

# Welcome to Bajaj Allianz Family

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

AURUNGABAD-Abc East,,3rd Floor,,Chilkathana Midc,,  
Aurangabad,Maharashtra,INDIA,431210

Insured Name

Shantilal Gulabchand Pahade

Policy number

12-8428-0000016833-01

Name: Shantilal Gulabchand Pahade

Address:

Line1: Address

Line2:

City: AURANGABAD State: 27 - MAHARASHTRA

Post Code: 423701

Customer ID: PI20300523

Dear Shantilal Gulabchand Pahade,

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, you will receive a hard copy on your correspondence address.

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**

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

[bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in)

<http://www.facebook.com/BajajAllianz>

<http://twitter.com/BajajAllianz>

[www.bit.do/bjazgi](http://www.bit.do/bjazgi)

Demystify Insurance <http://support.bajajallianz.com>

**Transcript of Proposal for ([11-8428-0000016833-01] GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)) [(UIN):IRDAI/HLT/BAGI/P-P/V.I/30/14-15]**

Caringly yours

BAJAJ | Allianz

Dear Shantilal Gulabchand Pahade,

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	Shantilal Gulabchand Pahade		
Are you an Existing Bajaj Allianz Customer: Yes/No	If Yes, please mention the policy No		
Gender	Male	Date of Birth	20/05/1963
PAN No	ACEPP9154G	UID/Unique ID	NA
Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee			
Marital Status		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	Address	Address Line 1	Address
Address Line 2		Address Line 2	
Address Line 3	Aurangabad	Address Line 3	Aurangabad
City/District	AURANGABAD	City/District	Aurangabad
State	27 - MAHARASHTRA	State	Maharashtra
Pin Code	423701	Pin Code	423701
Telephone	9422208376	Telephone	9422208376
Mobile	9422208376	Mobile	9422208376
Email	BGP.AGRO@GMAIL.COM	Email	BGP.AGRO@GMAIL.COM
Educational Qualification	NA		
Family Monthly Income	275000		
In case of any offer, you would prefer to be contacted by	9422208376,BGP.AGRO@GMAIL.COM		
Nationality			
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	Shantilal Gulabchand Pahade	Self	20/05/1963	59.0	Male	275000	1. Anita Pahade	1. Spouse

### Base Cover Details

Member Name	Occupation	Any Existing Disability/ Infirmary	Death	Permanent Total Disability	Permanent Partial
			Sum Insured	Sum Insured	Sum Insured
Shantilal Gulabchand Pahade	Other Class 1	No	10000000	6000000	6000000

### 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
Shantilal Gulabchand Pahade	2500000	NA	NA	500000	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
Shantilal Gulabchand Pahade	NA	NA(NA days)	NA	NA	25000	25000

### Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
SHANTILAL GULABCHAND PAHADE	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.

## 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.

This transcript is authorized by you through OTP from your registered mobile no 9422208376 on

Contact our Policy servicing branch at: AURUNGABAD-Abc East,,3rd Floor,,Chilkathana Midc,,Aurangabad,Maharashtra,INDIA,431210

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

## 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	AURUNGABAD-Abc East,,3rd Floor,,Chilkathana Midc,,Aurangabad, Maharashtra,INDIA,431210
--	--

## Proposer Details

Proposer Name	Shantilal Gulabchand Pahade		
Proposer Address	ADDRESS,,AURANGABAD,MAHARASHTRA,423701		
Phone No	9422208376	Email ID	BGP.AGRO@GMAIL.COM
Customer ID	PI20300523	Previous Policy No	12-8428-0000016833-00

## Policy Details

Policy Number	12-8428-0000016833-01	Endorsement No	NA
Policy Issued on	28/05/2022	Policy Status	ACTIVE
Period of Insurance	From 01/06/2022 00:00 Hrs To 31/05/2023 Midnight	Expiry Date	31/05/2023

GSTIN / UIN	Unregistered	Place of Supply/State Code/Name	27 - MAHARASHTRA
Company GST No:	27AABCB5730G1ZX	Invoice No:	2722051000722384
Company PAN	AABCB5730G		

## Insured Member Details

Member Name	Customer ID	Gender	Date of Birth	Age	Relation	Occupation	Nominee Name & Relation	First Policy Inception Date
Shantilal Gulabchand Pahade	PI20300523	Male	20/05/1963	59.0	Self	Other Class 1	1. Anita Pahade - Spouse	01/06/2021
Insured Address	ADDRESS,,AURANGABAD,MAHARASHTRA,423701							

## Cover Details

Member Name	Premium	Death		Permanent Total Disability		Permanent Partial Disability	
		Sum Insured	Cumulative Bonus (%)	Sum Insured	Cumulative Bonus (%)	Sum Insured	Cumulative Bonus (%)
Shantilal Gulabchand Pahade	7631	10000000	1000000 (10%)	6000000	600000 (10%)	6000000	600000 (10%)

## 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
Shantilal Gulabchand Pahade	2500000	NA	NA	500000	0	0	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		
	Sum Insured			Sum Insured			Sum Insured	Sum Insured
Shantilal Gulabchand Pahade	0	NA	NA	0	NA	0	25000	25000

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

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

## Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
SHANTILAL GULABCHAND PAHADE	No

## Premium Details

Description	Amount(INR)	Description	Amount(INR)
Base Premium	5020	Family Discount	0
Premium on Add-on Cover	1446	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: Seven Thousand Six Hundred Thirty Rupees	Net Premium		6466
	State GST(9%)		582
	Central GST(9%)		582
	IGST		0
	UTGST		0
	CESS		
	Gross Premium		7630

"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."

## Exclusions

Member Name	Exclusion
Shantilal Gulabchand Pahade	NA

Special Exclusion at Policy Level	NA
Loan Details	NA
Assignment Details	NA
Type of Assignment	NA
Assignment Wordings	NA
Additional Remarks	NA
80 D Certificate	This is to certify that Shantilal Gulabchand Pahade has paid Rs.1481 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. 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: 54-22-000000179865 Date: 28/05/2022 Premium Payer ID: PI20300523 Float: NA; Payment Frequency: Single Premium ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

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

BAJAJ | Allianz

Financial Institution Ref. No. | NA

AGENCY CODE	10038342	CONTACT NO	09850049400
AGENCY NAME	Jainuine Insurance Brokers Pvt. Ltd	EMAIL ID	NA@NA.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. MH001915407201819M defaced number 0001369763201819/order  
no.CSD/45/2018/2156/18 dated 08-JUN-18 timing 17:49:13 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 10038342 / NA

Caringly Yours App  
Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



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

Give a Missed Call on 8080945060, SMS "WORRY" to 575758

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

www.bajajallianz.com

bagichelp@bajajallianz.co.in

<http://www.facebook.com/BajajAllianz>

<http://twitter.com/BajajAllianz>

[www.bit.do/bjazgi](http://www.bit.do/bjazgi)

Demystify Insurance <http://support.bajajallianz.com>

# RECEIPT

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

AURUNGABAD-Abc East,,3rd Floor,,Chilkathana Midc.,  
Aurangabad,Maharashtra,INDIA,431210

Proposer Name

Shantilal Gulabchand Pahade

Policy Number

12-8428-0000016833-01

Receipt Number

54-22-000000179865

Receipt Date

28/05/2022

Business Channel

REN\_RN

Received with thanks from: Shantilal Gulabchand Pahade

Customer ID: PI20300523 a total sum of Rupees Seven Thousand Six Hundred Thirty Rupees Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
Online Payment	93450751	28-May-2022	BN00000146	BN00000146	7,630.00

Total Amount: 7630

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

Give a Missed Call on 8080945060, SMS 'WORRY' to 575758

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

www.bajajallianz.com

bagichelp@bajajallianz.co.in

<http://www.facebook.com/BajajAllianz>

<http://twitter.com/BajajAllianz>

[www.bit.do/bjazgi](http://www.bit.do/bjazgi)

Demystify Insurance <http://support.bajajallianz.com>



## Certificate for the purpose of deduction under Section 80-D of Income Tax Amendment Act, 1986

This is to certify that **Shantilal Gulabchand Pahade** has paid Rs. **1481** towards Health Insurance premium for **GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)** for the period from **01/06/2022** to midnight of **31/05/2023** under Policy no **12-8428-0000016833-01**

FINANCIAL YEAR	AMOUNT(RS)
2022-2023	1481.00

Issue Date: **28/05/2022**

Place: **AURUNGABAD-Abc East,,3rd Floor,,Chilkathana Midc,,**

For & on the behalf of

**Bajaj Allianz General Insurance Company Ltd.**

Authorized Signatory

This certificate must be surrendered to the company for issuance of fresh certificate in case of cancellation of the Policy or any alteration in the insurance affecting premium.

Notes:

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.
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.

Caringly Yours App  
Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



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

Give a Missed Call on **8080945060**, SMS '**WORRY**' to **575758**

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

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

[bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in)

<http://www.facebook.com/BajajAllianz>

<http://twitter.com/BajajAllianz>

[www.bit.do/bjazgi](http://www.bit.do/bjazgi)

Demystify Insurance <http://support.bajajallianz.com>

# TAX INVOICE

(Customer Copy)

Caringly yours

BAJAJ | Allianz

Invoice Number	272205I000722384	Customer ID	PI20300523
Invoice Date	28/05/2022	Policy No.	12-8428-0000016833-01
Recipient/ Details of Insured		Supplier/ Details of Insurer	
GSTIN	Unregistered	GSTIN	27AABC5730G1ZX
PAN	NA	PAN	AABC5730G
Name (Proposer)	Shantilal Gulabchand Pahade	Name	Bajaj Allianz General Insurance Company Ltd.
Address-1	Address	Address-1	Abc East,
Address-2		Address-2	3rd Floor,
Address-3		Address-3	Chilkathana Midc,
Pin Code	423701	Pin Code	431210
City	AURANGABAD	City	AURANGABAD
State	MAHARASHTRA	State	MAHARASHTRA
Client Category	NON HNI	Place of Supply	27 - MAHARASHTRA

## Premium

Description	Amount(INR)	Description	Amount(INR)
Net Premium	6466	State GST(9%)	582
Receipt Number: 54-22-000000179865 Date: 28/05/2022 Premium Payer ID: PI20300523 Float: NA; ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque		Central GST(9%)	582
		IGST(18%)	0
		Gross Premium	7630

**Total Invoice Value (In figures) :** 7630

**Total Invoice Value (In Words) :** Seven Thousand Six Hundred Thirty 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

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

 Give a Missed Call on **8080945060**, SMS 'WORRY' to **575758**

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

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

 [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in)

 <http://www.facebook.com/BajajAllianz>

 <http://twitter.com/BajajAllianz>

 [www.bit.do/bjazgi](http://www.bit.do/bjazgi)

 Demystify Insurance <http://support.bajajallianz.com>