



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

Insured Name	BARVALIYA JIVANBHAI MOHANBHAI		
Insured's Details		Issuing Office Details	
Customer ID	PO49055170	Office Code	: DO-IV (230400)
Address	85- PUSHPAK SOC. N.R. TRANPAN NA VAD A. K. ROAD. SURAT.9879208512 SURAT ,GUJARAT, 395006	Address	: 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002
Phone No	XXXXXX8512	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	: AACN4165CST178
GSTIN/UIN	NA / NA	GSTIN	: 24AACN4165C2ZW
		SAC	: 997133 (Accident and health insurance services)

Policy Details

Policy Number	23040042250100000055			Business Source Code	
Period of Insurance	From:08/04/2025 12:00:01 AM To: 07/04/2026 11:59:59 PM		Dev.Off level./Broker/Corp. Agent/IMF/POS/Web Aggregator	DIRECT CODE 230400 - (1D3937242)	
Date of Proposal	08-Apr-25		Agent/Bancassurance/Specified Person/CPSC User	KAPIL KANTIBHAI RAMANI (NIAAG00055908) KAPIL KANTIBHAI RAMANI (SI00098888)	
Prev. Policy no.	23040042240100000066		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)	Receipt No. & Date:
₹ 181	₹ 32	₹ 213	₹5	RUPEES TWO HUNDRED THIRTEEN ONLY	2304008125000000 0122 - 02/04/25

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	BARVALIYA JIVANBHAI MOHANBHAI	52	Business	Self	Yes	100000	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	40000	LALITABEN BARVALIYA	WIFE	No / NA	0	0	NA	NA

Table Details: (Individual)

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	100000	No	0	No	0	No	0

Sl.No	Special Conditions
1	NA

Policy No. : 23040042250100000055 Document generated by 41798 at 02/04/2025 15:48:02 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>.



Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 181
SGST	9	16
CGST	9	16
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 : 23040025E0000205

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C