



**Personal Accident Insurance ( )**  
**UIN Number -**

<b>Insured Name</b>	: TEAM OCTANE RACING		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
<b>Customer ID</b>	: PO46985169	<b>Office Code</b>	: WAKDEWADI DO (153200)
<b>Address</b>	: COLLEGE OF ENGINEERING, PUNE WELLESLEY ROAD, SHIVAJI NAGAR PUNE PUNE ,MAHARASHTRA, 411005	<b>Address</b>	: 15-A, WAKADEWADI, BHALE ESTATE , PUNE MUMBAI ROAD, ,411003
<b>Phone No</b>	: 9881044099	<b>Phone No</b>	: 02025541936 / 02025541336
<b>E-mail/Fax</b>	: teamoctaneracing2015@gmail.com, /	<b>E-mail/Fax</b>	: nia.153200@newindia.co.in / 02025542735
<b>PAN No</b>	:	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: NA / NA	<b>GSTIN</b>	: 27AAACN4165C3ZP
		<b>SAC</b>	: 997139 (Other non-life insurance services excl RI)

**Policy Details**

<b>Policy Number</b>	: 15320042190100000510	<b>Business Source Code</b>	
<b>Period of Insurance</b>	: From:01/01/2020 12:00:01 AM To: 29/02/2020 11:59:59 PM	<b>Dev.Off level./Broker/Corp. Agent/IMF/POS/Web Aggregator</b>	: S V JOSHI - (1D7806192)
<b>Date of Proposal</b>	: 01-Jan-20	<b>Agent/Bancassurance/Sp ecified Person</b>	: Ms. SONALI ABHAY BELHEKAR (NIAAG00026964) SITE_AG00026964 (SI00045432)
<b>Prev. Policy no.</b>	:	<b>Phone No</b>	: 9371464129 / NA
<b>Client Type</b>	: Corporate	<b>E-mail/Fax</b>	: sonali.belhekar@gmail.com, / / /
<b>Staff Discount</b>	: No	<b>Type of Cover</b>	: 24 hours Cover required

<b>Premium:</b>	<b>GST:</b>	<b>Total (₹)</b>	<b>Stamp Duty</b>	<b>Rupees (In words)</b>	<b>Receipt No. &amp; Date:</b>
₹ 1920	₹ 348	₹ 2278	₹10	RUPEES TWO THOUSAND TWO HUNDRED SEVENTY- EIGHT ONLY	1532008119000000 8210 - 13/12/19

**Benefits under the Policy: GROUP NAMED**

<b>Number of Persons</b>													
Sl. No	Emp ID	Name Of Insured	Age	Cadre	Relation	Risk Group	Excess	Sum Insured	Medical Extension	War & Allied Cover opted			
											Sum Insured	Country	Type of Period
3	1	Onkar Laxman Gaikwad	21	Student	Self	Risk Group II	NA	200000	No	0	NA	NA	NA
4	2	Ganesh Ranjan Pawar	20	Student	Self	Risk Group II	0	200000	No	0	NA	NA	NA
5	3	Devakar Ajinkya Dhondiram	21	Student	Self	Risk Group II	NA	200000	No	0	NA	NA	NA
6	4	Shivanjali Sunil Doiphode	21	Student	Self	Risk Group II	NA	200000	No	0	NA	NA	NA
7	5	Ganesh Gopal Shinde	20	Student	Self	Risk Group II	NA	200000	No	0	NA	NA	NA
8	6	Jayesh Prashant Dhande	21	Student	Self	Risk Group II	NA	200000	No	0	NA	NA	NA

Policy No. : 15320042190100000510 Document generated by 33117 at 13/12/2019 13:05:33 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>.



9	7	Rohan Santosh Upadhye	20	Student	Self	Risk Group II	NA	200000	No	0	NA	NA
10	8	Sanket Kundlik Lothe	18	Student	Self	Risk Group II	NA	200000	No	0	NA	NA
11	9	Yogesh Mahadev Shete	20	Student	Self	Risk Group II	NA	200000	No	0	NA	NA
12	10	Pritam Waghod e	20	Student	Self	Risk Group II	NA	200000	No	0	NA	NA
13	11	Fouziya Anjum	21	Student	Self	Risk Group II	NA	200000	No	0	NA	NA
14	12	Prachi Rohidas Gadekar	18	Student	Self	Risk Group II	NA	200000	No	0	NA	NA
15	13	Digvijay Laxman Deore	18	Student	Self	Risk Group II	NA	200000	No	0	NA	NA
16	14	Vyankat esh Basavraj Goski	18	Student	Self	Risk Group II	NA	200000	No	0	NA	NA
17	15	Mayures h Ananda Kshirsag ar	19	Student	Self	Risk Group II	NA	200000	No	0	NA	NA
18	16	Majeed Noormah amad Mulla	18	Student	Self	Risk Group II	NA	200000	No	0	NA	NA

**Table Details:**

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								
2	No	0	No	0	No	0	Yes	200000
3	No	0	No	0	No	0	Yes	200000
4	No	0	No	0	No	0	Yes	200000
5	No	0	No	0	No	0	Yes	200000
6	No	0	No	0	No	0	Yes	200000
7	No	0	No	0	No	0	Yes	200000
8	No	0	No	0	No	0	Yes	200000
9	No	0	No	0	No	0	Yes	200000
10	No	0	No	0	No	0	Yes	200000
11	No	0	No	0	No	0	Yes	200000
12	No	0	No	0	No	0	Yes	200000
13	No	0	No	0	No	0	Yes	200000
14	No	0	No	0	No	0	Yes	200000
15	No	0	No	0	No	0	Yes	200000
16	No	0	No	0	No	0	Yes	200000
17	No	0	No	0	No	0	Yes	200000

Sl.No	Special Conditions
1	
2	AS PER POLICY
3	AS PER POLICY
4	AS PER POLICY
5	AS PER POLICY



6	AS PER POLICY
7	AS PER POLICY
8	AS PER POLICY
9	AS PER POLICY
10	AS PER POLICY
11	AS PER POLICY
12	AS PER POLICY
13	AS PER POLICY
14	AS PER POLICY
15	AS PER POLICY
16	AS PER POLICY
17	AS PER POLICY

**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 1920.00
SGST	9	174
CGST	9	174
IGST	0	0

The Policy Shall be subject to PERSONAL ACCIDENT INSURANCE ( ) 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 ₹

Tax Invoice No : 15320019P0010168

**IRDA Registration Number: 190**