



Dear ARPIT KUMAR TIWARI,

It is our privilege to welcome you to the Bajaj Allianz General Insurance family.

We thank you for choosing Bajaj Allianz for your Insurance needs. We are one of India's leading general insurance companies with iAAA rating from ICRA for the last ten consecutive years indicating the company's high claims paying ability and fundamentally strong position in the industry. Please be assured that you have made the right choice by choosing us and we will stand by you in your hour of need.

To provide you with the best customer experience, here are a few important things for you to note:

Policy Details	
Policy Number	OG-18-9906-1843-00007943
Policy Type	Long Term Two Wheeler Package Policy
Name of Insured	ARPIT KUMAR TIWARI
Address	House No. #1 Shishadhari avenue, Behind Radiance Ive Terrace,, CHENNAI-603103 CHENNAI TAMIL NADU



Please find enclosed the policy schedule. We wish to inform you that the policy issued is based on the information submitted in the proposal form as well as the acceptance of the terms and conditions, and this will be verified at the time of filing of claim. Request you to kindly go through the same once again and in case of any disagreement, discrepancy or clarifications - let us know within 15 days of the letter date. For policy wordings containing detailed terms, conditions and exclusions of your insurance coverage, you will receive a hard copy on your correspondence address.

Once again, we welcome you to the Bajaj Allianz family and look forward to a long association with you.

With Warm Regards,

Sourabh Chatterjee

Sourabh Chatterjee President-Direct Sales and Marketing, Head-Web Sales

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Proposal Form For Long Term Two Wheeler Package Policy

Personal Information		Policy Address		
First Name	Arpit Kumar	House No. / Building Name / Flat No	House No. #1 Shishadhari avenue	
Middle Name		Street / Locality / Land- mark	Behind Radiance Ive Terrace	
Surname	Tiwari	State	TAMIL NADU	
Email Address	arpitktiwari@gmail.com	City	CHENNAI	
Mobile Number	9962680096	Area		
PAN Number	NA	Pincode	603103	
Mailing Address				
House No. / Building Name / Flat No	House No. #1 Shishadhari avenue, Behind Radiance Ive Terrace	Street / Locality / Land- mark	, , CHENNAI-603103	
State	TAMIL NADU	City	CHENNAI	
Area		Pincode	603103	
Vehicle Information				
Vehicle Reg No	TN14F4007	PA Covered for Owner Driver		
Policy Start Date	03-JUL-2017	PA cover for co- passengers worth	0	
Vehical Make	YAMAHA	Vehicle IDV/Sum Insured	102407	
Vehical Model	YZF R15	Vehicle under a bank loan	NO	
Vehical Subtype	STD	Bank Name	NA	
Year Of Manufacture	2016	Engine Number	G3C7E0072462	
Fuel Type	Petrol	Chassis Number	ME1RG0625G0015914	
Value Of Elec Accessories	0	Previous NCB	0%	
Value Of Non-elec Accessories	0	NCB Offered	20%	
Value Of CNG Kit		Voluntary Excess	0	
Previous Policy Number	412392/31/2017/1455	Previous Policy Expiry Date	05-JUN-2017	
Previous Insurer The Oriental Insurance Company Limited				
Was there any ownership	change in your existing policy?	N		
No. of claims in your exist	ing policy	0		
No. of claims in your last y	year's policy	0		

Declaration:

I/We, the undersigned hereby declare and warrant that the insurance policy is issued by Bajaj Allianz General Insurance Company Ltd [Company] subject to the declarations, warranties, statements and particulars given in this proposal form during the process of my/our online purchase through web. The statements and particulars given in this proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/we have understood the terms and conditions to the contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company and the Company shall have no liability under the insurance contract if it is found that any of the statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual conditions and form of the policy prescribed and issued by Company.I/We declare that I have read the policy schedule and the rate of NCB claimed by me/ us is correct and that no claim has arisen in the expiring policy period. I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy will stand forfeited with no liability to refund the premium. I hereby agree to confirm within 7 days in case of any objection or disagreement with the above.

Statutory Warning:

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.

Date: 30-JUN-17



Bajaj Allianz General Insurance Company Ltd.

Registered and Head Office: GE Plaza, Airport Road, Yerwada, Pune

Transcript of Proposal for

Dear ARPIT KUMAR TIWARI,

We wish to inform you that the contract under policy number OG-18-9906-1843-00007943 has been finalized based on the information and declaration given by you, the transcript whereof is mentioned below. You are requested to reconfirm the same. 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 date of your receipt of this, failing which it will be deemed that you are satisfied with the correctness of the details mentioned below. Kindly note that as the contents and declarations 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. Details provided by you:

A. Proposer details

1. Proposer Name · ARPIT KUMAR TIWARI

2. Proposer Address : House No. #1 Shishadhari avenue, Behind Radiance Ive Terrace

, , CHENNAI-603103

: 9962680096 3. Proposer Mobile Number

4. Proposer Residential Number

: arpitktiwari@gmail.com 5. Proposer e-mail id

6. Proposer Profession : NA

B.Vehicle Details

Registration Number	Month / Year of Regn	Vehicle Make	Vehicle Mod- el	Vehicle Sub Type	Cubic Capa- city	Fuel Type	Year of Man- ufacture	Seating Ca- pacity
TN14F4007	JUN/2016	YAMAHA	YZF R15	STD	150	Petrol	2016	2

Engine Number	Chassis Number	Vehicle IDV (in Rs.)	Electrical Accessories IDV (in Rs.)	Non-Electrical Accessories IDV (in Rs.)		Total IDV (in Rs.)
G3C7E0072462	ME1RG0625G00 15914	102407	0	0	0	102407

C. Coverage opted

 Period of Insurance From 03-Jul-2017 00:00(Hrs)

To 02-Jul-2020 Midnight`

: NA.

2. Is your vehicle fitted with external LPG/CNG kit : No. 3. Electrical Accessories cover Opted (If Applicable) : No. 4. Proposer Residential Number

5. Proposer e-mail id : arpitktiwari@gmail.com

6. Whether PA cover is opted for owner-driver : Yes. 7. Is any additional compulsory deductible imposed and agreed upon Yes. Amount of additional compulsory deductible imposed : Rs. 8. Whether geographical area extension is opted . No Details of Countries to which geographical area extension cover is given : NA. : No. 9. Is LL to person for Paid driver/Operation/Maintenance opted 10. Whether PA cover is opted for paid driver other than owner driver Yes

Sum Insured for Paid Driver : Rs.102407.

11. Whether PA cover is opted for passengers : No. Sum Insured per Passenger : Rs.NA.

13. Premium for Liability coverage, quoted and agreed upon is : Rs. 2310. 14. Premium for OD coverage, quoted and agreed upon is : Rs.1957.

15. Total Premium (excluding Service Tax and Education Cess) for Liability : Rs.4267 and OD coverages, quoted and agreed upon is

12. Pre Existing damages in the vehicle

16. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your : Previous Policy:0%.

17. About the last insurance company

(i) Insurance Provider: The Oriental Insurance Company Limited.

(ii) Previous Policy No: 412392/31/2017/1455, (iii) Previous Policy Expiry Date: 05-JUN-2017

Please note Cover Note No. issued to you basing on the above information. In case of Disagreement or objection or any changes with respect to information 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:

I/We hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephonic / email / web-inputs means or other means, as updated from time to time within group entities.

Toll free Number : 1800-22-5858,1800-102-5858,1800-209-5858

Email address : customercare@bajajallianz.co.in

Website : www.bajajallianz.com

Contact our policy servicing branch at:



Bajaj Finserv Building 1st Floor Behind Weikfield IT-Park Viman Nagar Pune 411014 1800-209-0144

Receipt

Receipt Number: 9906-01319665

Receipt Date: 30-JUN-17

Business Channel: WS

Received with Thanks from: ARPIT KUMAR TIWARI

(Customer ID: 98209398) a total sum of rupees only.

Instrument Type	Instrument Date	Amount
CREDIT CARD	30-JUN-17	4906
Total Amount Received for this Po	4906	

Receiving the Premium amount and issuance of this receipt does not automatically amount to underwriting risk by Bajaj Allianz General Insurance Company Ltd. Our assuming risk arises only after Proposer completing all required formalities for our taking underwriting call, upon which our Company specifically takes underwriting call to assume risk and accordingly informs the Proposer by way of issuing Policy Schedule or Cover Note, but not before. Our standard terms and conditions shall apply upon our assuming risk.

Please note: This is an electronically generated receipt and does not require signature.

Regd Office: GE Plaza, Airport Road, Yerwada, Pune - 411 006



Certificate Cum Policy Schedule

UIN: BAL-MO- P16-65-V01-15-16

Policy Details			
Policy Issuing Office:			
Cover Note No.:		Policy Issued On:	30-Jun-2017 16:38:48
Policy Number:	OG-18-9906-1843-00007943	Product:	Long Term Two Wheeler Package Policy
Period of Insurance:	From: 03-Jul-2017, 00:00 To: 02-Jul-2020 Midnight		
Insured Name:	ARPIT KUMAR TIWARI	Zone:	Α
Insured Address:	House No. #1 Shishadhari avenue, Behind Radiance Ive Terrace, , CHENNAI-603103		
Policy Holder ID:	98209398	Intermediary:	5555557 - WEB SALES
Hypothecation:		Sub Imd Code:	9906

Vehicle Details				
Registartion No.	Make	Model	Sub Type	Year Of Mfg.
TN14F4007	YAMAHA	YZF R15	STD	2016
Seat Cap.	CC	CNG/LPG Unit	Elec.Acc	Non- Elec. Acc.
2	150	0	0	0
Vehicle IDV	Chassis No.	Engine No.	Total Insured D	eclared Value
102407	ME1RG0625G0015914	G3C7E0072462	1024	107

Schedule Of Premium		
A. Own Damage		
Total Own Damage Premium:	1957	
B. Liability		
Basic Third Party Liability	2160	
PA Cover for Owner-Driver of Rs.100000	150	
PA Cover For 0 Paid Driver(s) of Rs. 0 each	0	
Bonus/ Malus	0	
Total Liability Premium:	2310	
C. Special Discount	0	
D. Net Premium (A+B)	4267	
E. Service Tax Details		
Service Tax	597	
Swachh Bharat Cess	21	
Krishi Kalyan Cess	21	
Final Premium Rs.(D+E)	4906	
***All Premium Figures are in Rupees		
No Claim Bonus:	-20%	
IMA declare that I have read the policy echedule and the rate of NCR claimed by majus is correct and that no claim as arisen in the existing policy period		

I/We declare that I have read the policy schedule and the rate of NCB claimed by me/us is correct and that no claim as arisen in the existing policy period (copy of the policy enclosed). I further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of section 1 of the policy will stand forfeited. I hereby agree to confirm within 7 days in case of any objection or disagreement with the above.

Geographical Area	India	Additional Excess	Rs. 0
Compulsary Deductible	Rs. 100	Voluntary Excess	Nil
Previous Policy Expired On:	05-JUN-17	Previous Policy Number	412392/31/2017/1455

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz (Automobile Association Membership, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tuition, Fiber Glass, CNG/LPG Unit, Geographical Extn., Imported Vehicle etc wherever applicable).

Limits Of Liability:

Under section II-I(i) of the policy -> Death of or bodily injury: Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988. Under section II-I(ii) of the policy -> Damage to Third Party Property: Rs. 100000

Limitation As To Use:

The Policy covers use of the vehicle for any purpose other than: Hire or reward, Carriage of goods(other than samples or personal luggage), Organised racing, Pace making, Speed testing, Reliability trials, Any purpose in connection with Motor Trade.

Driver

Any person including the insured Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's licence may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

Important Notice

The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the Company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY.

Subject to IMT Endorsement Nos: 22, Policy wordings attached herewith

Plan Name: 24x7 - Spot Assistance

Plan Description: 24x7 spot assistance,

*** If premium paid through cheque, the policy is void ab-initio in case of dishonor of cheque.

Premium Collection Details: - [Receipt No/Collection No/Amount] 9906-01319665,/71438719,/ Rs.4906,

This certificate of insurance is issued in accordance with the provision of Chapter X and Chapter XI of M.V.Act, 1988.

***** In case of any claim, please contact our 24 Hour Call centre at 1800-22-5858, 1800-102-5858, 1800-209-5959 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'info@bajajallianz.co.in' *****

Damage Details:-

Kindly contact our nearest / local offices for No Claim Bonus Confirmations.

Insured Declared Value:

Policy Year	Tenure From	Tenure To	Total Sum Insured
1	03-JUL-17	02-JUL-18	102407
2	03-JUL-18	02-JUL-19	87957
3	03-JUL-19	02-JUL-20	75392

The schedule of age wise Insured Declared Value (IDV) as shown in the above table is applicable for the purpose of Total Loss including Theft/ Constructive Total Loss (TL/CTL) claims only on basis of loss date falling in the respective year. A vehicle will be considered to be a CTL, where the ag-

 $gregate\ cost\ of\ retrieval\ and\ /\ or\ repair\ of\ the\ vehicle\ subject\ to\ terms\ and\ conditions\ of\ the\ policy\ exceed\ 75\%\ of\ the\ IDV.$

null

For & Behalf of Bajaj Allianz General Insurance Company Ltd.

null



Authorized Signatory

Bajaj Finserv,1st Floor , Survey # 208/1-B, Behind Weikfield IT-Park, Viman Nagar, Pune-411014

Service Tax Reg. No. AABCB5730G-ST-001

S1 - 24x7 SPOT ASSISTANCE

UIN: BAL-MO-A0--34-V01-15-16 A. Endorsement Wordings

In consideration of the payment of additional premium, it is hereby agreed and declared that **You** shall be entitled to one or more of the below mentioned benefits stated in the plan as shown in the **Policy Schedule**:

(A) Flat Battery: In the event of the **Insured Vehicle** being immobilized due to a flat battery, **We** will make alternative arrangements to make the **Insured Vehicle** mobile again provided the event has occurred within a radius of 100 kilometers from the center of the cities as listed in the attached annexure and the **Insured Vehicle** has not reached a workshop/repairer. (B) Spare Keys: In the event of You losing keys of the Insured Vehicle, We will arrange for the pick up and delivery of spare keys to the spot where the Insured Vehicle is located provided the event has occurred within 100 kilometers from the center of the cities as listed in the attached annexure and the Insured Vehicle has not reached a workshop/repairer. (C) Flat Tyre: In the event of the Insured Vehicle being immobilized due to flat tyres, We would assist You by: i. arranging for the assistance of a vehicle technician to replace the flat tyre with the spare stepney tyre of the vehicle at the location of immobilization. ii. In case the spare tyre is not available in the insured vehicle, the flat tyre will be taken to the nearest flat tyre shop for repairs and restreament to the vehicle. attachment to the vehicle. Any expenses on material, if required while carrying out the repairs, would be borne by **You.** Provided always that the immobilization has occurred within a radius of 100 kilometres from the centre of the cities as listed in the attached annexure and the Insured Vehicle has not reached a workshop/ repairer. **(D)** Minor Repairs: In the event of the **Insured Vehicle** being immobilized due to mechanical and/or electrical breakdown, **We** will arrange for minor mechanical and/or electrical repairs to make the **Insured Vehicle** mobile again provided the breakdown has occurred within 100 kilometers from the center of the cities as listed in the attached annexure and the **Insured Vehicle** has not reached a workshop/ repairer. **(E)** Urgent Message Relays: In the event of the **Insured Vehicle** getting immobilized as a result of **Accident** and/or breakdown, **We** will send urgent message on **Your** request to the specified persons through available means of communication. **(F)** Breakdown support over phone: In the event of minor mechanical errors/ faults/ non-functioning of the **Insured's Vehicle** or any part thereof, the Company would provide the Insured with telephonic assistance tocome up with solutions for such minor mechanical errors/ faults/ non-functioning of the **Insured's Vehicle**. **(G)** Fuel Assistance: In the event of the **Insured Vehicle** being immobilized due to an empty fuel tank and/or contaminated fuel, **We** shall arrange for supply of one liter of fuel on chargeable basis at the location of the immobilization and / or towing of the insured vehicle to our nearest preferred workshop, provided the event has occurred within 100 kilometers from the center of the cities as listed in the attached annexure and the **Insured Vehicle** has not reached a workshop/repairer. **(H)** Towing Facility: In the event of the **Insured Vehicle** getting immobilized as a result of **Accident** and/or breakdown, **We** shall arrange for towing away of the **Insured Vehicle** from the spot of immobilization to our nearest preferred workshop/repairer provided the accident/ breakdown has occurred within 100 kilometers from the center of the cities as listed in the attached annexure and the **Insured Vehicle** has not reached a workshop/repairer. (I) Taxi Benefits: In the event of the **Insured Vehicle** meeting with an Accident/breakdown, **We** will arrange for a free travel of the occurrence of the **Insured Vehicle** to a single destination within a visibility of 40 kilometers from the spect of immobilization. pants of the Insured Vehicle to a single destination within a vicinity of 40 kilometers from the spot of immobilization through a taxi or any other transportation service provided the event has occurred within 100 kilometers from the center of the cities as listed in the attached annexure and the **Insured Vehicle** has to be towed away to a workshop/repairer. The expenses for travel beyond 40 kilometers shall be borne by **you.** In the unlikely event of **We** being unable to arrange for this service, **We** may request **You** to arrange for a taxi to transfer the occupants of the **Insured Vehicle** on **Your** own and submit the bills for a pre-communicated amount for re-imbursement to **Us.** (J) Accommodation Benefits: In the event of the **Insured Vehicle** meeting with an Accident/breakdown, **We** will provided the account for the **Insured Vehicle** with a botal accommodation for one day provided the event has accounted by occupants of the Insured Vehicle with a hotel accommodation for one day provided the event has occurred bey ond 100 kilometers from the center point of the city of your residence but within 100 kilometers from the center of the cities as listed in the attached annexure and the time to repair the **Insured Vehicle** will exceed 12 hours from the time of reporting the incident. In the unlikely event of **We** being unable to arrange for this service, **We** may request **You** to arrange for a hotel accommodation for the occupants of the **Insured Vehicle** on **Your** own and submit the bills for a precommunicated amount agreed by us and to be reimbursed by **Us. (K)** Legal Advice: In the event of the **Insured Vehicle** meeting with an **Accident**, **You**shall be entitled for a free legal advice from a legal advisor over the phone for a maximum duration of 30 minutes. Subsequent to the expiry of the specified period of 30 minutes per year of the policy, **Your** may continue with the same legal advisor on direct payment basis.

B. Conditions

(1) In case of transfer of ownership of the **Insured Vehicle**, the cover under '24x7 Spot Assistance' shall expire. (2) The benefits under '24x7 Spot Assistance' can be utilized for a maximum of 4 times per year of the policy except for following: i. Fuel Assistance - which shall be limited to 2 times per year of the policy and One litre per event. ii. Taxi Benefits- which shall be limited to 2 times per year of the policy and Rs. 1500 per event. iii. Accommodation Benefits - which shall be provided only for 1 day only once during a year of the policy and up to a maximum of Rs. 3000 per day. iv. Legal Advice - which shall be provided only once during a year of the policy for a maximum of 30 minutes duration.

C. Exclusions

We will not be liable to indemnify Youfor the following events: (1) Where the Insured Vehicle can be safely transferred on its own power to nearest dealer/workshop. (2) Any Accident, loss, damage and/or liability caused, sustained or incurred whilst the Insured Vehicle is being used otherwise than in accordance with the limitations as to use. (3) Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission. (4) Any Accident, loss, damage and/or liability directly or indirectly or proximately or remotely occasioned by contributed to/by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war), civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequences of any of the said occurrences. (5) Any loss or damage caused due to riots, strikes and Act of God perils like flood, earthquake etc. (6) Claims pertaining to theft losses. (7) Any consequential loss arising out of claims lodged under '24x7 Spot Assistance'. (8) Where a loss is covered under Motor Insurance Policy or any other type of insurance policy with any other insurer or manufacturer#s warranty or recall campaign or under any other such packages at the same time. (9) Replacement cost of battery and/or any associated repair cost. (10) Cost of supply of parts or replacements elements or consumables. (11) Replacement cost of any part or consumable. (12) Repair cost of tyre and/or parts or replacement cost of any part or consumable. (12) Repair cost of tyre and/or parts or replacement cost of any part or consumable. (12) Repair cost of tyre and/or parts or replacement cost of intervention of Government Authorized Agencies,

ganized without **Our** prior consent for the various assistance services. **(23)** No benefit shall be provided after the Insured Vehicle has been taken by you or your representative to the garage or from the place of recovery in case of a stolen Insured Vehicle. **(24)** Mechanical and/or electrical breakdowns that require replacement of spare parts and/or specialized tools/equipments that are usually available only in automotive workshops.

D. Definitions

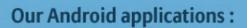
The words and phrases listed have special meanings **We** have set below whenever they appear in bold type and initial capitals. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate.

(1) You, Your, Yourself: The person or persons We insure as set out in the Schedule. (2) We, Our, Us: Bajaj Allianz General Insurance Company Limited and/or the Service Provider with whom Bajaj Allianz General Insurance Company Limited has entered into a contract to provide the benefits under this cover to You. (3) Accident, Accidental: A sudden, unintended and fortuitous external and visible event. (4) Policy/Motor Insurance Policy: Private Car Package Policy issued by Us to which this cover is extended. (5) Insured Vehicle: The vehicle insured by Us under the Motor Insurance Policy. (6) Policy Period: The period between and including the commencement date and expiry date as shown in the Motor Insurance Policy Schedule. (7) Schedule: The Schedule and any Annexure or Endorsement to it which sets out Your personal details and the type of insurance cover in force.

E. CANCELLATION

Cancellation conditions of the add-on cover wi	ill be identical to the base i	policy to wh	nich the add-on co	ver is attached
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Registartion No.	Make



Bajaj Allianz Mobifuel App

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