineinsurance.co.in, / / /
Staff Discount	: No	Type of Cover	: NA

Premium:	GST:	Total (₹)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
₹ 6,660	₹ 1,198	₹ 7,858	₹500	RUPEES SEVEN THOUSAND EIGHT HUNDRED FIFTY-EIGHT ONLY	1000008923090034 4596 - 12/09/23

Details of the Insured and/other Family members covered under the Policy: INDIVIDUAL

Sl. No	Name of the Insured	Age	Occupation	Relation	Medical Extension	Sum Insured	Risk Group
1	KAILASH OMPRAKASH JAIN	44	Business	Self	Yes	10000000	Risk Group I

Sl. No	Cumulative Bonus	Assignee Details		Physical Defects/Details	Excess	War & Allied Cover opted		
		Name	Relation			Sum Insured	Country	Type of Period
1	3500000	PARASBAI OPRAKASH JAIN	MOTHER	No / NA	0	0	NA	NA

Table Details: (Individual)

Sl.No	Table A		Table B		Table C		Table D	
	Table A	Sum Insured	Table B	Sum Insured	Table C	Sum Insured	Table D	Sum Insured
1	Yes	1000000	No	0	No	0	Yes	9000000

Sl.No	Special Conditions
1	AS PER POLICY



Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 6,660
SGST	9	599
CGST	9	599
IGST	0	0

The Policy Shall be subject to PERSONAL ACCIDENT INSURANCE ((Individual)) policy clauses attached herewith IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:-
Date:-

For and on behalf of
The New India Assurance Company Limited

(Mr. Anil Kandharkar)
[Branch Manager]

Duly Constituted Attorney(s)

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

Stamp Duty under the Policy is ₹

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 16050123P0006328

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C