



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

Insured Name	: BARVALIYA JIVANBHAI MOHANBHAI
Insured's Details	
Customer ID	: PO49055170
Address	: 85- PUSHPAK SOC. N/R. TRANPAN NA VAD A. K. ROAD. SURAT.9879208512 SURAT ,GUJARAT, 395006
Phone No	: XXXXXX8512
E-mail/Fax	: RAMANIKAPIL284@YAHOO.COM, /
PAN No	:
GSTIN/UIN	: NA / NA
Issuing Office Details	
Office Code	: DO-IV (230400)
Address	: 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002
Phone No	: 2336864 / 2337644
E-mail/Fax	: nia.230400@newindia.co.in / 2313467
S.Tax Regn. No	: AAACN4165CST178
GSTIN	: 24AAACN4165C2ZW
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/Spe cified 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/or 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	Relation			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