



CONSOLIDATED STAMP FEES  
OF POLICY STAMPS PAID  
TO GOVT. TREASURY



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

Insured's Name	: B. VENKATESH .		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
Customer ID	: PO41723203	Office Code	: MAHABOBNAGAR DO (613500)
Address	: S/O B. KOMURIAH 4-24. NIRDAVELLY MDL. KESHAMPET TELANGANA, 509001	Address	: 2-2-2/D. OPP.MODERN HIGH SCHOOL-MAHABOBNAGAR- 509001 ,509001
Phone No	: 9640056052, 9640056052	Phone No	: 08542242843
E-mail/Fax	: /	E-mail/Fax	: /
PAN No	:	S.Tax Regn. No	: AACN4165CST178

<b>Policy Details</b>			
Policy Number	: 61350047162400000084	<b>Business Source Code</b>	
Period of Insurance	: From:17/05/2016 04:50:35 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	: /

<b>Premium</b>	<b>Service Tax</b>	<b>Total(RS)</b>	<b>Total Rupees (In Words)</b>	<b>Receipt No. &amp; Date</b>
60	0	60	RUPEES SIXTY ONLY	61350081160000001552 - 17/05/16
<b>Stamp Duty</b>	: 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		
B. VENKATESH	Male	22/12/1998 .17	Student	Earning Member	NIL	B. KOMURIAH	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 \_\_\_\_\_ vide receipt  
number \_\_\_\_\_ dt. \_\_\_\_\_.

Stamp Duty under the Policy is ` 1/-.



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

Insured's Name	: R.VENKAT PRASAD REDDY		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
Customer ID	: PO41723081	Office Code	: MAHABOBNAGAR DO (613500)
Address	: S/O ANJIL REDDY 2-5. GOUTHAPUR MDL. TANDUR TELANGANA, 500099	Address	: 2-2-2/D, OPP.MODERN HIGH SCHOOL-MAHABOBNAGAR- 509001 ,509001
Phone No	: 9059414900, 8121145913	Phone No	: 08542242843
E-mail/Fax	: /	E-mail/Fax	: /
PAN No	:	S.Tax Regn. No	: AACN4165CST178

<b>Policy Details</b>			
Policy Number	: 61350047162400000083	<b>Business Source Code</b>	
Period of Insurance	: From:17/05/2016 04:48:10 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	: /

<b>Premium</b>	<b>Service Tax</b>	<b>Total(RS)</b>	<b>Total Rupees (In Words)</b>	<b>Receipt No. &amp; Date</b>
60	0	60	RUPEES SIXTY ONLY	61350081160000001552 - 17/05/16
<b>Stamp Duty</b>	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		
R.VENKAT PRASAD REDDY	Male	03/06/1998 17	Student	Earning Member	NIL	ANJIL REDDY	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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number \_\_\_\_\_ dt. \_\_\_\_\_

Stamp Duty under the Policy is `1/-.