



12-9910-0005511587-00



**Bajaj Allianz General Insurance Company Limited**

## Welcome to Bajaj Allianz Family

### Joel Philip Joseph

Nedumanal House ,  
, Thonnamala, Pathanamthitta, 689668  
Kerala

Mobile No.: 8289892866

e-mail : joeljp0008@gmail.com

**Customer ID : PI31041075**

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](mailto: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: CHENNAI BRANCH-497/498, 5th Floor, Isana Kattima Building,, Poonamallee High Road, Arumbakkam,,, Chennai, Tamil Nadu, INDIA, 600106

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

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



WhatsApp Number: +91 7507245858



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**Bajaj Allianz General Insurance Company Limited****Bajaj Allianz General Insurance Company Ltd****[Corporate Identity Number (CIN): U66010PN2000PLC015329]****[Unique Identification Number (UIN):BAJT1OP24006V032324]****Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune****Transcript of Proposal for INDIVIDUAL TRAVEL**

Dear Joel Philip Joseph, null

Policy No. 12-9910-0005511587-00

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	Joel		
Middle Name	Philip	Last Name	Joseph
Email Address	joeljp0008@gmail.com	Mobile Number	8289892866
Date of Birth	26/06/2000	Nationality	Indian
Passport No.	W5954916		

Permanent Address		Mailing Address	
House No/ Building No/ Flat No	Nedumanal House	House No/ Building No/ Flat No	Nedumanal House
Street/ Locality/ Landmark		Street/ Locality/ Landmark	
State	Kerala	State	Kerala
City	Pathanamthitta	City	Pathanamthitta
Area	Thonnamala	Area	Thonnamala
Pincode	689668	Pincode	689668



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

Serial No.	Insured/ Beneficiary Name	Date of Birth	Gender	Passport No.	Nominee
1	Joel Philip Joseph	26/06/2000	Male	W5954916	Joseph Nedumanal Philip

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 Student Elite Standard
2. Geographical Coverage : Worldwide Excluding USA and Canada
3. Departure Date : 02-OCT-24
4. Return Date : 01-OCT-25
5. No of Journey Days : 365 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.

Medical Declaration of	Member 1 - No Declaration
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**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.



12-9910-0005511587-00



**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.

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:



12-9910-0005511587-00

**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)

**Endorsement Schedule INDIVIDUAL TRAVEL UIN. BAJTIOP24006V032324**

PROPOSER DETAILS		ENDORSEMENT DETAILS	
Customer ID : PI31041075	Insured Name: Joel Philip Joseph	Policy No.	12-9910-0005511587-00
Corresp. Address: Nedumanal House , Thonnamala,Pathanamthitta, Kerala PIN-689668	Mobile No.: 8289892866	Issued on	10/07/2024   Policy Status: ACTIVE POLICY
e-mail id : joeljp0008@gmail.com		Period of Insurance	From: 02/10/2024 00:00 Hrs. To : 01/10/2025 Midnight
		Endorsement	13-9910-0005511587-00-01 End Dt. 10/07/2024 Wef. 02/10/2024

**Endorsement Details:**

Endorsement Type	Endorsement Title	Endorsement Wordings
Non Financial	General Endorsement Non-Financial	

Premium:			
Particulars	Premium on Policy	Endorsement Premium	Total Premium after Endorsement
Net Premium	0	4973	4973
SGST @ %	0	0	0
CGST @ %	0	0	0
IGST @18%	895	0	895
CESS @ %	0	0	0
Gross premium	895	4973	5868

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.

Gross premium in word Rupees FIVE THOUSAND EIGHT HUNDRED SIXTY-EIGHT ONLY.

Premium Details: Receipt No: Date: Instrument No: NA Bank & Branch name receipt Amount Rs 5868 | Premium Payer ID: 394556164 | Float: Agent Float | If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.

Proposer GSTIN/UIN: |Place of Supply: 32 - KERALA| Company GST.No.: 33AABC5730G1Z4 | Invoice Number: | Company PAN: AABC5730G |

Previous Policy No: NA Expiry Dt. NA

Code: 88065001 | Name: BRIXTON INSURANCE BROKER PRIVATE LIMITED | Contact No.:9884128820, E-Mail : INFO@POLICYINSURE.COM  
Financial Institution Ref. No.: | SP Code:

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

Stamp Duty  
₹ .5

Consolidated Stamp Duty of Rs. .5/- paid towards Insurance Stamps vide  
Challan No. MH009975032202324M Defaced No. 0005568654202324 Order  
No.CSD/17/2023/4571 Order Dated 10/11/2023 DEFACED DATE dated  
10/11/2023 timing 15:32:10 PM of General Stamp Office, Mumbai, India



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

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

Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: CHENNAI BRANCH-497/498, 5th Floor, Isana Kattima Building,,Poonamallee High Road, Arumbakkam,,,,Chennai,Tamil Nadu,INDIA,600106

Principal Location: 1501 |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



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Demystify Insurance <https://www.facebook.com/BajajAllianz>; <https://twitter.com/BajajAllianz>;



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**Bajaj Allianz General Insurance Company Limited****RECEIPT**

**Receipt Number** :  
**Receipt Date** :  
**Business Channel** : **Travel**

(Customer ID: **PI31041075**) a total sum of Rupees ZERO ONLY

Instrument Type	Inst./Ref. No.	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
NA	NA	NA	NA	NA	NA
<b>Total Amount</b>					

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: CHENNAI BRANCH-497/498, 5th Floor, Isana Kattima Building,, Poonamallee High Road, Arumbakkam,, Chennai, Tamil Nadu, INDIA, 600106

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