





Welcome to Bajaj Allianz Family

Pulkit Jain

2nd Floor Office 2 Wing B Sattva Knowledge Court, Bangalore, Bangalore, 560048

Karnataka

Mobile No.: 6361093184

e-mail: traveldesk@tredence.com

Customer ID: PI31669533

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 process 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 travel@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

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: BANGALORE BRANCH-Golden Heights,4th Floor,,No.1/2,59th C Cross,4th M Block,Rajajinagar,Bangalore,Karnataka,INDIA,560010

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

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











Bajaj Allianz General Insurance Company Ltd

[Corporate Identity Number (CIN): U66010PN2000PLC015329]

[Unique Identification Number (UIN):BAJTGOP22126V022122]

Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune

Transcript of Proposal for GROUP TRAVEL

Dear Pulkit Jain,

Policy No. 12-9911-0005854012-00

We wish to inform you that the your contract will 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 immediately and before start of your journey. 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, immediately before start of your travel, 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 Information of Proposer							
First Name	Pulkit						
Middle Name	Last Name Jain						
Email Address	traveldesk@tredenc e.com	Mobile Number	6361093184				
Date of Birth	23/12/1994	Nationality	Indian				
Passport No.	P0392028						

Permanent Address		Mailing Address		
House No/ Building No/ Flat No	2nd Floor Office 2 Wing B Sattva Knowledge Court	House No/ Building No/ Flat No	2nd Floor Office 2 Wing B Sattva Knowledge Court	
Street/ Locality/ Landmark		Street/ Locality/ Landmark		
State	Karnataka	State	Karnataka	
City	Bangalore	City	Bangalore	
Area	Bangalore	Area	Bangalore	
Pincode	560048	Pincode	560048	







Insured / Beneficiary Details

Serial No.	Insured/ Beneficiary Name	Date of Birth	Gender	Passport No.	Nominee
1	Pulkit Jain	23/12/1994	Male	P0392028	Legal Heir

Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we are issuing / 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.

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.

A. Coverage Details:

1. Plan Name : Custom 1

2. Geographical Coverage : Worldwide Including USA and Canada

3. Departure Date : 21-SEP-24

4. Return Date : 19-NOV-24

5. No of Journey Days : 60 Days

6. Rider Details:

Rider Name	Rider Sum Insured
Personal Accident	USD 15000
Emergency Dental Pain Relief	USD 250
Medical Expenses,Evacuation and Repatriation	USD 500000
Loss of Checked Baggage	USD 1500
Accidental Death and Disability (Common Carrier)	USD 20000
Loss of Passport	USD 100
Personal Liability	USD 500000
Hijack Cover	USD 2500
Trip Delay	USD 120
Trip Cancellation	USD 250
Trip Curtailment	USD 250
Delay of Checked Baggage	USD 300
Emergency Cash Benefit	USD 1000
Missed Connection	USD 250
Replacement and Rearrangement of Staff	USD 5000



Bajaj Allianz General Insurance Company Limited



7. Medical Declaration

of making this proposal or suffer from physical defect or	r deformity?.
YES NO	
If Yes Please provide the details in the below table	
(*) Applicable in case of family plan.	
Medical Declaration of	Member 1 - No Declaration

Is the proposed insured's ever been diagnosed with or advised to seek treatment for any illness/ disease / ailment up to the date

B. EXCLUSIONS AND TERMS AND CONDITIONS:

The detailed list of exclusions, standard terms and conditions, including the exclusion of pre-existing ailments/diseases, as mentioned in this transcript 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.

- C. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to you and you have fully understood the significance of the proposed contract basis which you have confirmed for policy issuance.
- **D.** 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 immediately and before start of your journey.

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 as in this transcript 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, as in this transcript, will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment and realisation of the premium chargeable.
- 3. I further declare that I will notify in writing any change occurring in general health of me and other persons to be insured/proposer after the proposal has been submitted [as in this transcript] 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 and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- 5. I authorize the company to share information pertaining to my proposal [as in this transcript] including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.



Bajaj Allianz General Insurance Company Limited



NOTE: 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 or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

WhatsApp Number: +91 7507245858 Email address: travel@bajajallianz.co.in

Website: www.bajajallianz.com

Contact our Policy servicing branch at: BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.BAJAJ ALLIANZ HOUSE, AIRPORT ROAD, YERAWADA, PUNE - 411006

For Bajaj Allianz General Insurance Company Ltd,

** This is print of electronic records maintained by us in accordance with law and hence does not require signature. Scrutiny No:







(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Certificate cum Policy Schedule UIN. BAJTGOP22126V022122

PROPOSER DETAILS	POLICY DETAILS		
Customer ID : Pl31669533	Policy No.	12-9911-0004654857-00 / 12-9911-0005854012-00	
Proposer Name: Pulkit Jain	Issued on	18/09/2024 Policy Status: ACTIVE POLICY	
Corresp. Address: 2nd Floor Office 2 Wing B Sattva Knowledge Court Bangalore	Period of	From: 21/09/2024 00:00 Hrs.	
Bangalore Karnataka PIN-560048	Insurance	To : 19/11/2024 Midnight	
Mobile No.: 6361093184 e-mail id: traveldesk@tredence.com	Endorsement	Dt. NA Wef. NA	



IMPORTANT Note: For intimation of Hospitalization please use our miss call facility by dialing +91 124 6174720 this will help us to assist to assist you better. You can also write an email to travel@bajajallianz.co.in. Planned hospitalization to be notified at least 7 days in advance before admission and emergency hospitalization within 24 hours or as soon as possible before discharge.

Plan Chosen	Custom 1 Geog			Geogr	raphical Coverage Worldwide Including USA and Canada				nada	
EMP CODE	Member Name	Date o	f Birth	Age	Gender Passport Number Nominee Name		Relation			
2300	Pulkit Jain	23/12	/1994	29		Male	P0392028		Legal Heir	Legal Heir
Basic Benefits		Max Limit	Deduc	ctible		Basic Benefits	;		Max Limit	Deductible
Add-on Cover/ Rider						Limits (Max	for entire policy period)	Deductible	Premium
	Personal	Accident					USD 15000		NIL	0
Emergency Dental Pain Relief					USD 250		USD 50	0		
Me	edical Expenses,Evac	uation and Repatria	tion				USD 500000		USD 50	0
	Loss of Chec	ked Baggage					USD 1500		NIL	0
Acci	dental Death and Dis	sability (Common Ca	rrier)				USD 20000		NIL	2590.8
	Loss of I	Passport					USD 100		USD 25	0
	Persona	l Liability					USD 500000	1	0%% Co-payment	0
	Hijack	Cover				USD 500 per	24 Hrs delay period up t USD 2500	О	24 Hrs.	0
	Trip I	Delay				USD 20 per 8 H	Hrs delay period up to U 120	SD	8 Hrs.	0
	Trip Can	cellation					USD 250		NIL	0
	Trip Cur	tailment					USD 250		NIL	0
Delay of Checked Baggage					USD 300			12 Hrs.	0	
Emergency Cash Benefit					USD 1000		NIL	0		
	Missed Co	onnection					USD 250	1	0%% Co-payment	0
!	Replacement and Re	arrangement of Sta	ff				USD 5000		NIL	0
Remarks	* Custom 1 : ** For benef *** For benef Sum Assu		e- Per Baggag ent- Proposei of Sum Assure	ge maxin r and ear ed	rning s	spouse 100 % of	em in the baggage 10% sum assured. For Non-e	earning s	pouse and every addi	tional adult 50% of
mportant Note:	This policy does n undeclared. You v seeking medical in	not cover any pre-ex will not be travelling	isting medica gagainst the a y doctor in re	al condit advice of espect of	ion/in f a phy any m	ijury/illness/def sician for the punatter relating to	formity and complication in the complication in the complex of obtaining med to my physical or mental	ical treat	tment and will conser	nt to Bajaj Allianz
Pre-existing disease	Mr Pulkit Jain:No	Declaration								
Special terms & condition UW)	Exclusion:	NA								
	Clauses:	NA								
	Warranties:	NA								
	Conditions:	NA								
JW Comments Certificate Level:										
UW Comments Master Policy Level:										
Excluded Country and Events List at Certificate Level		ountry list includes- onally Haj and Mana	_				Yemen, Syria, N Korea,	and simi	lar terror prone and p	politically unstable
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Version (1) | Printed on : 18-09-2024 04:50:14 PM| |BANCS| | Toll Free Number : 1800 209 5858/1800 102 5858



Bajaj Allianz General Insurance Company Limited



Premium before tax	Rs 2591	Premium Details: Receipt No: SYS-24-000007157904/1 Date: 18/09/2024 Instrument No: NA Bank & Branch name
SGST @9% CGST @9% IGST/UTGST @ % Cess @ %		receipt Amount Rs 3057 Premium Payer ID: PO24628033 Payment Mode: Customer Float If Premium paid
Total Premium	Rs 3057	through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.

Total Premium in words: Rupees Three Thousand Fifty-Seven Only

Proposer GSTIN/UIN: | Place of Supply: 29 - KARNATAKA| Company GST.No.: 29AABCB5730G1ZT | Invoice Number: 2924091000000001 | Company PAN: AABCB5730G |

I/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.

Previous Policy No: NA Expiry Dt. NA

Code: 42540040 | Name: CHOICE INSURANCE BROKING INDIA PVT. LTD | Contact No.:999999999, E-Mail: NA@NA.COM | |

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Signature valid

Stamp Duty ₹ .5

Consolidated Stamp Duty of Rs. .5/- paid towards insurance policy stamps vide Challan No. MH003479644202425M Defaced No. 0002709637202425 Order No. LOA/ENF-1/CSD/36/2024-25 Order Dated 15/07/2024 Defaced Dated 10/07/2024 timing 15:00:00 of General Stamp Office, Mumbai,

Policy Wording





This document is system generated, hence counter signature / stamp is not required.

Corporate Identification Number: U66010PN2000PLC015329 | Service Tax Regd. Number AABCB5730G-ST-001

Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: BANGALORE BRANCH-Golden Heights,4th Floor,,No.1/2,59th C Cross,4th M Block,Rajajinagar,Bangalore,Karnataka,INDIA,560010

Principal Location: 1701 | Service Accounting Code: 997134 . No reverse charge is payable on these services.

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

 $\pmb{ \text{Email:}} \ \underline{ \text{travel@bajajallianz.co.in}} \ , \pmb{ \text{Website}} \ \underline{ \text{www.bajajallianz.com}}$

Demystify Insurance https://www.facebook.com/BajajAllianz; lint <a href="https://twitter.com/BajajAllianz; lint <a href="https://twitter.com/BajajAllianz; <a href="https://twitter.com/BajajAllianz; lint <a href="https://twitter.com/BajajAllianz; lint <a href="https://twitter.com/BajajAllianz; lint <a href="https://twitter.com/BajajAllianz; <a href="http





GROUP TRAVEL ANNEXURE DETAILS







IMPORTANT NOTICE: International Contact Numbers.

Country	Toll Free Number with Exact Dialing Pattern	Mobile	PayPhone/Landline	
AUSTRALIA	1800161400	Yes	Yes	
AUSTRIA	0800296764	Yes	Yes	
BELGIUM	080019946	Yes	No	
CANADA	18339371046	Yes	Yes	
DENMARK	80254114	Yes	Yes	
FINII AND	0800916110			
FINLAND	0800916111	Yes	Yes	
FRANCE	0800992597	Yes	Yes	
GERMANY	08000801356	Yes	Yes	
HONG KONG	0800938183	Yes	Yes	
HUNGARY	0680080529	Yes	Yes	
IRELAND	1800947246	Yes	Yes	
ISRAEL	1809455174	No access from Paltel & Jawal/Watania mobile networks.	Yes	
ITALY	ITALY 0800729207		Yes	
	06633814376	Mobile networks access:	Yes	
	06633814377	NTT Docomo,Au (KDD)		
JAPAN	06633814378	and Softbank.		
	06633814379			
MALAYSIA	1800819860	Yes	Yes	
NETHERLANDS	08000231639	Yes	Yes	
NEW ZEALAND	0800497242	Yes	Yes	
PHILIPPINES	180011102860	Mobile access available from Sun Cellular & Smart Mobile networks.	No	
PORTUGAL	800827716	Yes	Yes	
SINGAPORE 8001014293		Accessible through Mobile1, Singtel & Starhub - airtime charged. All mobile callers need to pre- register with Singtel. UIFN not available to prepaid subscribers.	ITFS access from Payphones is available from Singtel network only, free of charge and for UIFN, there is a local charge.	
COUTU POREA	00798142030103	V	V	
SOUTH KOREA	00798142030103	Yes	Yes	
SPAIN	900805804	Yes	No	
THAILAND	1800014035	Yes	Yes	
UK	08000314801	Yes	No	
UNITED STATES	18339371059	Yes	Yes	

Our overseas travel assistance department: Tel:+91 7507245858

e-mail: travel@bajajallianz.co.in

Missed Call Number: +91 124 6174720

Contact Details

Bajaj Allianz General Insurance Co. Ltd., 2nd Floor, Bajaj Finserv Building, Survey No. 208 / B - 1, Behind Weik field IT Park, Off Nagar Road, Viman Nagar, Pune - 411014

www.bajajallianz.co.in

For any queries please contact:

Email: travel@bajajallianz.co.in

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory









∭ UnitedHealthcare •



Health Pan (80840) 911-87601-04

UnitedHealthcare Member ID: 642101570681

UnitedHealthcare Group Number: 76570076

Member: Group Name: AzP INDIA

MR Pulkit Jain Medical Payer ID: USN01 Eff Dt: 21/09/2024

Member DOB: To: 19/11/2024

23/12/1994

UnitedHealthcare Options PPO

Insurance Information:

Policy No.: 12-9911-0005854012-00

<u>Plan Name:</u> Custom 1

To verify benefits for Members call

USA: 1-833-937-1059 Toll Free No.

Medical Providers: 1-844-280-9787 www.usnetworksuhc.com

Medical Claims: UHC Global, PO Box. 30526, Salt Lake City, UT 84130-0526







RECEIPT

Receipt Number : SYS-24-000007157904/1

Receipt Date : 18/09/2024

Business Channel : Travel

(Customer ID: PI31669533) a total sum of Rupees THREE THOUSAND FIFTY-SEVEN ONLY

Instrument Type	Inst./Ref. No.	o. Instrument Date Bank Name Branch Name		Branch Name	Amount (Rs.)
CD-Customer	NA	18-Sep-2024	NA	NA	3,057.00
				Total Amount	3057

Issuance of this receipt does not amount to 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.

On specific request and subject to terms and conditions, record of information exchange will be made available.

For & on behalf of

Bajaj Allianz General Insurance Company Ltd.

Authorised Signatory

Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: BANGALORE BRANCH-Golden Heights,4th Floor,,No.1/2,59th C Cross,4th M Block,Rajajinagar,Bangalore,Karnataka,INDIA,560010

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

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

