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







Personal Accident Insurance ()
UIN Number -

Insured Name		UTTARAKHAND JAL VIDHYUT NIG	SAM LID	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Office Detella		
	Insu	red's Details	Issuing Office Details				
Customer ID		PO10747759	Office Code		DEHRADUN DO 340800 (340800)		
Address	-	MAHARANI BAGH GMS ROAD DEHRADUN DEHRADUN, UTTARAKHAND, 248001	Address		15-A, RAJPUR ROAD, 15-A, RAJPUR ROAD, OPP. GANDH PARK, DEHRADUN - 248 001. ,263641		
	١.	9456590029	Phone No		01352657669 / 01352712501		
Phone No	-1:		E-mail/Fax		nia.340800@newindia.co.in /		
E-mail/Fax	- 1:	vicky.iotl@gmail.com, / AAACU6672R	S.Tax Regn. No	122	AAACN4165CST178		
PAN No	12		GSTIN		05AAACN4165C4ZU		
GSTIN/UIN		05AAACU6672R1ZN / NA	SAC		997139 (Other non-life insurance services excl RI)		

		Police	cy Details	-			
Policy Number		34080042180100000049	Business Source Code				
Period of Insurance	1:	From:11/12/2018 12:00:01 AM To: 10/12/2019 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF/POS	:	DIRECT BUSINESS - (1D7842512)		
Date of Proposal		11-Dec-18	Agent/Bancassurance	:			
Prev. Policy no.	:	PU0	Phone No	:	NA / NA		
Client Type		Corporate	E-mail/Fax	:	111		
Staff Discount		No	Type of Cover	1	24 hours Cover required		

			The second secon	Control of the Contro	Deserted No. C Datos
Premium:	GST:	Total (₹)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
₹ 1349316	₹ 242876	₹1592192	₹150	RUPEES FIFTEEN LAC NINETY-TWO THOUSAND ONE HUNDRED NINETY- TWO ONLY	3408008118000000 3054 - 11/12/18

Benefits under the Policy: GROUP NAMED

				N	umber of	Persons		,				
SI. No	Emp ID	Name Of Insured	Age	Cadre	Relation	Risk Group	Excess	Sum Insured	Medical Extensi on	War & A	Ilied Cove	er opted
		Ilisuieu								Sum Insured	Country	Type of Period
1	1	GITESH CHANDR A SRIWAST AVA	42	Accoun t Clerk		Risk Group I	0	3000000	No	0	NA	NA

Table Details:

SI.No	Та	ble A	Table B		Ta	ble C	Table D	
51.140	Table A	Sum Insured	Table B	Sum Insured	Table C	Sum Insured	Table D	Sum Insured
1	No	0	Yes	3000000	No	0	No	0
2								

SI.No	Special Conditions	
1		As per standard policy terms and conditions.
2		

Premium and GST Detalls

Rate of Tax

Amount in INR

Policy No.: 34080042180100000049 Document generated by 34461 at 11/12/2018 15:28:01 Hours.

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

Date 2015 12.11

For fed@254531 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 For fed@254531 your grievance, if any,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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Stamp Duty under the Policy is ₹



Premium SGST CGST	₹ 1349316.00 9 121438 9 121438 0 0
IGST	WILLIAM WITNESS WHEREOF
The Policy Shall be subject to the undersigned duly authoriz	PERSONAL ACCIDENT INSURANCE () policy clauses attached herewith IN WITNESS WHEREOF ed hereinto set his hand
	* Elisas
Place:-	The New India Assurance Company Limited
Date:-	The New India Assurance Country
	Duly Constituted Attorney(s)
	Call for the
MudrankDt	
www.box dt	

Tax Invoice No: 34080018P0001021

IRDA Registration Number: 190