



17-0000-00000010000000

Bajaj Allianz General Insurance Company Limited

**Welcome to Bajaj Allianz Family****Malladi Ajith Varma**

10-511,,

Gatchakayalapora, Katrenikona Mandal,, Katrenikona, East Godavari, 533212

Andhra Pradesh

Mobile No.: 9347530211

e-mail : ajithvarma.m@gmail.com

**Customer ID : PI19740173**

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 process 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 **customercare@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 &amp; on the behalf

**Bajaj Allianz General Insurance Company Ltd.****Authorized Signatory**

Policy Issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: Bajaj Finance Building, 1st Floor, Pune Maharashtra-411004

Regd. Office: Bajaj Allianz House, Airport Road, Newada, Pune - 411016 (India).

Email: [customercare@bajajallianz.co.in](mailto:customercare@bajajallianz.co.in) Website: [www.bajajallianz.com](http://www.bajajallianz.com)





17-0010-000001603-00

Bajaj Allianz General Insurance Company Limited



Bajaj Allianz General Insurance Company Ltd

[Corporate Identity Number (CIN): U66010PN2000PLC015329]

[Unique Identification Number (UIN): IRDA/HLT/BAGI/P-T/V.137/16-17]

Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune

**Transcript of Proposal for INDIVIDUAL TRAVEL**

Dear: Malladi Ajith Varma,

Policy No: 12-9910-0000203663-00

We wish to inform you that the your contract will be 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 immediately and before start of your journey. 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, immediately before start of your travel, the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, 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.

Personal Information of Proposer			
First Name	Malladi Ajith		
Middle Name		Last Name	Varma
Email Address	ajithvarma.m@gmail.com	Mobile Number	9347530211
Date of Birth	26/07/2000	Nationality	India
Pan No.	Not Available	Unique Identity (Aadhaar No.)	Not Available
Passport No.	P119740173		
Permanent Address		Mailing Address	
House No/ Building No/ Flat No.	10-511,	House No/ Building No/ Flat No.	10-511,
Street/ Locality/ Landmark	Gatchakayalapora, Katrenikona Mandal.	Street/ Locality/ Landmark	Gatchakayalapora, Katrenikona Mandal.
State	Andhra Pradesh	State	Andhra Pradesh
City	East Godavari	City	East Godavari
Area	Katrenikona	Area	Katrenikona
Pincode	533212	Pincode	533212



17-0010-0000001603-00

## Bajaj Allianz General Insurance Company Limited

## Insured / Beneficiary Details

Serial No.	Insured/ Beneficiary Name	Date of Birth	Gender	Panipet No.	Nominee
1.	Malladi Ajith Varma	26/07/2000	Male	P119740173	Vishnu

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.

## A. Coverage Details:

1. Plan Name : Bharat Bhraman - Plan C (Train)
2. Geographical Coverage : Within India - Domestic
3. Departure Date : 20-JAN-20
4. Return Date : 28-JAN-20
5. No of Journey Days : 9 Days
6. Rider Details:

Rider Name	Rider Sum Insured
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## 7. Medical Declaration

Is the proposed insured's ever been diagnosed with or advised to seek treatment for any illness/ disease / ailment up to the date of making this proposal or suffer from physical defect or deformity?

YES ☐ NO ☐

If Yes Please provide the details in the below table

(\*) Applicable in case of family plan.

## B. EXCLUSIONS AND TERMS AND CONDITIONS:

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





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**Bajaj Allianz General Insurance Company Limited**

- C. 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.
- D. 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 immediately and before start of your journey.

**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 realisation 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, 1800-22-5858, 1800-102-5858 and 1800-209-5858

Email address: [customerscare@bajajallianz.co.in](mailto:customerscare@bajajallianz.co.in)

Website: [www.bajajallianz.com](http://www.bajajallianz.com)

Contact our Policy servicing branch at: **BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD. BAJAJ ALLIANZ HOUSE, AIRPORT ROAD, YERAWADA, PUNE - 411006**

For Bajaj Allianz General Insurance Company Ltd.

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



17-0010-0000291064-00



## Bajaj Allianz General Insurance Company Limited

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India (IRDAI) vide Regd. No.119)

## INDIVIDUAL TRAVEL Certificate cum Policy Schedule UIN: IRDA/HLT/BAG/P-T/V.1/37/16-17

PROPOSER DETAILS	POLICY DETAILS
Customer ID: P118780173	Policy No: 17-0010-0000291064-00
Proposer Name: Malati Apte Varma	Issued on: 17/12/2018   Policy Status: ACTIVE POLICY
Corresp. Address: 15-511, Sanchakayalwara, Katrenikona Mendol, Katrenikona, East Godavari, Andhra Pradesh PIN 522212	Period of Insurance: From 26/01/2020 00:00 hrs. To: 26/01/2020 Midnight
Mobile No: 9847030211   e-mail id: aptevarma.m@gmail.com	Endorsement: Dt. NA Wvt. NA.



**IMPORTANT Note:** For information of Hospitalization please use our toll free facility by dialing +91 120 6276720. You will have to to admit you earlier. You can also write an email to [claims@bajajallianz.co.in](mailto:claims@bajajallianz.co.in). Planned hospitalization to be notified at least 7 days in advance before admission and emergency hospitalization within 30 hours or as soon as possible before discharge.

Plan Chosen	Bharat Bhraman - Plan C (Train)				Geographical Coverage	Worldwide - Domestic		
Member Name	Date of Birth	Age	Gender	Passport Number	Member Name	Relation		
Malati Apte Varma	26/07/2000	18	Male	V10T40173	Vishnu	Father		
Basic Benefits		Max Limit	Deductible		Basic Benefits		Max Limit	Deductible
Personal Accident ***		MR 50000	Nil					
Total Trip duration: NA								
Add-on Cover Rider				Limits (Max for entire policy period)		Deductible		Premium

Remarks	Please Note: IRB indicates Indian National Passport * Bharat Bhraman - Plan C (Train)  ** For benefit of Loss of Baggage: Per Baggage maximum of 30% and per item in the baggage 20%. *** For benefit of Personal Accident: Provision and amount up to 100 % of sum insured. For Non-claiming spouse and every additional adult 50% of Sum Insured. For Child 25% of Sum Insured. **** For benefit of Emergency Cash Advance: Cash Advance would include delivery charges.
Important Note:	This policy does not cover any pre-existing medical condition/injury/disease/deformity and complications arising out from them that are declared or undertaken. You will not be travelling against the advice of a physician for the purpose of obtaining medical treatment and with consent to Bajaj Allianz seeking medical information from any doctor in respect of any matter relating to the physical or mental health and you authorize and consent to him giving such information to Bajaj Allianz and / or to the claims administrator in medical claims.
Pre-existing disease	Malati Apte Varma: No Declaration
Special terms & conditions	NA
Declaration by Insured	We understand that this policy has been issued based on the information provided by us/our representative and the policy is not valid if any of the information provided is incorrect. We also understand that this policy does not cover pre-existing disease or disability conditions arising there from as per terms and conditions mentioned in the policy.
Geographical Exclusion	Not Declared country list includes: Pakistan, Afghanistan, DR Congo, Iran, Iraq, Yemen, Syria, St Korea, and similar (same group and politically unstable countries). Additionally Hong Kong and Macau are also covered.

Premium before tax	Rs. 10	Premium Details Receipt No: SA-19-00000029152/1 Date: 17/12/2018 Instrument No: NA Bank & Branch Name: (write Amount Rs. Premium Payer ID: P118780173) (Flat: NA) If Premium paid through Cheque, the Policy is void ab-initio in case of dishonor of Cheque.
TOT @ 5% GST @ 1% CTT @ 10% Cess @ 5%	Rs. 2	
Total Premium	Rs. 12	

Total Premium in words: Rupees TWELVE ONLY  
Proposer GSTN/UIN: (Place of supply) MAHARASHTRA (Supply to SEZ unit or SEZ developer for authorized operations under bond or letter of undertaking without payment of integrated tax) | Company GST No.: 23AARCE290412X | Invoice Number: 371012000000000 | Company PAN: AARCE290G

Previous Policy No: NA Expiry Dt:

Code: 5555557 | Name: WEB SALES | Contact No: 8078872581, E-Mail: | Financial Institution Ref. No.: 17-0010-0000291064-00 | SP Code: 5555557

For & on the behalf  
Bajaj Allianz General Insurance Company Ltd.

Stamp Duty  
₹ 3

Consolidated Stamp Duty of Rs. 3/- paid towards and towards Insurance Premium Stamp Vite Chalan No. 080001540720183960 dated number 00010000320183960/sinter no. 450/15/2018/2154/18 dated 08-JUN-18 timing 17:40:13 of General Stamp of India.



This document is system-generated, hence counter signature / stamp is not required.

Corporate Identification Number: 1040309N000000000000000000000000 | Service Tax Regd. Number AARCE290G/IT-000



17-0000-0000001000-00



## Bajaj Allianz General Insurance Company Limited

**Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claims, service request, notice, summons, etc.:** Bajaj Finance Building, 1st Floor, Pune Maharashtra, 411014

**Principal Location:** 1000 (Service Accounting Code: 9971. An invoice charge is payable on these services)

**Regd. Office:** Bajaj Allianz House, Airport Road, Yerwade, Pune - 411008 (India)

**Email:** [customerservice@bajajallianz.co.in](mailto:customerservice@bajajallianz.co.in), [web@bajajallianz.co.in](mailto:web@bajajallianz.co.in)

**24x7 Toll Free:** 1800 200 1888, 1800 432 8888

**Demerit Insurance** <http://support.bajajallianz.com> <https://www.facebook.com/BajajAllianz> <https://twitter.com/BajajAllianz> <http://bit.ly/bajajallianz>

### INDIVIDUAL TRAVEL ANNEXURE DETAILS

#### IMPORTANT NOTICE: International Contact Numbers

When making a worldwide toll free number the caller must first dial the appropriate country's toll area code (y) as illustrated below:

USA (001)	080038 76503
Canada (001)	080037 43705
Austria (0043)	
Belgium (0032)	
Denmark (0045)	
France (0033)	
Germany (0049)	
Hungary (0036)	
Ireland (00353)	
Italy (0039)	
Malaysia (0060)	00-800 3331305
Netherlands (0031)	
New Zealand (0064)	
Norway (0047)	
Philippines (0063)	
Portugal (00351)	
Spain (0034)	
Sweden (0046)	
Switzerland (0041)	
UK (0044)	
Finland (00358) - carrier TS	000+800 1000205
Finland (00358) - carrier Elia	000+800 1000005
Hong Kong (00852)	003+800 1000205
Israel (00972)	018+800 1000205
Singapore (0065)	003+800 1000205
S. Korea (0082) - carrier Telecom	003+800 1000005
S. Korea (0082) - carrier Gacom	003+800 1000205
Thailand (0066)	003+800 1000205
Japan (0081) - carrier Teio	0061-010-800 1000200
Japan (0081) - carrier KDC	0061-010-800 1000200
Japan (0081) - carrier NTT	0033-010-800 1000200
Japan (0081) - carrier KDD	003-010-800 1000200
Australia (0061)	0061-800 1000205

#### Our overseas travel assistance department:

**Tel:** +91 20 3030 1888  
**Fax:** +91 20 3051 3207  
**email:** [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)

#### Contact Details:

Bajaj Allianz General Insurance Co. Ltd., 2nd Floor, Bajaj Finance Building, Survey No. 208 / B - 1, Behind Wankhede IT Park, Off Nagar Road, Viman Nagar, Pune - 411014  
[www.bajajallianz.co.in](http://www.bajajallianz.co.in)

#### For any queries please contact:

**Any Mobile & Landline (Toll free):** : 1800 200 1888  
**Other (Charged)** : +91 20 3030 1888  
**Email:** : [customerservice@bajajallianz.co.in](mailto:customerservice@bajajallianz.co.in)

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory



17-0000-000000000000



## Bajaj Allianz General Insurance Company Limited

## RECEIPT

Receipt Number : 54-19-000000030252/1  
Receipt Date : 17/12/2019  
Business Channel :

Received with thanks from **Malladi Ajith Varma**

(Customer ID: **PI19740173**) a total sum of Rupees TWELVE ONLY

Instrument Type	Inst./Ref. No.	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
Online Payment	NA	17-Dec-2019	NA	NA	12.00
Total Amount					12

Issuance of this receipt does not amount to 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.

On specific request and subject to terms and conditions, record of information exchange will be made available.

For & on behalf of

**Bajaj Allianz General Insurance Company Ltd.**

Authorised Signatory

Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: Bajaj Finance Building, 1st Floor, Pune  
Maharashtra 411014

Regd. Office: Bajaj Allianz House, Airport Road, Secunderabad, Pune - 411006 (India)

Email: [customercare@bajajallianz.co.in](mailto:customercare@bajajallianz.co.in), Website: [www.bajajallianz.com](http://www.bajajallianz.com)

