12-9910-0004816831-00





Welcome to Bajaj Allianz Family

Bharagavkumar Hareshbhai Italiya

103 Yogikrupa Soc Yogi Chowk Punagam, , Surat, Surat, 395006

Gujarat

Mobile No.: 8469942442

e-mail: bhargavitaliya33@gmail.com

Customer ID: P129759670

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.

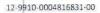
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Digitally signed by DS BAJK ALIANZ GENERAL
INSURANCE COMPANY LATTED 01
Date: 2024 0.03.04 11:3.123-51

Authorized Signatory

Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: SURAT BRANCH-202-206, 2nd Floor. The Citadel, Opposite Star Bazzar, Adajan, Surat, Gujarat, INDIA, 395009

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune – 411006 (India). Email: travel@bajajallianz.co.in., Website www.bajajallianz.com

WhatsApp Number: +91 7507245858







Bajaj Allianz General Insurance Company Ltd

[Corporate Identity Number (CIN): U66010PN2000PLC015329]

[Unique Identification Number (UIN):BAJTIOP24007V042324]

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

Transcript of Proposal for INDIVIDUAL TRAVEL

Dear Bharagavkumar Hareshbhai Italiya,

Policy No. 12-9910-0004816831-00

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:

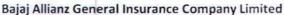
You are requested to yourself reconfirm the same at your end. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back immediately and before start of your journey. In objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed 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 Propo	ser .		
First Name	Bharagavkumar		
Middle Name	Hareshbhai	Last Name	Italiya
Email Address	bhargavitaliya33@ gmail.com	Mobile Number	8469942442
Date of Birth	23/06/2004	Nationality	Indian
Pan No	AOSPI8010A	Unique Identity (Aadhaar No.)	Not Available
Passport No.	W8757151		
Permanent Address		Mailing Address -	one come in the comment of the comme
House No/ Building No/ Flat No	103 Yogikrupa Soc Yogi Chowk Punagam	House No/ Building No/ Flat No	103 Yogikrupa Soc Yogi Chowk Punagam
Street/ Locality/ Landmark		Street/ Locality/ Landmark	
State	Gujarat	State	Gujarat
City	Surat	City	Surat
Area	Surat	Area	Surat
Pincode	395006	Pincode	395006



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Insured / Beneficiary Details

A. Coverage Details:

to the Policy wordings:

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1. Plan Name

Serial No.	Insured/ Beneficiary Name	Date of Birth	Gender	Passport No.	Nominee
1	Bharagavkumar Hareshbhai Italiya	23/06/2004	Male	W8757151	Hareshbhai

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.

I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.

: Travel Prime Student Standard

2.	Geographical Coverage	: Worldwide Exc	xcluding USA and Canada
3.	Departure Date	: 15-APR-24	
4.	Return Date	: 15-APR-25	
5.	No of Journey Days	: 366 Days	
6.	Rider Details:		
	Rider Name		Rider Sum Insured
7.	Medical Declaration		
	oposed insured's ever been ng this proposal or suffer f		or advised to seek treatment for any illness/ disease / ailment up to the date fect or deformity?.
YES		NO T	✓
If Yes Pl	lease provide the details in	the below table	
(*) Appl	icable in case of family pla	m.	
Medica	l Declaration of		Member 1 - No Declaration
I	B. EXCLUSIONS AND T	TERMS AND CO	ONDITIONS:

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

12-9910-0004816831-00



Bajaj Allianz General Insurance Company Limited

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.

- 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

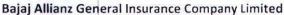
Contact our Policy servicing branch at: BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.BAJAJ ALLIANZ HOUSE, AIRPORT ROAD, YERAWADA, PUNE - 411006

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:









(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. BAJTIOP24007V042324

PROPOSER DETAILS		POLICY DETAILS
Customer ID : PI29759670	Policy No.	12-9910-0004816831-00
Proposer Name: Bharagavkumar Hareshbhai Italiya	Issued on	04/03/2024 Policy Status: ACTIVE POLICY
Corresp. Address: 103 Yogikrupa Soc Yogi Chowk Punagam , Surat,Surat, Gujarat PIN- 395006	Period of Insurance	From: 15/04/2024 00:00 Hrs. To : 15/04/2025 Midnight
Mobile No.: 8469942442 e-mail id: bhargavitaliya33@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, 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 Travel Prime Student Standard				Geographical Coverage	Worldwide Excluding USA and Canada		
Member Name	Date of Birth	Age	Gender	Passport Number	Nomi	inee Name	Relation
Bharagavkumar Hareshbhai Italiya	23/06/2004	19	Male	W8757151	На	reshbhai	Father
Basic Benefits	Max Limit		Deductible	Basic Ben	efits	Max Limit	Deductible
Personal Accident ***	USD 25000		Nil	Medical Expense and Eva	Medical Expense and Evacuation		USD 100
Personal Liability	USD 100000		USD 200 Emergency Dental Pain Relief		USD 500	USD 100	
Bail Bond Insurance	USD 500	USD 50		Repatriation	Repatriation		Nil
oss of Checked Baggage **	USD 1000		Nil Tuition Fees		USD 10000	Nil	
Accident to Sponsor	USD 10000		Nil	Family Visit		USD 7500	Nil
Accidental Death and Disability (Common Carrier)	USD 2500		Nil				
otal Trip duration: NA							
Add-or	Cover/ Rider	Service Co.		Limits (Max for entire)	oolicy period)	Deductible	Premium

Remarks	Please Note: INR indicates Indian National Rupees * Travel Prime Student Standard USD 50000:
	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 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. However this policy covers emergency medical treatment for life-threatening conditions arising out of any pre-existing medical condition upto USD 3000.
Pre-existing disease	Mr Bharagavkumar Hareshbhai Italiya: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.

Premium before tax	Rs. 5066	Premium Details: Receipt No: 54-23-000001273918/1 Date: 04/03/2024 Instrument No: 203428546 Bank & Branc
SGST @9% CGST @9% IGST @ % Cess @ %	Rs. 912	name BN00000158 BN00000158 receipt Amount Rs. 5978 Premium Payer ID: PI29759670 Payment Mode: Onlin
Total Premium	Rs. 5978	Payment If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.
Total Premium in words: Rupees Five Thous	sand Nine Hundred	Seventy-Eight Only

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.

Previous Policy No: NA Expiry Dt. NA

Code: 23030053 | Name: JYOTIKABEN DILIP KALATHIYA | Contact No.:9925636725, E-Mail: ASHISHD_PATEL@YAHOO.COM | | |

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Bajaj Allianz General Insurance Company Limited

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Stamp Duty

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 AABCB5730G-ST-001

Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: SURAT BRANCH-202-206, 2nd Floor, The Citadel, Opposite Star Bazaar, Adajan, Surat, Gujarat, INDIA, 395009

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 https://www.facebook.com/BajajAllianz; https://twitter.com/BajajAllianz;



INDIVIDUAL TRAVEL ANNEXURE DETAILS

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
SINII ANIB	0800916110		
FINLAND	0800916111	Yes	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)	229
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
SOUTH KUKEA	00798142030103	res	res
SPAIN	900805804	Yes	No
THAILAND	1800014035	Yes	Yes
UK	08000314801	Yes	No
JNITED STATES	18339371059	Yes	Yes

Our overseas travel assistance department:

Tel: +91 7507245858

e-mail: travel@bajajallianz.co.in

Contact Details

Bajai Allianz General Insurance Co. Ltd., 2nd Floor. Baiai Finsery 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

Validity unknown
Digitally signed by DS BA A ALLIANZ
GENERAL INSURANCE COMPANY LIMITED 01
Date: 2024.03.04 11:3102751

12-9910-0004816831-00





For & on the behalf	
Bajaj Allianz Genera	l Insurance Company Ltd.

Authorized Signatory

Validity unknown
Digitally signed by DS BA A JALLIANZ
GENERAL INSURANCE COMPANY LIMITED 01
Date 2024.03.04 11:31762151

12-9910-0004816831-00





RECEIPT

Receipt Number

54-23-000001273918/1 :

Receipt Date

:

04/03/2024

Business Channel

Multiline

Received with thanks from

Bharagavkumar Hareshbhai Italiya

(Customer ID: Pl29759670) a total sum of Rupees

Instrument Type	Inst./Ref. No.	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
Online Payment	103428546	04-Mar-2024	BN00000158	BN00000158	5,978.00
				Total Amount	5978

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: SURAT BRANCH-202-206, 2nd Floor, The Citadel, Opposite Star Bazaar, Adajan, Surat, Gujarat, INDIA, 395009

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

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

WhatsApp Number: +91 7507245858

Validity unknows Digitally signed by DS BA A ALLIANZ GENERAL INSURANCE COMPANY LIMITED 01 Date: 2024.03.04 11:3052 ST

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