

MOTOR /MISC. CLAIM DEPARTMENT

Form No: SPL-9 (H)

THE NEW INDIA ASSURANCE CO.LTD.,
NON-SUIT CLAIM HUB - AURANGABAD(160002)
LIC BUILDING, PLOT NO: 3, N-5, CIDCO : AUURANGABAD:43100
PH NOS: 0240 - 2480715, 2482715

CLAIM SETTLEMENT VOUCHER

Intimated Loss No: 1604001123879000003 Date of Payment : _____

Settle Loss No: _____

Disbursement No: _____ Date : _____

RECEIVED FROM THE NEW INDIA ASSURANCE COMPANY LIMITED

THE SUM OF RS. : 15,81,843=00 (fifteen lakhs eighty-one -
Thousand eight Hundred forty Three Rupees only.)

Which I/We agree to accept in full satisfaction and discharge of all Claims present or

Future Under the Policy No: 16040011228700000136,
16040011228700000135, 16040046220100000222

In respect of : _____

Which occurred on or about the _____ day of _____

Rs : 1581843=00



Affix (Revenue Stamp)

(Signature of the Claimant
And Insured)

Name : _____

Cell No: _____

Please fill this form in ENGLISH and in BLOCK LETTERS. All fields marked (*) are mandatory.

1. PERSONAL DETAILS

NAME (same as in ID proof)*: SURESH OSTWAL
Father's / Spouse' Name* : DIPCHAND OSTWAL
Mother's Name * SUSHILA : SUSHILA OSTWAL
Date of Birth* : 07/07/1958 Gender* : M/F/T Citizenship* : Indian/Others
Marital Status* : Married/Unmarried/Others
Residential Status* : Resident Individual/NRI/Foreign national/Person of Indian origin
Occupation type* (Tick & Enter code): _____

2. PROOF OF IDENTITY [PoI]* (Certified copy of any one is required)

Proof of ID Submitted	Number
Passport	
Voter ID	
PAN	<u>AAPPJ831SA</u>
Driving Licence	
UID	<u>3919 98462450</u>
NREGA Job Card	
Simplified Measures Account	ID no -
Others (notified by Central Govt)	ID no. -

3. PROOF OF ADDRESS [PoA]* (Certified copy of any one is required)

Proof of ID Submitted	Number
Passport	
Voter ID	
Driving Licence	
UID	<u>3919 9846 2450</u>
NREGA Job Card	
Simplified Measures Account	ID no -
Others (notified by Central Govt)	ID no. -

3.1 Permanent Address*

Address Details: SUDIP, WAKT ROAD, AIP & TAL. TAMNER
DIST. TALGAON, MAHARASHTRA
Pincode - 424206

3.2 Correspondence Address/Local Address details*

Address Details: _____
Pincode - _____

4. Contact Details

Tel (off): 02580-230178 Tel (Res): _____
Mobile*: 9021517869 Email: nishalostwal1oil@gmail.com

5. Applicant Declaration*

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Saur
Signature/Thumb impression of Applicant

Date:

Place:

6. Attestation/For office use only

Officer's Name/SR No/Designation/Branch

KYC Verification carried out by
Received self attested copies



सत्यमेव जयते
भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

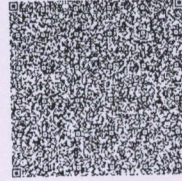
नोंदविण्याचा क्रमांक / Enrollment No. : 2821/22123/03997

To
Suresh Deepchand Ostwal
सुरेश दीपचंद ओस्तवाल
Sudip,
waki road,
VTC: Jamner, PO: Jamner,
District: Jalgaon,
State: Maharashtra, PIN Code: 424206,
Mobile: 9421517869

82319663



KF823196639FI



आपला आधार क्रमांक / Your Aadhaar No. :

3919 9846 2450

माझे आधार, माझी ओळख



भारत सरकार
Government of India



आधार

Issue Date: 16/01/2012



सुरेश दीपचंद ओस्तवाल
Suresh Deepchand Ostwal
जन्म तारीख / DOB: 07/07/1958
पुरुष / Male

3919 9846 2450

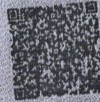
माझे आधार, माझी ओळख

Spmk

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AAPPJ3315A



नाम / Name
SURESH DEEPCHAND OSTWAL

पिता का नाम / Father's Name
DEEPCHAND SHANKARLAL OSTWAL

जन्म की तारीख / Date of Birth
07/07/1958


हस्ताक्षर / Signature



06052017

Suresh