



Personal Accident Insurance ()
UIN NUMBER - IRDAN190P0003201314

Insured Name	: Y.R.GAITONDE MED. EDU.&RES.FOUNDATION(Y.R.G.CARE)		
Insured's Details		Issuing Office Details	
Customer ID	: PO11685912	Office Code	: VELACHERY D.O. (712700)
Address	: ROYAPURAM, CHENNAI NELLORE, ANDHRA PRADESH ALSA GARDENS, GILCHRIST AVENUE, HARINTON ROAD CHETPUT CHENNAI, TAMIL NADU, 600031	Address	: C.M. COMPLEX, II FLOOR, NO.1, 7TH MAIN ROAD, TANSI NAGAR, VELACHERY-TARAMANI LINK ROAD, VELACHERY 600042
Phone No	: XXXXXX7774	Phone No	: 22430864 / 22430865
E-mail/Fax	: ramesh@yrgcare.org, /	E-mail/Fax	: nia.712700@newindia.co.in / 22430845
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 33AAATY0313N1ZJ / NA	GSTIN	: 33AAACN4165C4ZV
		SAC	: 997133 (Accident and health insurance services)

Policy Details

Policy Number	: 71270042240100000330	Business Source Code	
Period of Insurance	: From:20/03/2025 12:54:37 PM To: 19/05/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF/POS/Web Aggregator	: MR.P.CHINNA THAMBI - (2D3902609)
Date of Proposal	: 20-Mar-25	Agent/Bancassurance/Spe cified Person/CPSC User	: Mr. P C JAYAMOHAN . (NIAAG00187315) P C JAYAMOHAN . (SI00286930)
Prev. Policy no.	:	Phone No	: 8056277773 / 8056277774 /
Client Type	: Non-Corporate	E-mail/Fax	: pcjayamohan123@gmail.com, / c.perumal@newindia.co.in, p.chinnathambi@yahoo.co.in / /
Staff Discount	: No	Type of Cover	: 24 hours Cover required

Premium:	GST:	Total (₹)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
₹ 25,000	₹ 4,510	₹ 29,560	₹50	RUPEES TWENTY- NINE THOUSAND FIVE HUNDRED SIXTY ONLY	7127008125000000 0409 - 02/05/25

Benefits under the Policy: GROUP NAMED

Number of Persons												
Sl. No	Emp ID	Name Of Insured	Age	Cadre	Relation	Risk Group	Excess	Sum Insured	Medical Extensi on	War & Allied Cover opted		
										Sum Insured	Country	Type of Period
1	C0098	A K SUBRAM ANIAM	63	EMPLO YEE	Self	Risk Group I	0	1000000	No	0	NA	NA

Table Details:

Sl.No	Table A		Table B		Table C		Table D	
	Table A	Sum Insured	Table B	Sum Insured	Table C	Sum Insured	Table D	Sum Insured
1	Yes	500000	Yes	500000	No	0	No	0

Sl.No	Special Conditions
1	AS PER THE PA CLAUSE
2	



Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 25,000
SGST	9	2255
CGST	9	2255
IGST	0	0

The Policy Shall be subject to PERSONAL ACCIDENT INSURANCE () policy clauses attached herewith IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:-

Date:-

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Mudrank _____Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____vide receipt number _____dt. _____.

Stamp Duty under the Policy is ₹

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 71270025P0001203

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C