



Insured Name	:	CHINTAGUNTI VENKAT SAI KUM	AR .			
Insured's Details				Issuing Office Details		
Customer ID	:	PO80846940	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	8499935374, 8499935374	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com, /	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

### **Policy Details**

Policy Number	:	62020048206800000056	Business Source Code			
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)	
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)	
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217	
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /	

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY ONLY	6202008120000000 1491 - 02/05/2021

	Members covered under the Policy: Individual									
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured					
					Personal Accident	Hospitalization expenses				
						Road Accident	Employment expenses hospitalization	Any other accident		
1	1	CHINTAGU NTI VENKAT SAI KUMAR	19	CH PADMAVAT HI	200000	50000	NA	50000		

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

**Premium and GST Details** 

Rate of Tax

Amount in INR





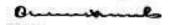
Premium		`220
SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024



(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003034





Insured Name : DAMODALA NIKHIL .							
	Insu	ired's Details	Issuing Office Details				
Customer ID	:	PO80847095	Office Code	:	DIVISIONAL OFFICE- II (620200)		
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016		
Phone No	:	9989758141, 9989758141	Phone No	:	2754883 / 9652903754		
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /		
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178		
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP		
	:		SAC	:	997139 (Other non-life insurance services excl RI)		

### **Policy Details**

		. 0	, Dolano		
Policy Number	:	62020048206800000057	Business Source Code		
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /

Ī	Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
	` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY ONLY	6202008120000000 1492 - 02/05/2021

Sl. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	DAMODALA NIKHIL .	18	D LAKSHMI PRASANNA	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

### Premium and GST Details

Rate of Tax Amount in INR

Premium `220 20 SGST

Policy No.: 62020048206800000057 Document generated by AG\_0117386 at 02/05/2021 20:38:47 Hours.

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

Vaides water Date: 2024 0.3.02

For 2008 464 507 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





 CGST
 9
 20

 IGST
 0
 0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of
Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

0-----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003035





Insured Name	:	DIRISAM ADITHYA .				
Insured's Details			Issuing Office Details			
Customer ID	:	PO80847425	Office Code		DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9553738186, 9553738186	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

i oncy betails								
Policy Number	:	62020048206800000059	Bus	Business Source Code				
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)			
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)			
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217			
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /			

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY ONLY	6202008120000000 1494 - 02/05/2021

Members covered under the Policy: Individual										
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured					
					Personal Accident	Hospitalization expenses				
						Road Accident	Employment expenses hospitalization	Any other accident		
1	1	DIRISAM ADITHYA .	18	D VENU	200000	50000	NA	50000		

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

The Policy Shall be subjet to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

## **Premium and GST Details**

Signature Not Verified

Rate of Tax Amount in INR

Premium `220 SGST 20

Policy No.: 62020048206800000059 Document generated by AG\_0117386 at 02/05/2021 20:39:57 Hours.





 CGST
 9
 20

 IGST
 0
 0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of
Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003037





Insured Name	:	GIDUTHURI DIVYA LAXMI .				
	Ins	ured's Details	Issuing Office Details			
Customer ID	:	PO80848193	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	8897008043, 8897008043	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

i oncy becaus								
Policy Number	:	62020048206800000063	Bus	Business Source Code				
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)			
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)			
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217			
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /			

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY ONLY	6202008120000000 1498 - 02/05/2021

	Members covered under the Policy: Individual									
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured					
					Personal Accident	Hospitalization expenses				
						Road Accident	Employment expenses hospitalization	Any other accident		
1	1	GIDUTHURI DIVYA LAXMI .	18	G ROJA	200000	50000	NA	50000		

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

**Premium and GST Details** 

Amount in INR Rate of Tax

Premium `220

Signature Not Verified

Policy No.: 62020048206800000063 Document generated by AG\_0117386 at 02/05/2021 20:42:25 Hours.

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





SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of
Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

O----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003041





Insured Name	:	GORU DURGA VENKATA SATYA F	PRASAD.			
	Inst	ired's Details	Issuing Office Details			
Customer ID	:	PO80849352	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	=	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	8555031873, 8555031873	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

		FUIL	y Details				
Policy Number	:	62020048206800000065	Bus	Business Source Code			
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY ONLY	6202008120000000 1500 - 02/05/2021

	Members covered under the Policy: Individual									
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured					
					Personal Hospitalization expenses Accident					
						Road Accident	Employment expenses hospitalization	Any other accident		
1	1	GORU DURGA VENKATA SATYA PRASAD .	17	G BHADRA RAO	200000	50000	NA	50000		

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

**Premium and GST Details** 

Rate of Tax

Amount in INR



Policy No.: 62020048206800000065 Document generated by AG\_0117386 at 02/05/2021 22:28:56 Hours.

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





Premium		`220
SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

a .....

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003045





Insured Name	:	GUDDU KUMAR GUPTA .				
	Inst	ired's Details	Issuing Office Details			
Customer ID	:	PO80849602	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9381053052, 9381053052	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

		Fullcy	Details		
Policy Number	:	62020048206800000066	Bus	ine	ss Source Code
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY ONLY	6202008120000000 1501 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured			
					Personal Accident	Hospitalization expenses		
						Road Accident	Employment expenses hospitalization	Any other accident
1	1	GUDDU KUMAR GUPTA .	18	KAMALA GUPTA	200000	50000	NA	50000

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

Premium and GST Details

Rate of Tax Amount in INR Premium `220

Policy No.: 62020048206800000066 Document generated by AG\_0117386 at 02/05/2021 22:29:39 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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

Vaides walen
Date: 202-0.03.02

For 2020-040150ff 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.





SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of
Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

O-----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003046





Insured Name	:	KARRI HEMANTH .			•	
Insured's Details			Issuing Office Details			
Customer ID	:	PO80857356	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9381053052, 9381053052	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

	1 Oney Details						
Policy Number	:	62020048206800000072	Business Source Code				
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY	6202008120000000 1507 - 02/05/2021
				ONLY	1307 - 02/03/2021

	Members covered under the Policy: Individual									
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured					
					Personal Accident	Hospitalization expenses				
						Road Accident	Employment expenses hospitalization	Any other accident		
1	1	KARRI HEMANTH .	18	K SAROJINI	200000	50000	NA	50000		

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

## Premium and GST Details

Amount in INR Rate of Tax Premium `220 SGST 20

Policy No.: 62020048206800000072 Document generated by AG\_0117386 at 02/05/2021 22:34:08 Hours.





 CGST
 9
 20

 IGST
 0
 0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of
Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

0-----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003052





Insured Name	:	KODA UDAY KIRAN .				
Insured's Details			Issuing Office Details			
Customer ID	:	PO80857684	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9848829567, 9848829567	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

### Policy Details

1 oiley Details							
Policy Number	:	62020048206800000076	Business Source Code				
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY	6202008120000000 1511 - 02/05/2021
				ONLY	1511 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	KODA UDAY KIRAN .	18	K THRIVIKAR AMA RAO	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

**Premium and GST Details** 

Amount in INR Rate of Tax

Premium `220

Signature Not Verified

Policy No.: 62020048206800000076 Document generated by AG\_0117386 at 02/05/2021 22:36:59 Hours.

by Srinvason Regd. & Head Office: New India Assurance Bldg., 87 M.O. NORD, FOR, MARKET PARKET PROPERTY OF THE 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.





SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of
Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

O----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003056





Insured Name	:	KOMPILLI NOURESH RAMANA .				
Insured's Details				Issuing Office Details		
Customer ID	:	PO80857873	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	7569840559, 7569840559	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	3	997139 (Other non-life insurance services excl RI)	

Policy Details

		FUIL	y Details				
Policy Number	:	62020048206800000079	Bus	Business Source Code			
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1514 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	KOMPILLI NOURESH RAMANA .	17	K NAGA RAJU	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

Premium and GST Details

by Srini<mark>vasa</mark> Vaideswaran

Rate of Tax Amount in INR Premium `220

Policy No.: 62020048206800000079 Document generated by AG\_0117386 at 02/05/2021 22:39:50 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.  ${\bf Give\ your\ valuable\ feedback\ on\ https://www.newindia.co.in/portal/policyFeedbackGen.}$ 





SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of
Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

O----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003059





Insured Name	:	: KOTYADA DURGA BHAVANI .					
	Inst	ured's Details	Issuing Office Details				
Customer ID	:	PO80857975	Office Code	:	DIVISIONAL OFFICE- II (620200)		
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016		
Phone No	:	8008595601, 8008595601	Phone No	:	2754883 / 9652903754		
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /		
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178		
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP		
	:		SAC	:	997139 (Other non-life insurance services excl RI)		

Policy Details

Folicy Details							
Policy Number		62020048206800000081	Business Source Code				
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1516 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	KOTYADA DURGA BHAVANI .	17	K.RAJYALAX MI	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

Premium and GST Details

Rate of Tax Amount in INR

`220



Premium

Policy No.: 62020048206800000081 Document generated by AG\_0117386 at 02/05/2021 22:41:31 Hours.

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

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

Vaides walen
Date: 202-0.03.02

For 202/dre20180ff 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.



SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

anna

(Mr. D CHENCHU KRISHNAIAH)[SR. DIV. MANAGER]

Duly Constituted Attorney(s)

IRDA Registration Number: 190

Tax Invoice No: 62020020P0003061

## THE NEW INDIA ASSURANCE CO. LTD.

(Government of India Undertaking)







Regd. & Head Office: New India Assurance Bldg., 87 rt, 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

### POLICY SCHEDULE FOR RAASTA AAPATTI KAVACH POLICY (Individual)

Insured Name	:	KUNCHA SHANMUKHA SHANKAR			
	Insu	ired's Details	Issuing Office Details		
Customer ID	: PO80858091		Office Code	:	DIVISIONAL OFFICE- II (620200)
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016
Phone No	:	9640664065, 9640664065	Phone No	:	2754883 / 9652903754
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

## **Policy Details**

1 olicy Betails						
Policy Number	:	62020048206800000082	Business Source Code			
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)	
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)	
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217	
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /	

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY ONLY	6202008120000000 1517 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee		Sum Insured			
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	KUNCHA SHANMUKH A SHANKAR	19	K RAMU	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

Premium and GST Details

Rate of Tax

Amount in INR

Signature Not Vertied Policy No.: 62020048206800000082 Document generated by AG\_0117386 at 02/05/2021 22:42:12 Hours.

Digitally signed by Sriniyasan Vaides wafen Valdes wafen Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen.



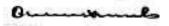
Premium		`220
SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024



(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003062





Insured Name	:	MAPADINI DIVYA .			•	
	Insu	ired's Details	Issuing Office Details			
Customer ID	:	PO80858281	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9247477605, 9247477605	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

		1 Olicy	Details				
Policy Number	:	62020048206800000084	Business Source Code				
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY ONLY	6202008120000000 1519 - 02/05/2021

			Members c	overed unde	er the Policy	y: Individual			
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	MAPADINI DIVYA .	17	M KUMAR	200000	50000	NA	50000	

Special Conditions	Limit of Hospitalisation expenses shown above is the combined limit for all the
<b>5</b> F	hospitalisation extensions put together.

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

## Premium and GST Details

Amount in INR Rate of Tax Premium `220 SGST 20

Policy No.: 62020048206800000084 Document generated by AG\_0117386 at 02/05/2021 22:44:04 Hours.

by Srinivasar Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 UU1. FOLL FREE NO. 1 000 200 1713.

Vaides/wafan Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen.

For 22/d4/e4/d4/d4/d4/d3/37 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.



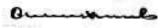
 CGST
 9
 20

 IGST
 0
 0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:-Date:- For and on behalf of
The New India Assurance Company Limited

Date of Issue: 02/02/2024



(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003064





Insured Name	:	MUDAPAKA TARUN .			
	ured's Details	Issuing Office Details			
Customer ID	: PO80858442		Office Code	:	DIVISIONAL OFFICE- II (620200)
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016
Phone No	:	7386548040, 7386548040	Phone No	:	2754883 / 9652903754
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

### Policy Details

			Details				
Policy Number	:	62020048206800000085	Business Source Code				
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY ONLY	6202008120000000 1520 - 02/05/2021

	1								
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	MUDAPAKA TARUN .	18	M ARUNA	200000	50000 NA		50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

## **Premium and GST Details**

Rate of Tax Amount in INR

 Premium
 `220

 SGST
 9
 20

Signature Not Verified

Digitally signed Policy No.: 6202004820680000085 Document generated by AG\_0117386 at 02/05/2021 22:44:45 Hours.





 CGST
 9
 20

 IGST
 0
 0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

0-----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003065



Policy No. : 62020048206800000085 Document generated by AG\_0117386 at 02/05/2021 22:44:45 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.





Insured Name	:	NATTI GANESH.					
Insured's Details				Issuing Office Details			
Customer ID	:	PO80858586	Office Code	:	DIVISIONAL OFFICE- II (620200)		
Address	=	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016		
Phone No	:	7386583000, 7386583000	Phone No	:	2754883 / 9652903754		
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /		
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178		
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP		
	:		SAC	:	997139 (Other non-life insurance services excl RI)		

Policy Details

		i Olic	y Details				
Policy Number	:	62020048206800000088	Bus	Business Source Code			
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1523 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	NATTI GANESH .	22	N RAMAKRIS HNA	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

Premium and GST Details

Rate of Tax Amount in INR Premium `220

Policy No.: 62020048206800000088 Document generated by AG\_0117386 at 02/05/2021 22:46:33 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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

Vaides water Date: 2024 03.02

For 2024 03.02

For 2024 03.02

For 2024 03.03

For 2024 03.05

For 2024 03.05 visit our website http://newindia.co.in.



SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024



(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003068





Policy No.: 62020048206800000088 Document generated by AG\_0117386 at 02/05/2021 22:46:33 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.



## POLICY SCHEDULE FOR RAASTA AAPATTI KAVACH POLICY (Individual)

Insured Name	:	NEYYALA NITISH KUMAR .				
Insured's Details			Issuing Office Details			
Customer ID	:	PO80858708	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	8886509656, 8886509656	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

**Policy Details** 

		1 0.10	y Botano			
Policy Number	:	62020048206800000091	Business Source Code			
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)	
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)	
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217	
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /	

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY ONLY	6202008120000000 1526 - 02/05/2021

	Members covered under the Policy: Individual								
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Employment Any other Accident expenses accider hospitalization			
1	1	NEYYALA NITISH KUMAR .	19	N VENKATA RAO	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

**Premium and GST Details** 

Rate of Tax Amount in INR

Premium `220

Signature Not Verified

Digitally signed Policy No.: 62020048206800000091 Document generated by AG\_0117386 at 02/05/2021 22:48:38 Hours.





SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

O----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003071



Policy No.: 62020048206800000091 Document generated by AG\_0117386 at 02/05/2021 22:48:38 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.





Insured Name	:	POLAVARAPU KAVYA .				
Insured's Details			Issuing Office Details			
Customer ID	:	PO80858827	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9618681289, 9618681289	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

### Policy Details

		i olicy	Details			
Policy Number	:	62020048206800000095	Business Source Code			
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)	
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)	
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217	
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /	

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY	6202008120000000 1530 - 02/05/2021
				ONLY	

ti	MP ID Name of the Member	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nominee	Sum Insured				
				Personal Accident	Hospitalization expenses			
					Road Accident	Employment expenses hospitalization	Any other accident	
1	1	POLAVARA PU KAVYA .	17	P BANGARU BABU	200000	50000	NA	50000

Special Conditions	Limit of Hospitalisation expenses shown above is the combined limit for all the	
<u>'</u>	hospitalisation extensions put together.	

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

**Premium and GST Details** 

Amount in INR Rate of Tax `220

Premium

Signature Not Verified

Policy No. : 62020048206800000095 Document generated by AG\_0117386 at 02/05/2021 22:51:24 Hours.

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



SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024



(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003075





Policy No.: 62020048206800000095 Document generated by AG\_0117386 at 02/05/2021 22:51:24 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

 ${\bf Give\ your\ valuable\ feedback\ on\ https://www.newindia.co.in/portal/policyFeedback{\bf Gen.}}$ 

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.



### POLICY SCHEDULE FOR RAASTA AAPATTI KAVACH POLICY (Individual)

Insured Name	:	PUREDDY KEDARESWARI .			•
Insured's Details			Issuing Office Details		
Customer ID	:	PO80858870	Office Code	:	DIVISIONAL OFFICE- II (620200)
Address	=	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016
Phone No	:	7905118803, 7905118803	Phone No	:	2754883 / 9652903754
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details

1 oney betains							
Policy Number	:	62020048206800000096	Busi	Business Source Code			
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1531 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured			
					Personal Accident	Hospitalization expenses		
						Road Accident	Employment expenses hospitalization	Any other accident
1	1	PUREDDY KEDARESW ARI .	16	P JYOTHI	200000	50000	NA	50000

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

**Premium and GST Details** 

Rate of Tax Amount in INR

Premium `220

Signature Not Verified

Digitally signed Policy No.: 62020048206800000096 Document generated by AG\_0117386 at 02/05/2021 22:52:04 Hours.





SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

Gummanuls

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003076



Policy No.: 62020048206800000096 Document generated by AG\_0117386 at 02/05/2021 22:52:04 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.





Insured Name	:	GUNDU SANDEEP KUMAR .				
Insured's Details				Issuing Office Details		
Customer ID	:	PO80850151	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	7095072328, 7095072328	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

		i olicy	Details			
Policy Number	:	62020048206800000067	Business Source Code			
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)	
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)	
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217	
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /	

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1502 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured			
					Personal Accident	Hospitalization expenses		
						Road Accident	Employment expenses hospitalization	Any other accident
1	1	GUNDU SANDEEP KUMAR .	18	G KRISHNA KUMARI	200000	50000	NA	50000

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

Premium and GST Details

Rate of Tax Amount in INR

Premium `220

Digitally signed
by Srinivasor
Valdes Waln

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

Valdes Waln
Date: 202-0.03.02

For 22cd 22-0.03.05

For 22

For 22.06-22160ff 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.



SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024



(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003047





Policy No. : 62020048206800000067 Document generated by AG\_0117386 at 02/05/2021 22:30:27 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.



### POLICY SCHEDULE FOR RAASTA AAPATTI KAVACH POLICY (Individual)

Insured Name	:	JERRIPOTULA ALEKHYA .			•	
Insured's Details				Issuing Office Details		
Customer ID	:	PO80850604	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	=	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9491368719, 9491368719	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

		1 Olicy	Details		
Policy Number	:	62020048206800000069	Busi	ine	ss Source Code
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1504 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured			
					Personal Accident	Hospitalization expenses		
						Road Accident	Employment expenses hospitalization	Any other accident
1	1	JERRIPOTUL A ALEKHYA	16	J.VENKAT LAKSHMAN	200000	50000	NA	50000

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

**Premium and GST Details** 

Rate of Tax Amount in INR `220

Premium

Signature Not Verified

Policy No. : 62020048206800000069 Document generated by AG\_0117386 at 02/05/2021 22:31:59 Hours.





SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

O----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003049



Policy No.: 62020048206800000069 Document generated by AG\_0117386 at 02/05/2021 22:31:59 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.





Insured Name	:	KANGAM LOHITH .				
Insured's Details				Issuing Office Details		
Customer ID	:	PO80851023	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9494673736, 9494673736	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

**Policy Details** 

		i olicy	Details			
Policy Number	:	62020048206800000070	Business Source Code			
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)	
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)	
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217	
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /	

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1505 - 02/05/2021

	Members covered under the Policy: Individual							
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured			
					Personal Accident	Hospitalization expenses		
						Road Accident	Employment expenses hospitalization	Any other accident
1	1	KANGAM LOHITH .	17	K RAJU	200000	50000	NA	50000

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

#### Premium and GST Details

 Premium
 '220

 SGST
 9
 20

Digitally signed
Digita



 CGST
 9
 20

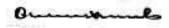
 IGST
 0
 0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024



(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003050

by Srinivasa Vaideswalan





Policy No. : 62020048206800000070 Document generated by AG\_0117386 at 02/05/2021 22:32:53 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.



Insured Name	:	KATAKAM SHANKARA NARAYANA	•			
Insured's Details				Issuing Office Details		
Customer ID : PO80857496 Office Code				:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	7095540937, 7095540937	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

			Details			
Policy Number	:	62020048206800000073	Business Source Code			
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)	
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)	
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217	
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /	

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1508 - 02/05/2021

			Members c	overed unde	er the Policy	y: Individual			
Sl. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	KATAKAM SHANKARA NARAYANA	17	K VENKATA SRINIVASA RAO	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

#### **Premium and GST Details**

Rate of Tax Amount in INR

Signature Not Verified

Policy No. : 62020048206800000073 Document generated by AG\_0117386 at 02/05/2021 22:34:48 Hours.

Policy No. : 6202004820680000073 Document generated by AG\_0117386 at 02/05/2021 22:34:48 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.





Premium		`220
SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

a.....

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003053



### POLICY SCHEDULE FOR RAASTA AAPATTI KAVACH POLICY (Individual)

Insured Name	:	KATTOJU BHAVYA .			•	
Insured's Details				Issuing Office Details		
Customer ID	:	PO80857566	Office Code	DIVISIONAL OFFICE- II (620200)		
Address		SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9390860282, 9390860282	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

		I Olic	y Details			
Policy Number	:	62020048206800000074	Business Source Code			
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)	
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)	
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217	
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /	

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY ONLY	6202008120000000 1509 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	KATTOJU BHAVYA .	17	K SRINIVASA RAO	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

**Premium and GST Details** 

Rate of Tax Amount in INR `220

Premium

Signature Not

Policy No.: 62020048206800000074 Document generated by AG\_0117386 at 02/05/2021 22:35:34 Hours.





SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

O-----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003054



Policy No.: 62020048206800000074 Document generated by AG\_0117386 at 02/05/2021 22:35:34 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.





Insured Name	:	KELLA LOHITH .			•	
Insured's Details				Issuing Office Details		
Customer ID	:	PO80857624	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9000271800, 9000271800	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

		i Oilo	y Details				
Policy Number	:	62020048206800000075	Bus	Business Source Code			
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY	6202008120000000 1510 - 02/05/2021
				HUNDRED SIXTY ONLY	1510 - 02/05/202

	Members covered under the Policy: Individual									
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured					
					Personal Accident	Hospitalization expenses				
						Road Accident	Employment expenses hospitalization	Any other accident		
1	1	KELLA LOHITH .	17	K.RAJU	200000	50000	NA	50000		

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

#### Premium and GST Details

Amount in INR Rate of Tax Premium `220 SGST 20

Policy No.: 62020048206800000075 Document generated by AG\_0117386 at 02/05/2021 22:36:21 Hours.



 CGST
 9
 20

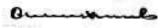
 IGST
 0
 0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024



(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003055

by Srinivasa Vaideswalan





Policy No. : 6202004820680000075 Document generated by AG\_0117386 at 02/05/2021 22:36:21 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.



### POLICY SCHEDULE FOR RAASTA AAPATTI KAVACH POLICY (Individual)

Insured Name	:	KODALI SIVA CHANDRIKA .				
Insured's Details				Issuing Office Details		
Customer ID	:	PO80857746	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	7093813399, 7093813399	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

i oncy becaus							
Policy Number	:	62020048206800000077	Bus	Business Source Code			
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY ONLY	6202008120000000 1512 - 02/05/2021

	Members covered under the Policy: Individual									
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured					
					Personal Accident	Hospitalization expenses				
						Road Accident	Employment expenses hospitalization	Any other accident		
1	1	KODALI SIVA CHANDRIK A .	17	K JAGADESW ARI	200000	50000	NA	50000		

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

Premium and GST Details

Rate of Tax Amount in INR

Signature Not

Digitally signed Policy No.: 62020048206800000077 Document generated by AG\_0117386 at 02/05/2021 22:37:42 Hours.





Premium		`220
SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

a.....

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003057



Insured Name	:	KOLLETI ANIL KUMAR .			•	
	Insu	ired's Details		Issuing Office Details		
Customer ID	:	PO80857808	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	6305564894, 6305564894	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

		1 0110	y Details				
Policy Number	:	62020048206800000078	Business Source Code				
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1513 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	KOLLETI ANIL KUMAR .	18	K SUJATHA	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

Premium and GST Details

Rate of Tax Amount in INR `220

Premium

Signature Not Verified

Policy No.: 62020048206800000077 Document generated by AG\_0117386 at 02/05/2021 22:37:42 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.





SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

O-----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003058



Insured Name	:	KORRU MANOHAR .			
	ired's Details	Issuing Office Details			
Customer ID	:	PO80857918	Office Code	:	DIVISIONAL OFFICE- II (620200)
Address	=	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016
Phone No	:	6303815232, 6303815232	Phone No	:	2754883 / 9652903754
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

**Policy Details** 

		1 0110	y Details				
Policy Number	:	62020048206800000080	Business Source Code				
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1515 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	KORRU MANOHAR .	18	K PUSHPA LATHA	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

Premium and GST Details

Rate of Tax Amount in INR

 Premium
 `220

 SGST
 9
 20



Policy No.: 62020048206800000080 Document generated by AG\_0117386 at 02/05/2021 22:40:55 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.





 CGST
 9
 20

 IGST
 0
 0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of
Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

0-----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003060



		LIGI GOILL GILL ON NAMOIA	7047111101710	<u> </u>	marriadalj	
Insured Name	:	NAGUBILLI PAVANI SRI .				
Insured's Details			Issuing Office Details			
Customer ID	:	PO80858509	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9491132774, 9491132774	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

**Policy Details** 

		FUILLY	Details			
Policy Number	:	62020048206800000086	Business Source Code			
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)	
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)	
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217	
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /	

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1521 - 02/05/2021

	Members covered under the Policy: Individual								
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	NAGUBILLI PAVANI SRI	18	N PHANEEND RA KUMAR	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

**Premium and GST Details** 

Rate of Tax

Amount in INR

Premium

`220





SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

O----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003066



Insured Name	:	NADHULA KHATVIK .				
	Inst	ured's Details		Issuing Office Details		
Customer ID	:	PO80858546	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9515697237, 9515697237	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

**Policy Details** 

i oncy betains							
Policy Number	:	62020048206800000087	Business Source Code				
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1522 - 02/05/2021

	Members covered under the Policy: Individual								
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured				
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	NADHULA KHATVIK .	17	N KAMLA	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

### **Premium and GST Details**

Rate of Tax Amount in INR

 Premium
 `220

 SGST
 9
 20

Signature Not Verified

Digitally signed Policy No.: 62020048206800000087 Document generated by AG\_0117386 at 02/05/2021 22:46:00 Hours.





 CGST
 9
 20

 IGST
 0
 0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:-Date:- For and on behalf of The New India Assurance Company Limited

Date of Issue: 02/02/2024

O. ....

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003067



Policy No. : 62020048206800000087 Document generated by AG\_0117386 at 02/05/2021 22:46:00 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.





Insured Name	:	NATTI YASWANTH .				
Insured's Details				Issuing Office Details		
Customer ID	:	PO80858631	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9347255843, 9347255843	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

**Policy Details** 

Policy Details							
Policy Number	:	62020048206800000089	Business Source Code				
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1524 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured			
					Personal Accident	Hospitalization expenses		
						Road Accident	Employment expenses hospitalization	Any other accident
1	1	NATTI YASWANTH	17	N SYAMALA	200000	50000	NA	50000

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

 $The \ Policy \ Shall \ be \ subject \ to \ RAASTA \ AAPATTI \ KAVACH \ POLICY \ (Individual) \ policy \ clauses \ attached \ here with \ Policy \ Clauses \ attached \ here with \ Policy \ (Individual) \ policy \ clauses \ attached \ here with \ Policy \ (Individual) \ policy \ clauses \ attached \ here with \ Policy \ (Individual) \ policy \ clauses \ attached \ here \ Policy \ (Individual) \ policy \ clauses \ policy \$ 

Premium and GST Details

Rate of Tax Amount in INR `220

Premium

Digitally signed
by Srinivasor
Valdes Waln

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

Valdes Waln
Date: 202-0.03.02

For 202/05/05/05/05 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

For 224th 2011 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.



SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024



(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003069





Policy No. : 62020048206800000089 Document generated by AG\_0117386 at 02/05/2021 22:47:07 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.



#### POLICY SCHEDULE FOR RAASTA AAPATTI KAVACH POLICY (Individual)

		LIOT CONEDULE I OK KAACIA	AAI AI II IIAAAAOII I C	<u> </u>	iliai viaaai)
Insured Name	:	NEELI JAI SAMPAT GANESH .			
Insured's Details			Issuing Office Details		
Customer ID	:	PO80858667	Office Code		DIVISIONAL OFFICE- II (620200)
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	=	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016
Phone No	:	9542904094, 9542904094	Phone No	:	2754883 / 9652903754
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details

		1 Olloy	Details			
Policy Number	:	62020048206800000090	Business Source Code			
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)	
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)	
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217	
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /	

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1525 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee		Sum Insured			
					Personal Accident	Hospitalization expenses			
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	NEELI JAI SAMPAT GANESH .	17	N VENKATA RAO	200000	50000	NA	50000	

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

 $\label{thm:continuous} The \ Policy \ Shall \ be \ subject to \ RAASTA \ AAPATTI \ KAVACH \ POLICY \ (Individual) \ policy \ clauses \ attached \ here with \ policy \ clauses \ attached \ here with \ policy \ clauses \ attached \ here with \ policy \ clauses \ attached \ here with \ policy \ clauses \ attached \ here \ policy \ pol$ 

**Premium and GST Details** 

Rate of Tax Amount in INR

Premium `220

Signature Not Verified

Digitally signed Policy No.: 6202004820680000000 Document generated by AG\_0117386 at 02/05/2021 22:47:52 Hours.





SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

Gummanuls

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003070



Policy No.: 62020048206800000000 Document generated by AG\_0117386 at 02/05/2021 22:47:52 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.





Insured Name	:	PASUPUREDDI VENKATA NANDIT	HA .			
Insured's Details				Issuing Office Details		
Customer ID	:	PO80858769	Office Code	DIVISIONAL OFFICE- II (620200)		
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	=	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9703005675, 9703005675	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

		FUIL	y Details			
Policy Number	:	62020048206800000093	Business Source Code			
Period of Insurance	:	From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)	
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)	
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217	
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /	

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY ONLY	6202008120000000 1528 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee					
					Personal Accident				
						Road Accident	Employment expenses hospitalization	Any other accident	
1	1	PASUPURE DDI VENKATA NANDITHA	17	P SRINIVASA RAO	200000	50000	NA	50000	

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

**Premium and GST Details** 

Rate of Tax

Amount in INR

Policy No.: 62020048206800000093 Document generated by AG\_0117386 at 02/05/2021 22:49:55 Hours.

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



Premium		`220
SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

a .....

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003073





Insured Name	:	PEDAPATI LOKESH .				
	Insu	ured's Details	Issuing Office Details			
Customer ID	:	PO80858804	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	8374944829, 8374944829	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

		FUIL	y Details			
Policy Number	:	62020048206800000094	Bus	iness Source Code		
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)	
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)	
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217	
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /	

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1529 - 02/05/2021

SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured			
					Personal Accident	Hospitalization expenses		
						Road Accident	Employment expenses hospitalization	Any other accident
1	1	PEDAPATI LOKESH .	18	P NOOKACHA RI	200000	50000	NA	50000

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

Premium and GST Details

Rate of Tax Amount in INR Premium `220

Policy No.: 62020048206800000094 Document generated by AG\_0117386 at 02/05/2021 22:50:28 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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

Vaides walen
Date: 202-0.03.02

For 20:06:004:507 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.



SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

O----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003074





Policy No. : 62020048206800000094 Document generated by AG\_0117386 at 02/05/2021 22:50:28 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.



Insured Name	:	REDDY KAVYA PRASANNA .				
Insured's Details			Issuing Office Details			
Customer ID	:	PO80858913	Office Code	:	DIVISIONAL OFFICE- II (620200)	
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016	
Phone No	:	9177744495, 9177744495	Phone No	:	2754883 / 9652903754	
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details

		1 0110	y Details				
Policy Number	:	62020048206800000097	Business Source Code				
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)		
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)		
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217		
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /		

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO	6202008120000000
				HUNDRED SIXTY ONLY	1532 - 02/05/2021

Members covered under the Policy: Individual								
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured			
					Personal Accident	Hospitalization expenses		
						Road Accident	Employment expenses hospitalization	Any other accident
1	1	REDDY KAVYA PRASANNA	17	R SAROJINI	200000	50000	NA	50000

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

### Premium and GST Details

Rate of Tax Amount in INR

Signature Not Verified

Policy No. : 6202004820680000097 Document generated by AG\_0117386 at 02/05/2021 22:52:57 Hours.

Policy No. : 6202004820680000097 Document generated by AG\_0117386 at 02/05/2021 22:52:57 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.





Premium		`220
SGST	9	20
CGST	9	20
IGST	0	0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of

Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

Que mulo

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003077



Insured Name	:	SAMMANGI SRAVANI .					
	ured's Details	Issuing Office Details					
Customer ID	:	PO80858942	Office Code		: DIVISIONAL OFFICE- II (620200)		
Address	:	SANKETIKA VIDYA PARISHAD ENGINEERING COLLEGE P.M PALLAM, VISAKHAPATNAM ,ANDHRA PRADESH,	Address	:	2ND FLOOR, PAVANPARADISE, D.NO.47-10-12, DWARAKA NAGAR, VISAKHAPATNAM. ,530016		
Phone No	:	9908508454, 9908508454	Phone No	:	2754883 / 9652903754		
E-mail/Fax	:	svpec.principal@gmail.com	E-mail/Fax	:	nia.620200@newindia.co.in /		
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178		
GSTIN/UIN	:	NA / NA	GSTIN	:	37AAACN4165C2ZP		
	:		SAC	:	997139 (Other non-life insurance services excl RI)		

**Policy Details** 

1 Oncy Details						
Policy Number	:	62020048206800000098 Business Source Code				
Period of Insurance		From:02/02/2024 08:38:07 PM To: 01/04/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent	:	Mr. MADHUSUDAN S - (DE5308538)	
Date of Proposal	:	02-Feb-2024	Agent/Bancassurance	:	Mr. SK PEER KHAN (NIAAG00080974) SK PEER KHAN (SI00135390)	
Prev. Policy no.	:		Phone No	:	9948745451 / 9440191217, 9440191217	
Client Type	:	Non-Corporate	E-mail/Fax	:	peersubhanee@gmail.com, / newindiavspmadhu@gmail.com, / /	

Premium:	GST:	Total (`)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
` 220	` 40	` 260	`1	RUPEES TWO HUNDRED SIXTY	6202008120000000 1533 - 02/05/2021
				ONLY	1333 - 02/03/2021

	Members covered under the Policy: Individual							
SI. No	EMP ID	Name of the Member	Age	Nominee	Sum Insured			
					Personal Accident	Hospitalization expenses		
						Road Accident	Employment expenses hospitalization	Any other accident
1	1	SAMMANGI SRAVANI .	17	S LAKSHMI	200000	50000	NA	50000

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

The Policy Shall be subject to RAASTA AAPATTI KAVACH POLICY (Individual) policy clauses attached herewith

### Premium and GST Details

 Premium
 '220

 SGST
 9
 20

Signature Not

Digitally signed Policy No.: 6202004820680000098 Document generated by AG\_0117386 at 02/05/2021 22:53:49 Hours.

Policy No. : 6202004820680000098 Document generated by AG\_0117386 at 02/05/2021 22:53:49 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.





 CGST
 9
 20

 IGST
 0
 0

IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:- For and on behalf of
Date:- The New India Assurance Company Limited

Date of Issue: 02/02/2024

0-----

(Mr. D CHENCHU KRISHNAIAH) [SR. DIV. MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No: 62020020P0003078