



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

Insured Name	SUNDEEP MUKANCHAND SANKLECHA		
Insured's Details		Issuing Office Details	
Customer ID	P6209845	Office Code	: DO-IV (230400)
Address	205. SAGAR SHOPING CENTRE SAHARADARWAJA RING RD SURAT SURAT ,GUJARAT, 395002	Address	: 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002
Phone No	XXXXXX1538	Phone No	: 2336864 / 2337644
E-mail/Fax	RAMANIKAPIL284@YAHOO.COM, /	E-mail/Fax	: nia.230400@newindia.co.in / 2313467
PAN No		S.Tax Regn. No	: AACCN4165CST178
GSTIN/UIN	NA / NA	GSTIN	: 24AACCN4165C2ZW
		SAC	: 997133 (Accident and health insurance services)

Policy Details

Policy Number	23040042250100000998			Business Source Code
Period of Insurance	From:07/07/2025 12:00:01 AM To: 06/07/2026 11:59:59 PM			Dev.Off level./Broker/Corp. Agent/IMF/POS/Web Aggregator : DIRECT CODE 230400 - (1D3937242)
Date of Proposal	07-Jul-25			Agent/Bancassurance/Specified Person/CPSC User : KAPIL KANTIBHAI RAMANI (NIAAG00055908) KAPIL KANTIBHAI RAMANI (SI00098888)
Prev. Policy no.	23040042240100001053			Phone No : 9979343593 / 2336864 /
Client Type	Non-Corporate			E-mail/Fax : ramanikapil284@yahoo.com, / nia230400@gmail.com, / /
Staff Discount	No			Type of Cover : NA
Premium:	GST:	Total (₹)	Stamp Duty	Rupees (in words)
₹ 729	₹ 132	₹ 861	₹15	RUPEES EIGHT HUNDRED SIXTY-ONE ONLY
Receipt No. & Date: 2304008125000000 5098 - 27/06/25				

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	SUNDEEP MUKANCHAND SANKLECHA undefined	42	Business	Self	Yes	300000	Risk Group I
2	SAROJ SUNDEEP SANKLECHA	39	Housewife	Spouse	Yes	150000	Risk Group I

Sl. No	Cumulative Bonus	Assignee Details		Physical Defects/ Details	Excess	War & Allied Cover opted		
		Amount	Name			Sum Insured	Country	Type of Period
1	125000	SAROJ SUNDEEP SANKLECHA	WIFE	No / NA	NA	0	NA	NA
2	57500	SUNDEEP MUKANCHAND SANKLECHA	HUSBAND	No / NA	NA	0	NA	NA

Table Details: (Individual)

Policy No. : 23040042250100000998 Document generated by 38727 at 27/06/2025 17:05:55 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>.



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	No	0	No	0	No	0
2	Yes	150000	No	0	No	0	No	0

Sl.No	Special Conditions
1	NA
2	NA

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 729
SGST	9	66
CGST	9	66
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

Duly Constituted Attorney(s)

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

Stamp Duty under the Policy is ₹

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 23040025E0011180

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C