



POLICY SCHEDULE FOR RAASTA AAPATTI KAVACH POLICY (Group (Unnamed))

| | | | |
|-------------------|--|------------------------|---|
| Insured Name | PRAVARA RURAL EDUCATION SOCIETY | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | PO31667390 | Office Code | RAHURI BRANCH 151804 (151804) |
| Address | A/P PRAVARANAGAR(LONI) TAL - RAHATA DIST - AHMEDNAGAR LONI B K, MAHARASHTRA, 413736 | Address | SITAPLAZA COMPLEX, NAGAR MANMAD ROAD RAHURI, 413705 |
| Phone No | | Phone No | 02426233089 / 02426233070 |
| E-mail/Fax | / | E-mail/Fax | reg.151804@newindia.co.in / 02426233070 |
| PAN No | AAATP2302E | S.Tax Regn. No | AAACN4165CST178 |
| GSTIN/JUIN | NA / NA | GSTIN | 27AACN4165C3ZP |
| | | SAC | 997139 (Other non-life insurance services excl RI) |

| Policy Number | | Policy Details | | | |
|---------------------|--|--|--|--|--|
| Period of insurance | | From: 11/01/2018 11:03:07 AM To: 10/01/2019 11:59:59 PM | | | |
| Date of Proposal | | Dev.Off level/Broker/Corp. Agent | | | |
| Prev. Policy no. | | M/S. PRAVARA INSTITUTE OF RESEARCH & EDUCATION, - (2D11723547) | | | |
| Client Type | | Agent/Bancassurance | | | |
| Premium: | | Phone No | | | |
| ₹ 436932 | | E-mail/Fax | | | |

| Premium: | GST: | Total (₹) | Stamp Duty | Rupees (in words) | Receipt No. & Date: |
|----------|---------|-----------|------------|---|----------------------------------|
| ₹ 436932 | ₹ 78648 | ₹ 515580 | ₹1 | RUPEES FIVE LAC FIFTEEN THOUSAND FIVE HUNDRED EIGHTY ONLY | 1518048117000000 4482 - 31/01/18 |

| | |
|--------------------|--|
| Special Conditions | Limit of Hospitalisation expenses shown above is the combined limit for all the hospitalisation extensions put together. |
|--------------------|--|

| Benefits under the Policy: GROUP UNNAMED | | | | | | |
|--|----------------|---------------------------------|-------------------|--------------------------|----------------------|--|
| SI No. | No. of persons | Group Name | Sum Insured | | | Special Conditions(if any) |
| | | | Personal Accident | Hospitalization expenses | | |
| 1 | 3305 | PRAVARA RURAL EDUCATION SOCIETY | 100000 | Road Accident | Employment extension | Any other accident |
| | | | | 100000 | NA | 0 AS PER STANDARD POLICY TERMS AND CONDITIONS 3305 STUDENTS AS PER LIST ATTACHED |

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|--------------------|--|
| Special Conditions | Limit of Hospitalisation expenses shown above is the combined limit for all the hospitalisation extensions put together. |
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The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Group (Unnamed)) policy clauses attached herewith
Premium and GST Details

| | | |
|---------|-------------|------------------|
| Premium | Rate of Tax | Amount in INR |
| SGST | | ₹436932 39324 |

Signature Not Verified
Digitally Signed by Shriya
Vaderkar Date: 2018/01/31
Policy No.: 15180448176800000088 Document generated by 35565 at 31/01/2018 11:07:57 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001, TOLL FREE No. 1800 209 1415.
For fastest 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>.

Consolidated Stamps fees paid by DD of Rs. 10000/- + 20000/- vide chalan no 48 and 47 dt. 01/02/14 Total Rs. 30000/- vide receipt No. 55519 and 19520 dt. 01/02/2014 and the stamp duty under the policy is Rs.



THE NEW INDIA ASSURANCE CO. LTD.
(Wholly owned by the Govt. of India)



CGST 9
IGST 0
IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

39324
0

Place:-
Date:-

For and on behalf of
The New India Assurance Company Limited



Date of Issue: 31/01/2018

Tax Invoice No : 1518044868000088

IRDA Registration Number: 190



Policy No.: 1518044868000088 Document generated by 35564 at 31/01/2018 11:07:57 Hours.

Regd. & Head Office: New India Assurance Bldg., 67 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>.



ADJUSTMENT VOUCHER

Issuing Office : RAHURI BRANCH 151804 (151804)
Address : SITAPLAZA COMPLEX,
NAGAR MANMAD ROAD
RAHURI, 413705
RAHURI
Phone : 02426233089
Email : nia.151804@newindia.co.in
Fax : 02426233070
Collection Number : 15180481170000004462
Collection Date : 31/01/2018
Business Source Code : 2D11723547
PAN No of Payer : AAATP2302E

Received with thanks from PRAVARA RURAL EDUCATION SOCIETY.

The amount received/Adjusted is towards -

| Policy No. | A/C Description | Amount | A/C Code | Sub A/C Code |
|----------------------|--------------------------------|-----------|-------------|--------------|
| 15180448176800000088 | Cash Deposit Account-151804 | 515580.00 | 5076.151804 | CD0000230677 |

Total = ₹ 515580.00

Your Payment/Adjustment Details are as under -

| Mode | Amount ₹ | Cheque No. | Cheque Date | Drawee Bank | Drawee Branch | Reference No. | Scroll/BG/A PD Balance |
|-------------------------|-----------|------------|-------------|-------------|---------------|------------------|------------------------|
| Advance Premium Deposit | 515580.00 | N.A. | N.A. | N.A. | N.A. | 1518041710010733 | 33422.00 |

Total = ₹ 515580.00

Utilization details of the Collected Amount :

| Premium | GST | Stamp Duty | Excess Amount |
|-----------|-------------|---|-----------------|
| 436932.00 | 78648.00 | 0.00 | 0 |
| SI no. | Agency Code | Agency Name | Department Code |
| 1 | NA | M/S. PRAVARA INSTITUTE OF RESEARCH & EDUCATION, | 4B |

For The New India Assurance Company Limited

Date of Issue: 31/01/2018

Cashier's Initial



Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence.
2. NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the instalment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No : 1518044868000088

IRDA Registration Number: 190

Signature Not Verified
Digitally Signed by Suresh Valsaraj Date 31/01/2018
11:07:57 IST

Policy No. : 15180448176800000088 Document generated by 35568 at 31/01/2018 11:07:57 Hours.

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

