

(A Company incorporated under Indian Companies Act. 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113) Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

Welcome to Bajaj Allianz Family

Bajaj Allianz House, Airport Road, Yerwada, , Pune-411006 Policy issuing office and Correspondence address for communication by Phone No:66026666 policyholder for claim, service request, notice, summons, etc. J HAMEED HUSSAIN OG-24-1000-8433-00032350 Proposer Name **Policy Number**

J HAMEED HUSSAIN NO73/32 IYYA SAMY STREET, PUDUPETT,

CHENNAI, TAMIL NADU, Pin - 600002

Customer ID: 419761904



Dear Customer,

Thank you for choosing Bajaj Allianz General Insurer as your preferred insurer. Bajaj Allianz General Insurance Company Limited, a consistently profitable insurer enjoys a reputation of expertise, stability and strength. We are a customer focused market leader present in over 200 locations across India. As an organization we strive to understand the risk management needs of our consumers and translate it into affordable products and services of global quality that deliver value for money. Bajaj Allianz has an ISO Certified claims, Operations and Services processes and has received iAAA rating for the last three consecutive years from ICRA Limited, an associate of Moody's Investors Service, for claims paying ability. The rating indicates highest claims paying ability and a fundamentally strong position in the industry.

We request you to kindly go through the contents of the policy schedule and the terms and conditions. In case of any clarification or disagreement, please write to us at Bagichelp@bajajallianz.co.in within fifteen days of receipt of this policy.

We assure you the best of our services and look forward to a continual patronage and association with you.

For & on the behalf

Bajai Allianz General Insurance Company Ltd.

Authorized Signatory

For help and more information: Page 1 of 12



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Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

GROUP HEALTH INSURANCE POLICY

FAMILY HEALTH CARE TRANSCRIPT OF PROPOSAL BAJHLIP22024V032122

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.			Bajaj Allianz House, Airport Road, Yerwada, , Pune-411006 Phone No :66026666		
Proposer Nam			Policy Number	OG-24-1000-8433-00032350	

Dear J HAMEED HUSSAIN,

We wish to inform you that the your contract will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB or other means which would be considered as the final proposal, the transcript of which is as follows:

You are requested to yourself reconfirm the same at your end. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back within a period of 15 days from the date of your receipt of this document. In case of our non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed that you have positively confirmed to us the correctness of the below mentioned transcript and declaration. Where you disagree to any of information/contents of this transcript, standard Terms or conditions, you have the option to return the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, shall be entitled to a refund of the premium paid, subject only to there being no claim made under the Policy and also subject to a deduction of the expenses incurred by us and the stamp duty charges.

Personal Informat	Personal Information						
First Name	J HAMEED HUSSAIN						
Middle Name		Last Name					
Email Address	HHMEED1206@GMAIL.COM	Mobile Number	9363573335				
Date of Birth	12-JUN-96	Nationality					
Pan No	NA	Unique Identity (Aadhaar No.)					
Salary		Occupation					
Marital Status		Family Monthly Income					
Permanent Addre	ss	Mailing Address					
House No/ Building No/ Flat No	NO73/32 IYYA SAMY STREETPUDUPETT	House No/ Building No/ Flat No	NO73/32 IYYA SAMY STREETPUDUPETT				
Street/ Locality/ Landmark		Street/ Locality/ Landmark					
State	TAMIL NADU	State	TAMIL NADU				
City	CHENNAI	City	CHENNAI				
Area	CHENNAI	Area	CHENNAI				
Pincode	600002	Pincode	600002				

Q1.Has any of the persons to be insured suffer from/or investigated for any of the following?

Disorder of the heart, or circulatory system, chest pain, high blood pressure, stroke, asthma any respiratory conditions, cancer tumor lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV, any accident or any other disease if yes, indicate in the table given below.

Q2. Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past 4yrs or prior to 4yrs and have been taking treatment/ hospitalization? Please provide the details & duration of illness along with treatment taken in below table

To support our Go Green initiative, send policy copy link on registered mobile number / email id :NO

For help and more information:

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Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: Bagichelp@bajajallianz.co.in, Website www.bajajallianz.com



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Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

GROUP HEALTH INSURANCE POLICY

FAMILY HEALTH CARE TRANSCRIPT OF PROPOSAL BAJHLIP22024V032122

Policy issuing office and Correspo policyholder for claim, service req		Bajaj Allianz House, Airport Road, Yerwada, , Pune-411006 Phone No :66026666		
Proposer Name	J HAMEED HUSSAIN	Policy Number	OG-24-1000-8433-00032350	

I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information: Yes

Insured/ Beneficiary Name	Gender		Relation with Insured	Height	_			_		Nominee relation with Beneficia ry
J HAMEED HUSSAIN	Male	12-JUN-1996	SELF	160	70	NA	0(0%)	500000	FAREEDHA BEGUM J	MOTHER
Details if Q1 &/or 2 is Answered as YES	NA									

EXCLUSION WORDINGS:-

Member Name	Memberwise Exclusions
J HAMEED HUSSAIN	NA

Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we have issued the Policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab-initio if material facts are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

A. Coverage Details:

: Family Health Care : Gold 1. Plan Name

2. Period of Insurance : From: 15-DEC-2023 17:12 Hrs. To : 14-DEC-2024 Midnight

3. Previous Insurance Provider : NA 4. Previous Policy number : NA 5. Previous Policy expiry Date

6. Health Prime Rider Plan : Individual Option 6

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GROUP HEALTH INSURANCE POLICY

FAMILY HEALTH CARE TRANSCRIPT OF PROPOSAL BAJHLIP22024V032122

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.			Bajaj Allianz House, Airport Road, Yerwada, , Pune-411006 Phone No :66026666		
			Policy Number	OG-24-1000-8433-00032350	

B. EXCLUSIONS AND TERMS AND CONDITIONS:

The detailed list of exclusions, standard terms and conditions, including the exclusion of pre-existing ailments/diseases, were fully explained to you and for full details thereof please refer to the Policy wordings:

Answer given by You: Yes, I/we have been explained in full the details of exclusions, standard terms and conditions including the exclusion of pre-existing ailments/diseases and knowing the same I/we have opted and proposed for this Policy.

The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to him and you have fully understood the significance of the proposed contract basis which you have confirmed for policy issuance.

In case of Disagreement or objection or any changes with respect to information, declarations, Terms and Conditions, exclusions and contents mentioned hereinabove, please contact our toll free number & register your objections / changes / disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy.

DECLARATION:

- 1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
- 2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurerand that the policy will come into force only after full payment of the premium chargeable..
- 3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- 4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer andseeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose ofunderwriting the proposal and/or claim settlement.
- 5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting theproposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Toll free Number: 1800-103-2529, 1800-102-5858 and 1800-209-5858

Email address: Bagichelp@bajajallianz.co.in

Website: www.bajajallianz.com

Contact our Policy servicing branch at:

Bajaj Allianz House, Airport Road, Yerwada, , Pune-411006 Phone No :66026666

**This is print of electronic records maintained by us in accordance with law and hence does not require signature.

Scrutiny No:383929804

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GROUP HEALTH INSURANCE POLICY

FAMILY HEALTH CARE TRANSCRIPT OF PROPOSAL BAJHLIP22024V032122

Policy issuing office and Correspor policyholder for claim, service req		Bajaj Allianz House, Airport Road, Yerwada, , Pune-411006 Phone No :66026666		
Proposer Name	J HAMEED HUSSAIN	Policy Number	OG-24-1000-8433-00032350	

INSURANCE ACT, 1938 SECTION 41 - PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON IN BREACH OF COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH.Bajaj Allianz General Insurance Co Ltd

Authorized signatory

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GROUP HEALTH INSURANCE POLICY

FAMILY HEALTH CARE POLICY SCHEDULE BAJHLIP22024V032122

Policy issuing office and Corresp policyholder for claim, service re		Bajaj Allianz House, Airport Road, Yerwada, , Pune-411006 Phone No :66026666		
Proposer Name	J HAMEED HUSSAIN	Policy Number	OG-24-1000-8433-00032350	

ı	PROPOSER DETAILS	POLICY DETAILS		
		Policy Issued on	15-DEC-23	
Proposer Address	NO73/32 IYYA SAMY STREET, PUDUPETT,	Period of Insurance	From: 15-DEC-2023 17:12 Hrs. To : 14-DEC-2024 Midnight	
	CHENNAI, TAMIL NADU, Pin - 600002	Customer ID	419761904	
		Policy Status	Issued	
Previous Policy No.	-	Expiry Date	-	

Insured Member Details

Member Name	Customer ID	Gender	Date Of Birth	Age	Relation	Nominee Name & Rel	ation
J HAMEED HUSSAIN	419761904	Male	12-JUN-1996	27	SELF	FAREEDHA BEGUM J	MOTHER

GSTIN / UIN	Place of Supply/State Code/ Name
NA	33 - Tamil Nadu
Company GST No.:	Invoice No.:
27AABCB5730G1ZX	407579075/1
Company PAN:	
AABCB5730G	

Sum Insured & Cover Details

Inpatient Hospitalization Treatment		Hospit	Waiver of Medical Tests	
Sum Insured	Cumulative Bonus	Per Day Benefit	Sum Insured	Yes/No
5,00,000.00	0.00(0%)	500.00	15,000.00	Yes

Premium Details

Description	Amount(INR)	Description	Amount(INR)
Base Premium	5,912.00		
Premium on Health Prime Rider	1030	Net Premium	6,942.00
Gross Premium: Rupees Eight Thousand One Hundred Ninety One Only		Integrated GST (18%)	1,249.00
		Gross Premium	8,191.00

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GROUP HEALTH INSURANCE POLICY

FAMILY HEALTH CARE POLICY SCHEDULE BAJHLIP22024V032122

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		Bajaj Allianz House, Airport Road, Yerwada, , Pune-411006 Phone No :66026666		
	Proposer Name	J HAMEED HUSSAIN	Policy Number	OG-24-1000-8433-00032350

Inpatient Hospitalization Treatment: Plan	Gold				
Name of Institution	This is Group Health Insur	ance policy i	ssued to Customer of P		
Special Terms & Conditions	NA				
Consider Francisco	Member Name	Member Name Special Condition Member level			
Special Exclusions	J HAMEED HUSSAIN	I HAMEED HUSSAIN NA			
80 D Certificate	This is to certify that J HAMEED HUSSAIN has paid RS.8,191.00 towards Health Insurance for Period and Policy Number as mentioned on the Policy Schedule and is eligible for Deduction under Section 80-D of Income Tax (Amendment) Act, 1986				
Premium Details	•	Receipt Number: 1000-00610476 Date: 15-DEC-23 Premium Payer ID: 419761904 Float: CF ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque			
Financial Institution Ref. No.					
Agency Code & Name	10014704/HDFC BANK				
Contact No.	02261606161	E-Mail	support@hdfcbank.com		

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.







Authorized Signatory

Consolidated Stamp Duty of Rs.0.5/- paid towards Insurance Stamps vide Challan No. MH009975032202324M Defaced No. 0005568654202324 ORDER NO.CSD/17/2023/4571 ORDER DATED 10.11.2023 DEFACED dated 10-NOV-23 timing 16:41:13 of General Stamp Office,Mumbai,India.

Principal Location: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006 PH:66026666 | Services Accounting Code: 997133 - Accident and health insurance services. No reverse charge is payable on these services.

This document is digitally signed, hence counter signature / stamp is not

Schedule (1) | Printed on: 23-JAN-2024 03:44:56|shankha.de.ie@bajajallianz.co.in|Web|Sub 10014704 / 470400001036

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GROUP HEALTH INSURANCE POLICY

FAMILY HEALTH CARE ANNEXURE

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Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		Bajaj Allianz House, Airport Road, Yerwada, , Pune-411006 Phone No :66026666		
Proposer Name	J HAMEED HUSSAIN	Policy Number	OG-24-1000-8433-00032350	

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Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

GROUP HEALTH INSURANCE POLICY

FAMILY HEALTH CARE ANNEXURE

Policy issuing office and Correspondence address for communication by Bajaj Allianz House, Airport Road, Yerwada, , Pune-411006 Phone No:66026666 policyholder for claim, service request, notice, summons, etc.

Policy Number Proposer Name J HAMEED HUSSAIN OG-24-1000-8433-00032350

HEALTH & WELLNESS CARD



HEALTH & WELLNESS CARD



Customer ID : 419761904

Policy No : OG-24-1000-8433-00032350

ID Card No : 24-407579075 Valid Up to : 14-DEC-2024

J HAMEED HUSSAIN (27Yrs.)

scan QR code to access customer porta

Bajaj Allianz General Insurance Company Limited

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Regd.Office: Bajaj Allianz House, Airport Road, Yerwada, Pune-411006 (India)

Cashless hospitalization in network hospitals can be obtained only if this card is produced along with a letter of authorization from Bajaj Allianz except for emergency cases. This is subject to terms and conditions of the policy. Please quote your ID number for assistance. Intimation to Bajaj Allianz Helpline is mandatory in case of any hospitalization.

HOSPITAL ALERT: In emergency, Patient may approach with id card; please call Bajaj Allianz helpline to verify coverage and cashless authorization.

For help and more information:

Contact our 24 Hour Call Center at 1800-209-5858 (Toll Free), 30305858 (chargeable, add area code before this number in case of mobile call)

Email: Bagichelp@bajajallianz.co.in, Website www.bajajallianz.com

Corporate Identification Number: U66010PN2000PLC015329

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GROUP HEALTH INSURANCE POLICY

FAMILY HEALTH CARE ANNEXURE

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Proposer Name	J HAMEED HUSSAIN	Policy Number	OG-24-1000-8433-00032350

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GROUP HEALTH INSURANCE POLICY

FAMILY HEALTH CARE RECEIPT

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		Bajaj Allianz House, Airport Road, Yerwada, , Pune-411006 Phone No :66026666	
Proposer Name	J HAMEED HUSSAIN	Policy Number	OG-24-1000-8433-00032350

RECEIPT

Receipt Number 1000-00610476 **Receipt Date** 15-DEC-23 **Business Channel**

Received with thanks from J HAMEED HUSSAIN

(Customer ID: 419761904) a total sum of Rupees Eight Thousand One Hundred Ninety One Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount
Credit Card	102161368	15/12/2023	NA	NA	8,191

Total Amount 8191

Issuance of this receipt does not amount of acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

* Cheque/DD/PO receipt is valid subject to realisation of the instrument

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006

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GROUP HEALTH INSURANCE POLICY

FAMILY HEALTH CARE - HEALTH PRIME RIDER (GROUP) BAJHLGA22166V012122

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		Bajaj Allianz House, Airport Road, Yerwada, , Pune-411006 Phone No :66026666	
Proposer Name	J HAMEED HUSSAIN	Policy Number	OG-24-1000-8433-00032350

HEALTH PRIME RIDER COVERAGE DETAILS

HEALTH PRIME RIDER COVER	HEALTH PRIME RIDER PLAN	COVERAGE
YES	Individual Option 6	Tele Consultation Cover = Unlimited (All Specialities) + (Investigations Cover - Pathology & Radiology Expenses + Doctor Consultation Cover = 15,000) + Annual Preventive Health Check -up cover = 1 Voucher

Premium Details

Description	Amount(INR)	Description	Amount(INR)
Premium on Health Prime Rider	1030		
		Net Premium	1030
		Integrated GST (18%)	185
Gross Premium: Rupees One Thousand Two	Hundred	Gross Premium	1215

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