



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

Insured's Name	: M. VIGNESH .		
Insured's Details		Issuing Office Details	
Customer ID	: PO41709875	Office Code	: MAHABOBNAGAR DO (613500)
Address	: B/O M. GOVARDHAN R/O PADARA MDL. AMBRABAD TELANGANA, 509001	Address	: 2-2-2/D, OPP.MODERN HIGH SCHOOL-MAHABOBNAGAR- 509001 509001
Phone No	: 8096231618, 8096231618	Phone No	: 08542242843
E-mail/Fax	: /	E-mail/Fax	: /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178

Policy Details			
Policy Number	: 61350047162400000067	Business Source Code	
Period of Insurance	: From:17/05/2016 01:00:38 PM To: 16/05/2017 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent	: SHANKARDEV K. (1D4907286)
Date of Proposal	: 17-May-16	Agent/Bancassurance	: A.MAHANTAPPA . (NIA1D4904621) AGENT_SITE_51378 (1D4909295)
Prev. Policy no.	:	Phone No	: 08542231759, 9701734975 / 9440713235, 9440713235, 9440713235
Client Type	: Non-Corporate	E-mail/Fax	: /

Premium	Service Tax	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	61350081160000001533 - 17/05/16
Stamp Duty	1			

POLICY SCHEDULE (Individual)

Details of Insured and/or other Family members covered under the policy									
Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee Details		Sum Insured	Excess (%)
						Name	Relation		
M. VIGNESH	Male	14/08/1997 18	Student	Earning Member	NIL	M. GOVAR DHAN	Father	100000	0

Special Conditions: NA
Subject to Janata Personal Accident Insurance Policy Clause as attached hereto.

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

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 17th day of May, 2016.

For and on behalf of
The New India Assurance Company
Limited

Duly Constituted Attorney(s)

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

Stamp Duty under the Policy is ` 1/-.

IRDA Registration Number: 190



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

Insured's Name	: E.SWATHI .		
Insured's Details		Issuing Office Details	
Customer ID	: PO41709179	Office Code	: MAHABOBNAGAR DO (613500)
Address	: D/O E. LAXMAIAH GOUD R/O KOTAKONDA MDL. NARAYANAPET TELANGANA, 509001	Address	: 2-2-2/D, OPP.MODERN HIGH SCHOOL-MAHABOBNAGAR- 509001
Phone No	: 9948878153, 9948878153	Phone No	: 08542242843
E-mail/Fax	: /	E-mail/Fax	: /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178

Policy Details			
Policy Number	: 61350047162400000065	Business Source Code	
Period of Insurance	: From:17/05/2016 12:49:42 PM To: 16/05/2017 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent	: SHANKARDEV K. (1D4907286)
Date of Proposal	: 17-May-16	Agent/Bancassurance	: A.MAHANTAPPA . (NIA1D4904621) AGENT SITE 51378 (1D4909295)
Prev. Policy no.	:	Phone No	: 08542231759, 9701734975 / 9440713235, 9440713235, 9440713235
Client Type	: Non-Corporate	E-mail/Fax	: /

Premium	Service Tax	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	61350081160000001533 - 17/05/16
Stamp Duty	1			

POLICY SCHEDULE (Individual)

Details of Insured and/other Family members covered under the policy									
Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee Details		Sum Insured	Excess (%)
						Name	Relation		
E.SWATHI .	Male	21/08/1999 .16	Student	Earning Member	NIL	E. LAXMAIAH GOUD	Father	100000	0

Special Conditions: NA
Subject to Janata Personal Accident Insurance Policy Clause as attached hereto.

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

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Stamp Duty under the Policy is ₹ 1/-.

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