



Welcome to Bajaj Allianz Family

Caringly yours



Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.

INDORE-4th Floor,Commerce House,,7 Race Course Road,,
Indore,Madhya Pradesh,452001,INDIA

Insured Name

Vivek Singhal

Policy number

12-8428-0000068525-08

Name: Vivek Singhal

Address:

Line1: 47- Manish Bagh Colony

Line2: Navlakha

City: Indore State: 23 - MADHYA PRADESH

Post Code: 452001

Mobile Number: 9893024117

Customer ID: 16011982

Dear Vivek Singhal,

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 right choice by choosing us and we will stand by you in your hour of need.

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 – write to us at bagichelp@bajajallianz.co.in within 15 days of the letter date. For policy wordings containing detailed terms, conditions and exclusions of your insurance coverage follow below link

https://www.bajajallianz.com/download-documents/health-insurance/global-personal-guard/GPGP_PW.pdf

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

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

Bajaj Allianz General Insurance Co.

Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006. Reg. No.: 113 CIN: U66010PN2000PLC015329

Give a Missed Call on **808094506** SMS 'WORRY' to **575758**

Contact our 24-Hour Call Center at **1800-209-5858**

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GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.

INDORE-4th Floor,Commerce House,,7 Race Course Road,,,Indore, Madhya Pradesh,452001,INDIA

Proposer Details

Proposer Name	Vivek Singhal		
Proposer Address	47- MANISH BAGH COLONY, NAVLAKHA, INDORE, MADHYA PRADESH, 452001, INDIA		
Phone No	9893024117	Email ID	shobhikdave@gmail.com
Customer ID	16011982		
Previous Policy No	12-8428-0000068525-07	Previous Policy Expiry Date	12/12/2022

Policy Details

Policy Number	12-8428-0000068525-08	Endorsement No	NA
Policy Issued on	02/12/2022	Policy Status	ACTIVE
Period of Insurance	From 13/12/2022 00:00 Hrs To 12/12/2023 Midnight	Expiry Date	12/12/2023

GSTIN / UIN	Unregistered	Place of Supply/State Code/Name	23 - MADHYA PRADESH
Company GST No:	23AABCB5730G1Z5		
Company PAN	AABCB5730G	Invoice No:	232212I000065357

Insured Member Details

Member Name	Customer ID	Gender	Date of Birth	Age	Relation	Occupation	Nominee Name & Relation	First Policy Inception Date
Vivek Singhal	16011982	Male	07/12/1975	47.0	Self	Other Class 1	1. Archana Singhal - Spouse	13/12/2014
Insured Address		47- MANISH BAGH COLONY, NAVLAKHA, INDORE, MADHYA PRADESH, 452001, INDIA						

Cover Details

Member Name	Premium	Death		Permanent Total Disability		Permanent Partial Disability	
		Sum Insured	Cumulative Bonus (%)	Sum Insured	Cumulative Bonus (%)	Sum Insured	Cumulative Bonus (%)
Vivek Singhal	22471	30000000	15000000 (50%)	7000000	3500000 (50%)	7000000	3500000 (50%)

Optional Cover

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Vivek Singhal	1000000	NA	NA	NA	0	NA	0

Member Name	Fracture Care	Hospital Cash Benefit		Loan Protector Cover	Loss of Income due to Disability from Accident		Road Ambulance Cover	Travel Expenses Benefit
		Per Day Benefit	Number of Days		Weekly Benefit Amt.	Sum Insured		
Vivek Singhal	NA	NA	NA	0	45000	4500000	NA	0

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

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UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
VIVEK SINGHAL	No

Premium Details

Description	Amount(INR)	Description	Amount(INR)
Base Premium	13740	Family Discount	0
Premium on Add-on Cover	5303	Long Term Policy Discount	0
Premium on Health Prime Rider	0	Employee Discount	0
Discount on Health Prime Rider	0	Online Discount/Direct Customer	0
Gross Premium: Twenty-Two Thousand Four Hundred Seventy-One Rupees	Net Premium		19043
	State GST(9%)		1714
	Central GST(9%)		1714
	IGST		0
	UTGST		0
	CESS		0
	Gross Premium		22471

"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 E. & O.E"

"In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken."

"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."

Exclusions

Member Name	Exclusion
Vivek Singhal	NA

Special Exclusion at Policy Level	CONTINUITY BENEFIT GIVEN AND CB PASSED AGAISNT PREVIOUS POLICY NO OG-19-2302-6403-00000930, OG-19-2302-6403-00000931,OG-19-2302-6403-00000932, AND OG-19-2302-6403-00000933.
Loan Details	NA
Assignment Details	NA
Type of Assignment	NA
Assignment Wordings	NA
Additional Remarks	NA
80 D Certificate	This is to certify that Vivek Singhal has paid Rs.1001 towards Health Insurance premium 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 Notes: 1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

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80 D Certificate	2. This certificate must be surrendered to the company in case of cancellation of this policy. 3. In event of incorrect representation of this declaration the liability shall be upon the policy holder. 4. This certificate will not be valid if premium payment has been made in cash.
Premium Details	Receipt Number: 54-22-000000869050 Date: 02/12/2022 Premium Payer ID: 16011982 Float: NA; Payment Frequency: Single Premium ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque
Financial Institution Ref. No.	NA

AGENCY CODE	10046532	CONTACT NO	09425081162
AGENCY NAME	Tejitadave. Dave	EMAIL ID	SHOBHIKDAVE@GMAIL.COM

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Consolidated Stamp Duty of Rs. 1/- paid towards Insurance Premium Stamps Vide Challan No MH002405964202122M defaced number 0001482221202122/order no. CSD/82/2021/2306 dated 12-APR-21 timing 13:29:05 of General Stamp of India.

Stamp Duty
Rs.1/-

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

Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666 |
Services Accounting Code : 997133 Accident and health insurance services.
No reverse charge is payable on these services.

Authorized Signatory

SUB 10046532 / NA

Caringly Yours App

Policy Verification

Claim Registration

Online Grievance

Whatsapp Service

Our Insurance Expert will call you for hassle free renewal and industry best offers on your coverage

Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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<http://www.linkedin.com/company/bajaj-allianz-general-insurance>

Demystify Insurance <https://www.bajajallianz.com/blog.html>

RECEIPT

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Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.

INDORE-4th Floor,Commerce House,,7 Race Course Road,,, Indore,Madhya Pradesh,452001,INDIA

Proposer Name	Vivek Singhal	Policy Number	12-8428-0000068525-08
Receipt Number	54-22-000000869050	Receipt Date	02/12/2022
Business Channel	PARTNERPORTAL		

Received with thanks from: Vivek Singhal

Customer ID: 16011982 a total sum of Rupees Twenty-Two Thousand Four Hundred Seventy-One Rupees Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
Online Payment	96215611	02-Dec-2022	BN00000144	BN00000144	22,471.00

Total Amount: 22471

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.

*Cheque/DD/PO receipt is valid subject to realisation of the instrument

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Transcript of Proposal for ([11-8428-0000068525-08] GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)) [(UIN):IRDAI/HLT/BAGI/P-P/V.I/30/14-15]

Caringly yours

BAJAJ | Allianz

Dear Vivek Singhal,

We wish to inform you that your contract will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB /CSC Centers 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 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.

Proposer Details

Proposer Name	Vivek Singhal		
Are you an Existing Bajaj Allianz Customer: Yes/No	If Yes, please mention the policy No		
Gender	Male	Date of Birth	07/12/1975
PAN No	ADUPS9604H	UID/Unique ID	NA
Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee	NA		
Marital Status	Unknown	No of children	NA
Occupation	Other Class 1		

Address

Permanent/ Residential Address		Correspondence Address (All the communications will be sent to the below address)	
Address Line 1	47- Manish Bagh Colony	Address Line 1	47- Manish Bagh Colony
Address Line 2	NAVLAKHA	Address Line 2	Navlakha
Address Line 3	NA	Address Line 3	NA
City/District	Indore	City/District	Indore
State	Madhya Pradesh	State	Madhya Pradesh
Pin Code	452001	Pin Code	452001
Telephone	9893024117	Telephone	9893024117
Mobile	9893024117	Mobile	9893024117
Email	shobhikdave@gmail.com	Email	shobhikdave@gmail.com
Educational Qualification	NA		
Family Monthly Income	350000		
In case of any offer, you would prefer to be contacted by	9893024117,shobhikdave@gmail.com		
Nationality	Indian		
Policy Period	1 Year		

Details of the Persons to be Insured

Sr No	Name	Relationship with Proposer	DOB (dd/mm/yy)	Age	Gender (M/F)	Gross Monthly Income	Nominee	Relationship of Nominee with Insured
1	Vivek Singhal	Self	07/12/1975	47.0	Male	350000	1. Archana Singhal	1. Spouse

Base Cover Details

Member Name	Occupation	Any Existing Disability/ Infirmary	Death	Permanent Total Disability	Permanent Partial
			Sum Insured	Sum Insured	Sum Insured
Vivek Singhal	Other Class 1	No	30000000	7000000	7000000

Optional Cover Details

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Vivek Singhal	1000000	NA	NA	NA	NA	NA	NA

Member Name	Fracture Care	Hospital Cash Benefit	Loan Protector Cover****	Loss of Income due to Disability from Accident	Road Ambulance Cover	Travel Expenses Benefit
	Sum Insured	Per Day Benefit	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Vivek Singhal	NA	NA(NA days)	NA	4500000	NA	NA

Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
VIVEK SINGHAL	No

Loan Account Details (Please fill in details in case of Loan Protector cover and EMI Payment)

Bank Name	NA		
Address	NA		
Type of Loan	NA	Loan Account Number	NA
Sanctioned Loan Amount	0	Loan Period	NA
EMI (Rs)	0		

Note:

***Adventure Sports Benefit** can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

***Children's Education Benefit** can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

****EMI Payment Cover** can be opted only if the proposer has opted for Section III: Permanent Partial Disability (Loan sanction letter to be submitted mandatorily)

*****Loan Protector Cover** can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability (Loan sanction letter to be submitted mandatorily)

*****Travel Expenses Benefit** can be opted only if the Proposer has opted for Accidental Hospitalization under optional Covers.

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.

Disclaimer

A. EXCLUSIONS AND TERMS AND CONDITIONS:

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

B. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to him 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 & 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 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 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 of the premium chargeable.

3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted 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 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.

Prohibition of Rebates

SECTION 41 OF INSURANCE ACT, 1938

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 prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with a penalty, which may extend to Ten Lakh Rupees.

Contact our Policy servicing branch at: INDORE-4th Floor,Commerce House,,7 Race Course Road,,,Indore,Madhya Pradesh,INDIA,452001

** This is print of electronic records maintained by us in accordance with law and hence does not require signature.



HEALTH & WELLNESS CARD

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.

INDORE-4th Floor,Commerce House,,7 Race Course Road,,,Indore,Madhya Pradesh,452001,INDIA

Proposer Name

Vivek Singhal

Policy Number

12-8428-0000068525-08

Caringly yours

BAJAJ | Allianz

Health Card Number: 31-8428-0012197060-0001

Customer ID: 16011982

Policy No: 12-8428-0000068525-08


Inception Date: 13/12/2022

Valid Up to: 12/12/2023

Member Name: Vivek Singhal

Age: 47

HEALTH & WELLNESS CARD



Scan QR to view your policy details

Bajaj Allianz General Insurance Company

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

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:

Say Hi on WhatsApp on 7507245858, Give a Missed Call on 8080945060, SMS 'WORRY' to 575758, Contact our 24-Hour Call Center at 1800-209-5858
Email: Bagichelp@bajajallianz.co.in, Website www.bajajallianz.com
Corporate Identification Number: U66010PN2000PLC015329

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Available on



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TAX INVOICE

(Customer Copy)

Caringly yours

BAJAJ Allianz

Invoice Number	232212I000065357	Customer ID	16011982
Invoice Date	02/12/2022	Policy No.	12-8428-0000068525-08
Recipient/ Details of Insured		Supplier/ Details of Insurer	
GSTIN	Unregistered	GSTIN	23AABCB5730G1Z5
PAN	NA	PAN	AABCB5730G
Name (Proposer)	Vivek Singhal	Name	Bajaj Allianz General Insurance Company Ltd.
Address-1	47- Manish Bagh Colony	Address-1	4th Floor,Commerce House,
Address-2	Navlakha	Address-2	7 Race Course Road
Address-3	NA	Address-3	,
Pin Code	452001	Pin Code	452001
City	INDORE	City	INDORE
State	MADHYA PRADESH	State	MADHYA PRADESH
Client Category	NON HNI	Place of Supply	23 - MADHYA PRADESH

Premium

Description	Amount(INR)	Description	Amount(INR)
Net Premium	19043	State GST/UTGST(9%)	1714
Receipt Number: 54-22-000000869050 Date: 02/12/2022 Premium Payer ID: 16011982 Float: NA; ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque		Central GST(9%)	1714
		IGST(18%)	0
		Gross Premium	22471

Total Invoice Value (In figures) : 22471

Total Invoice Value (In Words) : Twenty-Two Thousand Four Hundred Seventy-One Rupees

Amount of Tax Subject to Reverse Charge: No reverse charge is payable on these services.

Services Accounting Code: 997133 Accident and health insurance services.

Principal Location: Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

Important Notes:

* The invoice is issued as per Section 31 of the CGST Act

* In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

* 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 E. & O.E

"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."

This is a digitally signed document and hence no physical signature is required

Bajaj Allianz General Insurance Co.

Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329



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