



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

Insured Name	: SH SUNIL KUMAR S/O SH RAMESH CHAND		
Insured's Details		Issuing Office Details	
Customer ID	: PO49130830	Office Code	: BRANCH OFFICE (353602)
Address	: A-19-002 CITY HOMES VATIKA NEXT SECTOR.83 GURGAON GURGAON ,HARYANA, 122001	Address	: S.C.O.240, SECTOR-10 FIRST FLOOR, NEAR TAJ HOTEL KURUKSHETRA,136118
Phone No	:	Phone No	: 01744220821 / 01744220921
E-mail/Fax	: /	E-mail/Fax	: nia.353602@newindia.co.in / 01744227258
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 06AAACN4165C2ZU
		SAC	: 997133 (Accident and health insurance services)

Policy Details

Policy Number	: 35360242220100000002	Business Source Code	
Period of Insurance	: From:01/04/2022 05:50:17 PM To: 31/03/2023 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF/POS/Web Aggregator	: DIRECT BUSINESS - (1D7836081)
Date of Proposal	: 01-Apr-22	Agent/Bancassurance/Spe cified Person/CPSC User	: Mr. KRISHAN KUMAR (NIA1D7834827) AGENT_SITE_686405. (1D7838736)
Prev. Policy no.	: 35360242220100000002	Phone No	:
Client Type	: Non-Corporate	E-mail/Fax	: kkdnia@gmail.com, / / /
Staff Discount	: No	Type of Cover	: NA

Premium:	GST:	Total (₹)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
₹ 660	₹ 118	₹ 778	₹20	RUPEES SEVEN HUNDRED SEVENTY- EIGHT ONLY	3536028122000000 0047 - 01/04/22

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	SH SUNIL KUMAR	31	Service	Self	Yes	400000	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	100000	TARAWATI	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	300000	Yes	100000	No	0	No	0

Sl.No	Special Conditions
1	.

Premium and GST Details

Rate of Tax Amount in INR

Signature Not
Verified
Digitally signed
by SRINIVASAN
VAIDESWARAN
Date: 2022.04.01

Policy No. : 35360242220100000002 Document generated by AG_KRISH27 at 01/04/2022 17:50:18 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on <https://www.newindia.co.in/portal/policyFeedbackGen>.

For redressal of 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>.



Premium		₹ 660.00
SGST	9	59
CGST	9	59
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

(NITU KUMAR)
[SR. 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 ₹

Tax Invoice No : 35360222E0000060

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C