

(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

Policy issuing office and Correspondence address for 4th FloorCommerce House, 7 Race Course Road, , , Indore-452001 Phone No :0731-4065790 communication by policyholder for claim, service request, notice, summons, etc. MAHESH SINGHAL OG-24-2302-8441-00000493 **Proposer Name Policy Number** 

MAHESH SINGHAL 47, MANISH BAG COLONY, PO Area - INDORE HO, INDORE, MADHYA PRADESH, Pin - 452001

Customer ID: 606235



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:

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### STAR PACKAGE - POLICY SCHEDULE UIN. IRDA/NL-HLT/BAGI/P-H/V.I/150/13-14

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		4th FloorCommerce House, 7 Race Course Road, , , Indore-452001 Phone No :0731-4065790		
Proposer Name MAHESH SINGHAL		Policy Number	OG-24-2302-8441-00000493	

į.	PROPOSER DETAILS	POLICY DETAILS		
	47, MANISH BAG COLONY, PO Area - INDORE HO, INDORE, MADHYA PRADESH, Pin - 452001	Policy Issued on	21-JUN-2023	
Proposer Address		Period of	From: 28-JUN-2023 00:01 Hrs.	
		Insurance	To: 27-JUN-2024 Midnight	
		Customer ID	606235	
		Policy Status	Issued	
Previous Policy No.	OG-23-2302-8441-00000374	Expiry Date	27-Jun-2023	
GSTIN / UIN	NA	Place of Supply/State Code/ Name	23 - Madhya Pradesh	

### **Insured Member Details**

Member Name	Customer ID	Gender	Date Of Birth	Age	Relation	Nominee Name & Relation		Pre existing Conditio n
MAHESH SINGHAL	606235	Male	02-MAR- 1949	74	SELF	NIRMALA SINGHAL	SPOUSE	NO
NIRMALA SINGHAL	219327244	Female	12-SEP- 1954	68	SPOUSE	MAHESH SINGHAL	SPOUSE	NO

**Coverage Details** 

Hospital Cash (Floater Basis)	Health Guard (Floater Basis)	CB/SCB (Only for Health Guard)	CB/SCB (Only for Health Guard)	Personal Accident (Self Only)	Education Grant (Self Only)	Householde rs Content (Self Only)	Travellers Baggage (Self Only)	Public Liability (Self Only)
Sum Insured	Sum Insured	Percentage %	Amount	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
0	500000	44	220000	0	0	100000	10000	200000
Insured/ Beneficiary Name					Critical II	Iness SI(Floate	er Basis)	

Non Medical Expenses Cover(UIN: BAJHLAP21586V012021) Applicable for Health Guard Section only	NO
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Description	Amount(INR)	Description	Amount(INR)
Base Premium 97950		Less: Employee Discount	0
		Less: Long Term Discount	0
		Less: Room Rent capping discount	0
Non-Medical Expenses	0	Less: Zone discount	19450
Health Guard Plan Opted	Gold	Less: Sectional Discount	7850
Payment Premium Zone	В	Less: Voluntary Copayment Discount @ 10%/20%	0
Voluntary Co-payment Opted-10%/20%	0%	Net Premium	70650
		State GST (9%)	6359
Gross Premium: Rupees Eighty Three Thous Hundred Sixty Eight Only	sand Three	Central GST (9%)	6359
litural Ed Sixty Light Offiy		Gross Premium	83368

Give a Missed Call on 8080945060, SMS 'WORRY' to 575758 Say Hi on WhatsApp us on 7507245858

Email: Bagichelp@bajajallianz.co.in , Website www.bajajallianz.com Corporate Identification Number: U66010PN2000PLC015329 Demystify Insurance https://www.bajajallianz.com/blog.html fhttp://www.facebook.com/BajajAllianz http://twitter.com/BajajAllianz

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



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#### **STAR PACKAGE - ANNEXURE**

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		4th FloorCommerce House, 7 Race Course Road, , , Indore 452001 Phone No :0731-4065790	
		Policy Number	OG-24-2302-8441-00000493

Special Terms & Conditions	CONTINUITY BENIFITS GIVEN AGAINST PREVIOUS POLICY NO. OG-21-2302-8429-00000494 AND CB PASSED RS. 2,20,000/-					
	Member Name		Special Condition Member level			
Special Exclusions	MAHESH SINGHAL		NA			
	NIRMALA SINGHAL		NA			
1st Policy Inception Date	null					
Additional Remarks						
80 D Certificate	and Policy Number as me	This is to certify that MAHESH SINGHAL has paid <b>RS.82624</b> 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				
	Receipt Number : 2302-0	0953823	Date : 21/06/2023   Premium Payer ID : 606235   Float : CF			
Premium Details	Receipt Number : 2302-0	0953825	Date : 21/06/2023   Premium Payer ID : 606235   Float : CF			
	** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque					
Financial Institution Ref. No.		NA				
Agency Code & Name		10046532/Tejita Dave				
Contact No.	9425081162	E-Mail shobhikdave@gmail.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. MH018043478202223M Defaced No. 0000250675202324 ORDER NO.CSD/685/2023/2054 ORDER DATED 13.04.2023DEFACED DATE dated 13-APR-23 timing 13:04:23 of General Stamp Office,Mumbai,India.

BAGIC GST No: 23AABCB5730G1Z5 Principal Location: 4th Floor, Commerce House, 7 Race Course Road, Indore - 452001 PH:0731-4065790 | Services Accounting Code: NA. No reverse charge is payable on these services. | Invoice No.: 283565860/3

Schedule (3) | Printed on : 22-JUN-2023 04:14:51|SilentPrint|Web|Sub 10046532 / NA

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

For help and more information:

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### **HEALTH & WELLNESS CARD**



**HEALTH & WELLNESS CARD** 



**Customer ID** : 606235

Policy No : OG-24-2302-8441-00000493

**ID Card No** : 24-283565860 Valid Up to : 27-JUN-2024

**MAHESH SINGHAL (74Yrs.)** 

can 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:

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4th FloorCommerce House, 7 Race Course Road, , , Indore-

452001 Phone No :0731-4065790

MAHESH SINGHAL **Proposer Name Policy Number** 

OG-24-2302-8441-00000493

### **HEALTH & WELLNESS CARD**



**HEALTH & WELLNESS CARD** 



**Customer ID** : 219327244

Policy No : OG-24-2302-8441-00000493

**ID Card No** : 24-283565860A Valid Up to : 27-JUN-2024

**NIRMALA SINGHAL (68Yrs.)** 

can QR code to access customer porta

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#### **STAR PACKAGE - RECEIPT**

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		4th FloorCommerce House, 7 Race Course Road, , , Indoo 452001 Phone No :0731-4065790	
		Policy Number	OG-24-2302-8441-00000493

### RECEIPT

 Receipt Number
 2302-00953825

 Receipt Date
 21/06/2023

Business Channel ML

Received with thanks from MAHESH SINGHAL

(Customer ID: 606235) a total sum of Rupees Eighty Three Thousand Three Hundred Sixty Eight Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount
Cheque	000287	17/06/2023	ICICI BANK	PATEL NAGAR	50,000
Cheque	000107	17/06/2023	ICICI BANK	194, JAORA COMPOUNDM, INDORE 452001	33,368

Total Amount 83,368.00

#### Note:

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.

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

**Authorized Signatory** 

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<sup>\*</sup> Cheque/DD/PO receipt is valid subject to realisation of the instrument