

Dear VIJAYA CHODAGAM JAIRAM BAPU CHODAGAM,

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-22-9906-1801-00072786
Policy Type	Motor Private Car
Name of Insured	VIJAYA CHODAGAM JAIRAM BAPU CHOD- AGAM
Address	E601 Satellite Township, Pipeline Road, Pet Basheerabad, Hyderabad, Telangana - 500055 HYDERABAD TELANGANA



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 Chatteriee President-Direct Sales and Marketing, Head-Web Sales

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

Receipt

Receipt Number: 9906-05626009

Receipt Date: 06-NOV-21

Business Channel: WS

Received with Thanks from: VIJAYA CHODAGAM JAIRAM BAPU CHODAGAM

(Customer ID: 167132342) a total sum of rupees only.

Instrument Type	Instrument Date	Amount
CREDIT CARD	06-NOV-21	4188
Total Amount Received for this P	4188	

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: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006

Certificate Cum Policy Schedule

Policy Details				
Policy Issuing Office:	Bajaj Finserv Building, 1st Floor, Behind Weikfield IT-Park, Viman Nagar Pune-411014 Ph:1800-209-0144			
Cover Note No.:	Policy Issued On: 06-Nov-2021 21:55:29			
Policy Number:	OG-22-9906-1801-00072786	Product:	Private Car - Package Policy	
Period of Insurance:	From: 07-Nov-2021, 00:00 To: 06-Nov-2022 Midnight			
Insured Name:	VIJAYA CHODAGAM JAIRAM BAPU CHOD- AGAM	Zone:	А	
Insured Address:	E601 Satellite Township, Pipeline Road, Pet Basheerabad, Hyderabad, Telangana, -500055, , HYDERABAD, TELAN-GANA-500055			
Policy Holder ID:	167132342	Intermediary:	10043080 - POLICYBAZAAR INSUR- ANCE BROKERS PRIVATE LIMTED	
Hypothecation:	NOT APPLICABLE	Sub Imd Code:	99060001	
GSTIN / UIN	NA			
State Code / Name	36 - Telangana			

Vehicle Details				
Registration No.	Make	Model	Sub Type	Year Of Mfg.
AP11AN7736	MARUTI	A STAR	AUTOMATIC TRANSMISSION	2012
Seat Cap.	CC/KW	CNG/LPG Unit	Elec.Acc	Non- Elec. Acc.
5	998	0	0	0
Vehicle IDV	Chassis No.	Engine No.	Total Insured Declared Value	
171557	MA3EPDE1S00501508AC	K10BN1495805	1715	557

Schedule Of Premium	
A. Own Damage	
Total Own Damage Premium:	1477
B. Liability	
Basic Third Party Liability	2072
PA Cover For 0 Paid Driver(s) of Rs. 0 each	0
Bonus/ Malus	0
Total Liability Premium:	2072
C. Special Discount	0
D. Net Premium (A+B)	3549
E. Service Tax Details	
Integrated GST (18%)	639
Final Premium Rs.(D+E)	4188
***All Premium Figures are in Rupees	
No Claim Bonus:	-50%

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. 1000	Voluntary Excess	Nil
Previous Policy Expired On:	06-NOV-21	Previous Policy Number	OG-
			21-9906-1801-00075124

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. 750000

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.On specific request and subject to terms and conditions, record of information exchange will be made available. Our Insurance Expert will call you for hassle free renewal and industry best offers on your coverage

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

PRIVATE CAR PACKAGE POLICY: ADD ON COVERS

No Details

Plan Description: ,accidental medical expenses cover with sum insured Rs: 10000

*** 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] 9906-05626009,/293334715,/ Rs.4188,

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 'bagichelp@bajajallianz.co.in' *****

Damage Details:-

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

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For & Behalf of Bajaj Allianz General Insurance Company Ltd.





Authorized Signatory

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

 $\frac{Principal\ Location: Bajaj\ Allianz\ House,\ Airport\ Road,\ Yerwada,\ Pune-411006\ PH:66026666\ |\ Services\ Accounting\ Code: 997134-Motor\ vehicle\ insurance\ services.\ No\ reverse\ charge\ is\ payable\ on\ these\ services.}$

S15: ACCIDENTAL MEDICAL EXPENSES COVER

A. Endorsement Wordings

In consideration of payment of additional premium, it is hereby agreed and declared that if You/Your family members (named in the Schedule) are Hospitalized on advice of a Doctor because of an Accidental Bodily Injury sustained during the Policy Period while travelling in the Insured Vehicle, then We will reimburse You, the reasonable and customary medical expenses incurred up to a maximum Sum Insured as shown in the Schedule for this Cover aggregate in any one Policy Period. The medical expenses reimbursable would include: i) the reasonable charges that You/Your family members (named in the Schedule) necessarily incur on the advice of a Doctor for In-patient Care in a Hospital for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures and medical consumables. ii) Ambulance charges for carrying You/Your family members (named in the Schedule) from the site of accident to the nearest hospital, subject to a limit of Rs. 1000 per claim.

B Conditions

(1) Claims made by You against Us under #Accidental Medical Expenses Cover# are subject to the conditions set forth under the Motor Insurance Policy (2)In case of transfer of ownership of the Insured Vehicle, the cover under #Accidental Medical Expenses Cover# shall expire

C. Exclusions

In addition to the exclusions mentioned under under Motor Insurance Policy, We will not be liable to indemnify You for the following events:

1. Where the **Own Damage Claim** made by You against Us under the Motor Insurance Policy is not payable. 2. Accidental Bodily Injury that You/Your family members (named in the Schedule) meet with: a) Through suicide, attempted suicide or self inflicted injury or illness b) While under the influence of liquor or drugs c) Arising or resulting from You/Your family members (named in the Schedule) committing any breach of law with criminal intent d) Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. e) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs f) As a result of any curative treatments or interventions that You/Your family members (named in the Schedule) carry out or have carried out on your body g) Arising out of participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic 3. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever 4. Any injury/disablement/death directly or indirectly arising out of or contributed to any pre-existing condition 5. Venereal or sexually transmitted diseases 6. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused 7. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these 8. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped pow

D. Claims Process

1) Making a Claim If You/Your family members (named in the Schedule) meet with any Accidental Bodily Injury that may result in a claim, then as a condition precedent to Our liability:
a) You or someone claiming on behalf must inform Us in writing immediately and in any event within 30 days b) You must immediately consult a Doctor and follow the advice and treatment that he recommends c) You must take reasonable steps to lessen the consequence of Bodily injury d) You must have Yourself examined by Our medical advisors if We ask for this e) You or some one claiming on behalf must promptly give Us documentation and other information We ask for to verify the claim or Our obligation to make payment for it f) In the event of Your/Your family members (named in the Schedule) death, someone claiming on deceased#s behalf must inform Us in writing immediately and send Us a copy of the postmortem report within 30 days Note: Waiver of conditions (a) and (f) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You/Your family members (named in the Schedule) were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit. 2) Claim Settlement a) You agree that We need only make payment when You or someone claiming on behalf has provided a claim to Our satisfaction b) We will make payment to You or to Your Assignee. If there is no Assignee, We will pay to Your legal heir, executor or validly appointed legal representative as per succession certificate and any payment We make in this way will be a complete and final discharge of Our liability to make payment

E. 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, Accident, Accidental: A sudden, unintended and fortuitous external and visible event 2. Assignee: The person named in the proposal or Schedule to whom the benefits under the cover are assigned by You/Your family members (named in the Schedule) 3. Bodily Injury: Physical bodily harm or injury but not any mental sickness, disease or illness 4. Doctor: A person who holds a recognized qualification in allopathic medicine, is registered by the medical council of any State of India in which he operates and is practicing within the scope of such license. 5. Hospital: means any institution in India established for the indoor care and treatment of disease and injury, which: a) Is registered and licensed as a hospital or nursing home with the appropriate local authorities and is under the supervision of a registered medical practitioner OR b) Complies with minimum criteria of: i) At least 15 inpatient beds (10 in Class C towns) ii) Fully equipped OT of its own where surgical operations are carried out iii) Fully qualified nursing staff under employment round the clock iv) Qualified doctors in charge round the clock but shall not include any establishment which is a place of rest, a place for the aged, a place for drug-addicts or a place for alcoholics, a hotel or similar place 6. Hospitalized/Hospitalization: Your/Your family members (named in the Schedule) required stay of as an in-patient in a Hospital within India for medically necessary treatment following and due to an insured event 7. In-patient Care: The treatment for which You/Your family members (named in the Schedule) have to stay in a Hospital for more than 24 hours for a covered event 8. Insured Vehicle: The vehicle insured by Us under the Motor Insurance Policy 9. Own Damage Claim: The claims raised by You against Us for loss or damage to the Insured Vehicle due to the perils mentioned under Section 1 of Motor Insurance Policy 10. Policy/Motor Insurance Policy: Private Car Package Policy issued by Us to which this cover is extended 11. Policy Period: The period between and including the commencement date and expiry date as shown in the Motor Insurance Policy Schedule 12. Schedule: The Schedule and any Annexure or Endorsement to it which sets out Your personal details, the type of insurance cover in force and the Sum Insured 13. Sum Insured: The amount stated in the Schedule, which is the maximum amount We will pay for claims made by You irrespective of the number of claims You make in respect of Yourself/Your family members (named in the Schedule) 14. You, Your, Yourself: The person or persons We insure as set out in the Schedule 15. We, Our, Us: Bajaj Allianz General Insurance Company Limited