



12-9910-0000205451-00

Bajaj Allianz General Insurance Company Limited



## Welcome to Bajaj Allianz Family

**Lohith Kosana**

4a-Punnaiah,

Prid,6/1 Chandramouli Nagar,Guntur,, Chandramoulinagar,Guntur,522007

Andhra Pradesh

Mobile No.: 9908889896

e-mail : lohithkosana2000@gmail.com

**Customer ID : PI19742836**

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](mailto: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 Finserv Building,1st Floor  
Pune Maharashtra,411014

**Regd. Office:** Bajaj Allianz House, Airport Road, Yerwada, Pune – 411006 (India).

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



24x7 Toll Free: 1800-209-8585, 1800-102-5858



12-9910-0000205451-00

**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.I/37/16-17]****Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune****Transcript of Proposal for INDIVIDUAL TRAVEL**

Dear Lohith Kosana,

Policy No. 12-9910-0000205451-00

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 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	Lohith		
Middle Name		Last Name	Kosana
Email Address	lohithkosana2000@gmail.com	Mobile Number	9908889896
Date of Birth	05/01/2001	Nationality	India
Pan No	Not Available	Unique Identity (Aadhaar No.)	Not Available
Passport No.	PI19742836		
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	4a-Punnaiah	House No/ Building No/ Flat No	4a-Punnaiah
Street/ Locality/ Landmark	Prid,6/1 Chandramouli Nagar,Guntur	Street/ Locality/ Landmark	Prid,6/1 Chandramouli Nagar,Guntur
State	Andhra Pradesh	State	Andhra Pradesh
City	Guntur	City	Guntur
Area	Chandramoulinagar	Area	Chandramoulinagar
Pincode	522007	Pincode	522007



12-9910-0000205451-00

**Bajaj Allianz General Insurance Company Limited****Insured / Beneficiary Details**

Serial No.	Insured/ Beneficiary Name	Date of Birth	Gender	Passport No.	Nominee
1	Lohith Kosana	05/01/2001	Male	PI19742836	Lohith Kosana

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 : 29-JAN-20
5. No of Journey Days : 10 Days
6. Rider Details:

Rider Name	Rider Sum Insured
------------	-------------------

**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.



12-9910-0000205451-00

**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: [customercare@bajajallianz.co.in](mailto:customercare@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:



12-9910-0000205451-00

**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.113)

**INDIVIDUAL TRAVEL Certificate cum Policy Schedule** UIN. IRDA/HLT/BAGI/P-T/V.I/37/16-17

PROPOSER DETAILS		POLICY DETAILS	
Customer ID : PI19742836		Policy No.	12-9910-0000205451-00
Proposer Name: Lohith Kosana		Issued on	18/12/2019   Policy Status: ACTIVE POLICY
Corresp. Address: 4a-Punnaiah, Prid,6/1 Chandramouli Nagar,Guntur,, Chandramoulinagar,Guntur, Andhra Pradesh PIN-522007		Period of Insurance	From: 20/01/2020 00:00 Hrs. To : 29/01/2020 Midnight
Mobile No.: 9908889896   e-mail id: lohithkosana2000@gmail.com		Endorsement	Dt. NA Wef. NA



**IMPORTANT Note:** For intimation of Hospitalization please use our miss call facility by dialing +91 124 6174720 this will help us to assist you better. You can also write an email to [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in). Planned hospitalization to be notified at least 7 days in advance before admission and emergency hospitalization within 24 hours or as soon as possible before discharge.

Plan Chosen	<b>Bharat Bhraman - Plan C (Train)</b>	Geographical Coverage	Within India - Domestic
-------------	--	-----------------------	-------------------------

Member Name	Date of Birth	Age	Gender	Passport Number	Nominee Name	Relation
Lohith Kosana	05/01/2001	18	Male	PI19742836	Lohith Kosana	Son

Basic Benefits	Max Limit	Deductible	Basic Benefits	Max Limit	Deductible
Personal Accident ***	INR 50000	NIL			

Total Trip duration: NA

Add-on Cover/ Rider	Limits (Max for entire policy period)	Deductible	Premium
---------------------	---------------------------------------	------------	---------

Remarks	Please Note: INR indicates Indian National Rupees <b>* Bharat Bhraman - Plan C (Train) :</b>  ** For benefit of Loss of Baggage- Per Baggage maximum of 50% and per item in the baggage 10% *** For benefit of Personal Accident- Proposer and earning spouse 100 % of sum assured. For Non-earning spouse and every additional adult 50% of Sum Assured. For Child 25% of Sum Assured **** For benefit of Emergency Cash Advance - Cash Advance would include delivery charges
Important Note:	This policy does not cover any <b>pre-existing medical condition/injury/illness/deformity and complications</b> arising out from them that are declared or undeclared. You will not be travelling against the advice of a physician for the purpose of obtaining medical treatment and will consent to Bajaj Allianz seeking medical information from any doctor in respect of any matter relating to my physical or mental health and you authorize and consent to him giving such information to Bajaj Allianz and / or to the claims administrator or medical advisors.
Pre-existing disease	Lohith Kosana:No Declaration
Special terms & condition	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 illnesses or disability or conditions arising there from as per terms and conditions mentioned in the policy.
Geographical Exclusion	Note: Declined country list includes- Pakistan, Afghanistan, DR Congo, Iran, Iraq, Yemen, Syria, N Korea, and similar terror prone and politically unstable countries. Additionally Haj and Manasarovar Yatra are not covered.

Premium before tax	Rs. 10	<b>Premium Details:</b> Receipt No: 54-19-000000030743/1 Date: 18/12/2019 Instrument No: NA Bank & Branch name receipt Amount Rs. Premium Payer ID: PI19742836   Float: NA   If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.
SGST @ % CGST @ % IGST @18% Cess @ %	Rs. 2	
<b>Total Premium</b>	<b>Rs. 12</b>	

**Total Premium in words:** Rupees TWELVE ONLY**Proposer GSTIN/UIN:** | **Place of Supply:** MAHARASHTRA | Supply to SEZ unit or SEZ developer for authorised operations under bond or letter of undertaking without payment of integrated tax. | **Company GST.No.:** 27AABC5730G1ZX | **Invoice Number:** 371912I000004050 | **Company PAN:** AABC5730G

Previous Policy No: NA Expiry Dt.

**Code: 55555557 | Name: WEB SALES** | Contact No.:8074372581, E-Mail : | **Financial Institution Ref. No.:** 11-9910-0000294962-00 | **SP Code:** 55555557For & on the behalf  
Bajaj Allianz General Insurance Company Ltd.Stamp Duty  
₹ .5

Consolidated Stamp Duty of Rs. .5/- paid towards paid towards Insurance Premium Stamps Vide Challan No. MH001915407201819M defaced number 0001369763201819/order no.CSD/45/2018/2156/18 dated 08-JUN-18 timing: 17:49:13 of General Stamp of India.



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

**Corporate Identification Number:** U66010PN2000PLC015329 | **Service Tax Regd. Number** AABC5730G-ST-001



12-9910-0000205451-00

**Bajaj Allianz General Insurance Company Limited**

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

**Principal Location:** 1000 | **Service Accounting Code:** 9971 .No reverse charge is payable on these services.

**Regd. Office:** Bajaj Allianz House, Airport Road, Yerwada, Pune – 411006 (India).

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



24x7 Toll Free: 1800-209-8585, 1800-102-5858

Demystify Insurance <http://support.bajajallianz.com><https://www.facebook.com/BajajAllianz><https://twitter.com/BajajAllianz><http://bit.do/bjazgi>**INDIVIDUAL TRAVEL ANNEXURE DETAILS****IMPORTANT NOTICE: International Contact Numbers**

When dialing a universal toll free number the caller must first dial the appropriate country's int'l access code (+) as illustrated below.

USA (001)	186658 76903
Canada (001)	186691 43705
Austria (043)	00+800 10002005
Belgium (032)	
Denmark (045)	
France (033)	
Germany (049)	
Hungary (036)	
Ireland (353)	
Italy (039)	
Malaysia (060)	
Netherlands (031)	
New Zealand (064)	
Norway (047)	
Philippines (063)	
Portugal (351)	
Spain (034)	
Sweden (046)	
Switzerland (041)	
UK (044)	
Finland (358) - carrier TS	990+800 10002005
Finland (358) - carrier Elisa	999+800 10002005
Hong Kong (852)	001+800 10002005
Israel (972)	014+800 10002005
Singapore (065)	001+800 10002005
So. Korea (082) - carrier Telecom	001+800 10002005
So. Korea (082) - carrier Dacom	002+800 10002005
Thailand (066)	001+800 10002005
Japan (081) - carrier Tele	0041-010+800 10002005
Japan (081) - carrier IDC	0061-010+800 10002005
Japan (081) - carrier NTT	0033-010+800 10002005
Japan (081) - carrier KDD	001-010+800 10002005
Australia (061)	0011+800 10002005

**Our overseas travel assistance department:**

Tel : +91 20 3030 5858

Fax : +91 20 3051 2207

e-mail: [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)**Contact Details**

Bajaj Allianz General Insurance Co. Ltd., 2nd Floor, Bajaj Finserv Building, Survey No. 208 / B - 1, Behind Weik field 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 &amp; Landline (Toll free) : 1800 209 5858

Other (Chargeable) : +91 20 3030 5858

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

For &amp; on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory



12-9910-0000205451-00

**Bajaj Allianz General Insurance Company Limited****RECEIPT****Receipt Number** : 54-19-000000030743/1**Receipt Date** : 18/12/2019**Business Channel** :Received with thanks from **Lohith Kosana**(Customer ID: **PI19742836**) a total sum of Rupees TWELVE ONLY

Instrument Type	Inst./Ref. No.	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
Online Payment	NA	18-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 &amp; 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 Finserv Building, 1st Floor Pune Maharashtra, 411014

**Regd. Office:** Bajaj Allianz House, Airport Road, Yerwada, Pune – 411006 (India).

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



24x7 Toll Free: 1800-209-8585, 1800-102-5858