



Bajaj Allianz General Insurance Company Limited

Welcome to Bajaj Allianz Family

Patel Babulal Parasottambhai

06 Sangita Soc At Kadi Mehsana, , Kadi, Mahesana, 382715 Gujarat

Mobile No.: 9714989898

e-mail: PANCHOLI.TEJAS@GMAIL.COM

Customer ID: P122903993

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 travel@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

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: AHMEDABAD BRANCH-4th Floor, Turquoise, Nr. Panchvati Circle, C.G. Road, Ellisbridge, Ahmedabad, Gujarat, INDIA, 380006

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

Email: travel@bajajallianz.co.in , Website www.bajajallianz.com









Bajaj Allianz General Insurance Company Limited

Bajaj Allianz General Insurance Company Ltd

[Corporate Identity Number (CIN): U66010PN2000PLC015329]

[Unique Identification Number (UIN):BAJTIOP22125V022122]

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

Transcript of Proposal for INDIVIDUAL TRAVEL

Dear Patel Babulal Parasottambhai,

Policy No. 12-9910-0001497837-00

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	Patel					
Middle Name	Babulal	Last Name	Parasottambhai			
Email Address	PANCHOLI.TEJA S@GMAIL.COM	Mobile Number	9714989898			
Date of Birth	01/05/1962	Nationality	India			
Pan No	Not Available	Unique Identity (Aadhaar No.)	Not Available			
Passport No.	P8951802					
Permanent Address		Mailing Address				
House No/ Building No/ Flat No	06 Sangita Soc At Kadi Mehsana	House No/ Building No/ Flat No	06 Sangita Soc At Kadi Mehsana			
Street/ Locality/ Landmark		C / I 1 1 1				
Succe Locality/ Landmark		Street/ Locality/ Landmark				
State State	Gujarat	State State	Gujarat			
	Gujarat Mahesana	<u> </u>	Gujarat Mahesana			
State	-	State	·			





Bajaj Allianz General Insurance Company Limited

Insured / Beneficiary Details

Serial No.	Insured/ Beneficiary Name	Date of Birth	Gender	Passport No.	Nominee
1	Patel Babulal	01/05/1962	Male	P8951802	Rashmikaben
	Parasottambhai				

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 : Travel Prime Individual Gold

2. Geographical Coverage : Worldwide Excluding USA and Canada

3. Departure Date : 21-JUL-22

4. Return Date : 04-AUG-22

5. No of Journey Days : 15 Days

6. Rider Details:

Rider Name	Rider Sum Insured
7. Medical Declaration	
Is the proposed insured's ever been diagnosed with or adv of making this proposal or suffer from physical defect or	vised to seek treatment for any illness/ disease / ailment up to the date r 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:

Member 1 - No Declaration

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.

Medical Declaration of





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.

WhatsApp Number: +91 7507245858 Email address: travel@bajajallianz.co.in

Website: 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:

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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)

Travel Prime Policy Certificate cum Policy Schedule UIN. BAJTIOP22125V022122

PROPOSER DETAILS	POLICY DETAILS		
Customer ID : PI22903993	Policy No.	12-9910-0001497837-00	
Proposer Name: Patel Babulal Parasottambhai	Issued on	20/07/2022 Policy Status: ACTIVE POLICY	
Corresp. Address: 06 Sangita Soc At Kadi Mehsana , Kadi, Mahesana, Gujarat PIN-	Period of	From: 21/07/2022 00:00 Hrs.	
382715	Insurance	To : 04/08/2022 Midnight	
Mobile No.: 9714989898 e-mail id: PANCHOLI.TEJAS@GMAIL.COM	Endorsement	Dt. NA Wef. NA	



Plan Chosen

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. 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.

Member Name	Date of Birth	Age	Gender	Passport Number	Nominee Name	Relation
Patel Babulal Parasottambhai	01/05/1962	60	Male	P8951802	Rashmikaben	Spouse

Geographical Coverage

Max Limit	Deductible
USD 5000	Nil
USD 300	Nil
USD 500	Nil
INR 50000	Nil
USD 30 per 12 Hrs delay period up to USD 180	12 Hrs.
USD 200000	USD 100
USD 500	Nil
USD 5000	Nil
USD 200000	USD 100
USD 500	Nil
USD 20 per 24 Hrs delay period up to USD 125	Nil
	USD 5000 USD 300 USD 500 INR 50000 USD 30 per 12 Hrs delay period up to USD 180 USD 200000 USD 500 USD 5000 USD 5000

Travel Prime Individual Gold

Basic Benefits	Max Limit	Deductible
Trip Cancellation	USD 1000	Nil
Missed Connection	USD 100	12 Hrs.
Emergency Dental Pain Relief	USD 500	USD 100
Personal Accident ***	USD 25000	Nil
Delay of Checked Baggage	USD 100	12 Hrs.
Loss of Passport	USD 250	USD 25
Home Burglary Insurance	INR 200000	Nil
Hijack Cover	USD 60 per 24 Hrs delay period up to USD 360	Nil
Emergency Cash Benefit	USD 1000	Nil
Loss of Checked Baggage **	USD 1000	Nil

Worldwide Excluding USA and Canada

Add-on Cover/ Rider

Add-on Cover/ Rider	Limits (Max for entire policy period)	Deductible	Premium
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Remarks	Please Note: INR indicates Indian National Rupees					
Remarks	* Travel Prime Individual Gold USD 200000:					
	** 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 Sur 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 pre-existing medical condition/injury/illness/deformity and complications 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	Mr Patel Babulal Parasottambhai:No Declaration					
Special terms & condition	This policy covers Medical Expenses arising out of Covid-19 outside India, including Medical Expenses incurred during Quarantine period subject to the policy terms and conditions. Accommodation and non-medical incidental expenses arising during Quarantine period stand excluded.					
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.					

T. I. D. C. T IT. W. L. IC T. C. I.			
Total Premium	Rs. 1373	Payment If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.	
SGST @9% CGST @9% IGST @ % Cess @ %		name BN00000144 BN00000144 receipt Amount Rs. 1373 Premium Payer ID: PI22903993 Payment Mode: Online	
Premium before tax	Rs. 1163	Premium Details: Receipt No: 54-22-000000380908/1 Date: 20/07/2022 Instrument No: 94199072 Bank & Branch	

Total Premium in words: Rupees One Thousand Three Hundred Seventy-Three Only

Proposer GSTIN/UIN: | Place of Supply: 24 - GUJARAT | Company GST.No.: 24AABCB5730G1Z3 | Invoice Number: 2422071000369506 | Company PAN: AABCB5730G |





Bajaj Allianz General Insurance Company Limited

Previous Policy No: Expiry Dt.

Code: 10038342 | Name: JAINUINE INSURANCE BROKERS PVT. LTD | Contact No.:09850049400, E-Mail: NA@NA.COM | Financial Institution Ref. No.: null | SP Code: SP Code: 10038342 | PAN NO: AAICS0826K

For & 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 MH002405964202122M defaced number .0001482221202122/order no. CSD/82/2021/2306 dated 12-APR-21 timing 13:29:05 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 AABCB5730G-ST-001

Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: AHMEDABAD BRANCH-4th Floor, Turquoise, Nr. Panchvati Circle, C.G Road, Ellisbridge, Ahmedabad, Gujarat, INDIA, 380006

Principal Location: 2202 | Service Accounting Code: 997134 . No reverse charge is payable on these services.

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

Email: travel@bajajallianz.co.in, Website www.bajajallianz.com

🕠 Demystify Insurance http://support.bajajallianz.com 🦸 https://www.facebook.com/BajajAllianz; 尾 https://twitter.com/BajajAllianz; 🛅 http://bit.do/bjazgi



WhatsApp Number: +91 7507245858

INDIVIDUAL TRAVEL ANNEXURE DETAILS

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Bajaj Allianz General Insurance Company Limited

IMPORTANT NOTICE: International Contact Numbers

Country	Toll Free Number with Exact Dialing Pattern	Mobile	PayPhone/Landline
AUSTRALIA	1800161400	Yes	Yes
AUSTRIA	0800296764	Yes	Yes
BELGIUM	080019946	Yes	No
CANADA	18339371046	Yes	Yes
DENMARK	80254114	Yes	Yes
FINLAND	0800916110	Yes	Vas
FINLAND	0800916111	res	Yes
FRANCE	0800992597	Yes	Yes
GERMANY	08000801356	Yes	Yes
HONG KONG	0800938183	Yes	Yes
HUNGARY	0680080529	Yes	Yes
IRELAND	1800947246	Yes	Yes
ISRAEL	1809455174	No access from Paltel & Jawal/Watania mobile networks.	Yes
ITALY	0800729207	ITFS mobile accessible from following mobile networks: Tim, Vodafone, Wind.	Yes
	06633814376	Mobile networks access:	
	06633814377	NTT Docomo,Au (KDD)	
JAPAN	06633814378	and Softbank.	Yes
	06633814379		
MALAYSIA	1800819860	Yes	Yes
NETHERLANDS	08000231639	Yes	Yes
NEW ZEALAND	0800497242	Yes	Yes
PHILIPPINES	180011102860	Mobile access available from Sun Cellular & Smart Mobile networks.	No
PORTUGAL	800827716	Yes	Yes
SINGAPORE	8001014293	Accessible through Mobile1, Singtel & Starhub - airtime charged. All mobile callers need to pre- register with Singtel. UIFN not available to prepaid subscribers.	ITFS access from Payphones is available from Singtel network only, free of charge and for UIFN, there is a local charge.
SOUTH KOREA	00798142030103	Yes	Yes
3001H KUKEA	00798142030103	res	res
SPAIN	900805804	Yes	No
THAILAND	1800014035	Yes	Yes
UK	08000314801	Yes	No
UNITED STATES	18339371059	Yes	Yes

Our overseas travel assistance department:

Tel: +91 7507245858
e-mail: 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

For any queries please contact:
Email: travel@bajajallianz.co.in

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory





Bajaj Allianz General Insurance Company Limited

RECEIPT

Receipt Number : 54-22-00000380908/1

Receipt Date : 20/07/2022 Business Channel : Multiline

Received with thanks from Patel Babulal Parasottambhai

(Customer ID: PI22903993) a total sum of Rupees ONE THOUSAND THREE HUNDRED SEVENTY-THREE ONLY

Instrument Type	Inst./Ref. No.	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
Online Payment	94199072	20-Jul-2022	BN00000144	BN00000144	1,373.00
				Total Amount	1373

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.

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: AHMEDABAD BRANCH-4th Floor, Turquoise,Nr. Panchvati Circle,C.G Road,Ellisbridge,Ahmedabad,Gujarat,INDIA,380006

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

Email: travel@bajajallianz.co.in, Website www.bajajallianz.com



^{*} Cheque/DD/PO receipt is valid subject to realisation of the instrument.