

Finacle

Universal Banking Solution from Infosys 13 February, 2020 | User 10036256 | 56009301 | Menu Shortcut:

Transaction Inquiry

A/c. ID	5691723380	CCY/SOL ID	INR/56009301
A/c. Name	P NITHYA SREE	Balance	2,27,353.00 Cr
General Ledger Subhead	30042	Closing Balance	2,27,353.00 Cr
Code		Funds in Clearing	0.00 Cr
Opening Balance	2,07,353.00 Cr	Effective Available Amt.	2,27,353.00 Cr
Float Balance	0.00 Cr	A/c. Opening Date	22-05-2015
Available Amt.	2,27,353.00 Cr	A/c. Status Date	14-06-2016
Customer Status	ACTIVE ACTIVE		
A/c. Status	A Active		
Purge Date	31-03-2016		
Address	G 5 B BLOCK SAI MITRA MEADOWS		
	CVR		

City	BANGA BENGALURU	State	KARNA KARNATAKA
Country	IN INDIA	Postal Code	560093
Phone Type		Telex No.	
Phone No.			
Email ID Type			
Email ID			

General Ledger Date	Value Date	Instrument No.	Withdrawal Amt.	Deposit Amt.	Balance	Narrative
13-02-2020	13-02-2020			20,000.00 Cr	2,27,353.00 Cr	NORMAL CONTRIBUTION

OK

Sub Post Master
C.V. Raman Nagar
BENGALURU-560 003



THE NEW INDIA ASSURANCE CO. LTD.
REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI 400001.

GOOD HEALTH POLICY CERTIFICATE

Certificate No. 712500/GH/MAY2019/1851		Period of Insurance		From	01/05/2019	
				To	30/04/2020	
P BALARAMI REDDY		Card Number		:	4386XXXXXXXX9840	
B BLK, G5, SAIMITRA MEADOWS 1ST A CROSS, KAGGADASAPURA MAIN RD, CV RAMAN NAGAR		Master Policy No.		:	71250034192100000002	
BANGALORE 560093		Clause attached		:	GH 2013-OCT	
Mobile No: 9886038567	Email Id: BALARAM.AIT@GMAIL.COM	Service Tax Registration		:	AAACN4165C3T178	
GSTIN/UIN	: NA / NA	GSTIN		:	NA	
		SAC		:	0	
Personal Accident Section		Mediclaim Section		Hospital Cash Benefit		Nomination Particulars for PA Coverage
Name of the Insured Person	Sum Insured (₹ in Lakhs)	Premium + GST (₹)	Sum Insured (₹ in Lakhs)	Premium + GST (₹)	Limit per day (₹)	Max. no. of days
P BALARAMI REDDY			1	2380	200	30
Total Premium including GST		0		2380		

Nomination for Certificate Holder for Mediclaim	Name:	Relation:
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Name of the Insured Person	DOB	Customer code	Cumulative Bonus for Mediclaim			Pre-existing diseases/Disabilities excluded - refer Clause No.4.1(for Mediclaim)
			%	Applicable S.I.	Effective date	
P BALARAMI REDDY	01/04/1985	20120513655	35	100000		Not Applicable

Terms & Conditions forming part of this Policy No. 71250034192100000002 may be downloaded from our website, newindia.co.in/citibank.

Notice or communication to be given in respect of claims to TPA			
Name and Address of TPA	MD INDIA HEALTHCARE SERVICES(TPA) PVT.LTD. GUNA COMPLEX, NEW DOOR NO.443&445, OLD DOOR NO.304 & 305, ANNA SALAI, TEYNAMPET, CHENNAI-600018.	Contact Details	TOLL FREE: 1800-233-1166 FAX TOLL FREE: 1860-233-4449 PAN UAN: 1860-233-4446, 1860-233-4448
Email Id	citibank_chennai@mdindia.com		Website www.mdindiaonline.com

Signature Not
Verified

Digitally signed
by Srinivasan
Vaideswaran
Date: 2019.05.04
09:02:50

Document generated by null at 04/05/2019 05:00:09 Hours.

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

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>.