

# **BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED**

Corporate Identity Number: U66010PN2000PLC015329, IRDA Registration No.113 Regd. Office and Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune-411006.

| Policy Issuing, correspondence address for     |  |                  |                          |
|--|--|------------------|--------------------------|
| communication by policy [or certificate of in- | 1st Floor, Tower 1, Commer Zone, Samrat Ashok Path, Jail |                  |                          |
| surance] holder, policy/claim servicing, no-   | Road, Yerwada, Pune-411006 PH:66240100                   |                  |                          |
| tices and or summons                           |  |                  |                          |
| Insured Name                                   | ASHISH ATILKAR   | Policy<br>Number | OG-22-2101-1869-00000531 |

# Welcome to Bajaj Allianz Family

#### **ASHISH ATILKAR**

PLOT NO. 72, LENDE NAGAR, KAMTHEE RD, KHASALA NAGAR, NAGPUR, MAHARASHTRA , , NAGPUR, MAHARASHTRA-441002

Customer ID: 240991231

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 <a href="mailto:Bagichelp@bajajallianz.co.in">Bagichelp@bajajallianz.co.in</a> 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.

<u>Authorized Signatory</u>

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 30305858 (Chargeable, add area code before this number in case of mobile call). E-mail: <a href="mailto:ba-gichelp@bajaiallianz.co.in">ba-gichelp@bajaiallianz.co.in</a>, Website: <a href="mailto:www.bajajallianz.com">www.bajajallianz.com</a>

Corporate Identification Number: U66010PN2000PLC015329

Demystify Insurance: http://support.bajajallianz.com https://www.facebook.com/BajajAllianz; https://twitter.com/BajajAllianz https://bit.do/bjazgi



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| Insured Name                                   | ASHISH ATILKAR   | Policy<br>Number | OG-22-2101-1869-00000531 |
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| communication by policy [or certificate of in- | 1st Floor, Tower 1, Commer Zone, Samrat Ashok Path, Jail |                  |                          |
| Policy Issuing, correspondence address for     |  |                  |                          |

### COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES Transcript of Proposal UIN: IRDAN113RP0056V01201819

Dear ASHISH ATILKAR

Policy Number: OG-22-2101-1869-0000531

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 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, you 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.

## Details provided by you:

# A. Proposer details

: ASHISH ATILKAR 1. Proposer Name

: PLOT NO. 72, LENDE NAGAR, KAMTHEE RD, KHASALA NAGAR, NAGPUR MAHARASHTRA Proposer Address

, , NAGPUR, MAHARASHTRA-441002

3. Proposer Mobile Number : 9960261686

4. Proposer Residential Number : NA

5. Proposer e-mail id : a.atilkar@gmail.com

6. Proposer Profession : NA 7. Do you have a valid driving license : Yes

8. Period of Insurance : From : 11-JAN-2022 00:00 (Hrs) To: 10-JAN-2023 Midnight

9. Sum Insured Opted : Rs. 15,00,000

10. Nominee Details : MAHADEVROA ATILKAR.Father

11. Add on Cover Opted (if any) : NA

12. To support our Go Green initiative, send policy copy link on registered mobile number / email id:

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 abinitio 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. EXCLUSIONS AND TERMS AND CONDITIONS:

The detailed list of exclusions, standard terms and conditions, including the exclusions, 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 exclusions and knowing the same I/we have opted and proposed for this Policy.

- **B.** 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.
- **C.** 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 and 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 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 realization 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.

**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.

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: 1st Floor, Tower 1, Commer Zone, Samrat Ashok Path, Jail Road, Yerwada, Pune-411006 PH:66240100

For Bajaj Allianz General Insurance Company Ltd,

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

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

For on the behalf

Bajaj Allianz General Insurance Company Ltd.

**Authorized Signatory** 

# For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 30305858 (Chargeable, add area code before this number in case of mobile call). E-mail: <a href="mailto:ba-gichelp@bajajallianz.co.in">ba-gichelp@bajajallianz.co.in</a>, Website:<a href="mailto:www.bajajallianz.com">www.bajajallianz.com</a>

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 $\textbf{Demystify Insurance:} \underline{\text{http://support.bajajallianz.com}} \underline{\text{https://www.facebook.com/BajajAllianz:}} \underline{\text{https://twitter.com/BajajAllianz}} \underline{\text{http://bit.do/bjazgi}} \\$ 



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#### **COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES POLICY SCHEDULE**

UIN: IRDAN113RP0056V01201819

Policy Issuing, correspondence address for communication by policy [or certificate of insurance] holder, policy/claim servicing, notices and or summons

1st Floor, Tower 1, Commer Zone, Samrat Ashok Path, Jail Road, Yerwada, Pune-411006 PH:66240100

| INSURED DETAILS                     |  |  |  |
|-------------------------------------|--|--|--|
| Insured Name                        | ASHISH ATILKAR   |  |  |
| Insured<br>Address                  | PLOT NO. 72, LENDE<br>NAGAR,KAMTHEE RD, KHASALA<br>NAGAR, NAGPUR, MAHARASHTRA,<br>, NAGPUR, MAHARASHTRA-441002 |  |  |
| Geographical<br>Area                | India  |  |  |
| Customer ID                         | 240991231  |  |  |
| Previous Policy<br>Details          | NA   |  |  |
| UIN/GSTIN                           | NA   |  |  |
| Place of Supply/<br>State Code/Name | 27 - Maharashtra   |  |  |

| POLICY DETAILS        |                          |  |  |
|-----------------------|--------------------------|--|--|
| Policy Number         | OG-22-2101-1869-00000531 |  |  |
| Policy Issued on      | 04-JAN-2022 15:54 PM     |  |  |
|                       | From: 11-JAN-2022 00:00  |  |  |
| Period of             | (Hrs)                    |  |  |
| Insurance             | To: 10-JAN-2023 Midnight |  |  |
| Cover Note<br>Details | /                        |  |  |
| Contact Details       | 9960261686               |  |  |

## **Premium Computation Table**

| Compulsory Personal Accident Cover for Owner Driver Sum Insured : Rs. 15 lakhs | 331 |                                  |
|--|-----|----------------------------------|
| Add on Cover (if any)  | NA  | Final Premium (Rupees Three Hun- |
| State GST  | 30  | dred Ninety One Only)            |
| Central GST  | 30  |                                  |
| Final Premium Rs.  | 391 |                                  |

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year Nominee Details

| Name of Nominee  | Relationship with Insured |  |  |
|--|---------------------------|--|--|
| MAHADEVROA ATILKAR   | Father                    |  |  |
| Agency Code 10067521 · IANA SMALL FINANCE Contact No. 0060261686 |                           |  |  |

| •        |                  | Contact No. | 9960261686          |
|----------|------------------|-------------|---------------------|
| and Name | nd Name BANK LTD |             | a.atilkar@gmail.com |

| Limitation as to Use | Private Car/Tv<br>Wheeler | The Policy covers use of the vehicle for any purpose other than:  wo a)Hire or Reward  b)Carriage of goods(other than samples or personal luggage)  c)Organized racing  d)Pace making  e)Speed testing  f)Reliability Trials |
|----------------------|---------------------------|--|
|                      | Commercial                | g)Any purpose in connection with Motor Trade  The Policy covers use of the vehicle for any purpose other than:   |
|                      | Vehicle                   | a)Organised racing b)Speed testing   |

| Driver                       | Any person including insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989. |                       |  |
|------------------------------|--|-----------------------|--|
| Add On Cover                 | Plan Name: NA  | Cover Description: NA |  |
| Additional Details           | NA   |                       |  |
| Remarks/ Exclusions (If Any) | NA   |                       |  |
| Premium Details              | Receipt No. 2101-00478454, Date 04-JAN-22 ** If Premium paid through Cheque,   |                       |  |
| Premium Details              | the Policy is void ab-initio in case of dishonour of Cheque.   |                       |  |
| Date and signature of pro-   |  |                       |  |
| posal                        | •  |                       |  |

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 "AVOID-ANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY".

For & On Behalf of Bajaj Allianz General Insurance Company Ltd.



Authorized Signatory
Printed , Signed and Executed at Pune

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



Regd Office: Bajaj Allianz House, Airport Road, Yerwada Pune-411006 (India), A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.

Consolidated Stamp Duty of Rs.0.5/- paid towards Insurance Stamps vide Challan No. MH002405964202122M Defaced No. 0001482221202122 dated 05-JUL-21 timing 12:58:03 of General Stamp Office, Mumbai, India.

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

Consolidated Stamp Duty paid towards Insurance Policy Stamps Vide Order No. \_\_\_\_\_\_ Dated of General Stamp Office, Mumbai.

Goods and Service Tax Regt. No's: