



12-9910-0005161873-00

**Bajaj Allianz General Insurance Company Limited**



## Welcome to Bajaj Allianz Family

### Sreejith Maniappan Nair

Chirackal House, Thrickodithanam Po, Kottayam, Kerala,  
, Thrickodithanam, Kottayam, 686105  
Kerala

Mobile No.: 8547275621

e-mail : sreejithmnair4@gmail.com

**Customer ID : PI30379591**

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



12-9910-0005161873-00

**Bajaj Allianz General Insurance Company Limited****TRAVEL ACE(International) Transcript of Proposal UIN. BAJTIOP24008V022324****Policy No.: 12-9910-0005161873-00****Date: 06/05/2024**

Dear Sreejith Maniappan Nair,

We Bajaj Allianz General Insurance Company Limited ["Company" or "Insurer"] wish to inform you that the your contract of insurance ("Policy") will be 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 or **within a period of 15 days from the date of your receipt of this document, whichever is earlier**. In case of our non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information and declaration mentioned in this transcript of proposal, it shall be deemed that you have positively confirmed to the Company the correctness of the below mentioned information and declaration. In case you disagree to any of the information/contents of this transcript, standard Terms and conditions, you have the option to return the original Policy, immediately before start of your travel/journey or **within a period of 15 days from the date of your receipt of this document, whichever is earlier**, stating the reasons for your objection, and upon our receipt of the original Policy together with your request to cancel the Policy, you shall be entitled to a refund of the premium paid, subject to there being no claim made under the Policy and also subject to a deduction of the stamp duty charges and other expenses incurred by the Company.

Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which the Company is issuing / has 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/information/declaration is/are not provided/disclosed and or withheld and in such case no claim, if any, shall be considered by the Company apart from forfeiture of the premium amount.

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.

**Details provided by you:****Personal Information of Proposer****Proposer Name: Sreejith Maniappan Nair**

<b>Correspondence Address:</b> Chirackal House,Thrickodithanam Po,Kottayam,Kerala Thrickodithanam Kottayam Kerala 686105		<b>Permanent Address:</b> Chirackal House,Thrickodithanam Po,Kottayam,Kerala Thrickodithanam Kottayam, Kerala 686105	
<b>Mobile No. :</b>	8547275621	<b>e-mail id :</b>	sreejithmnair4@gmail.com
<b>Date of Birth :</b>	28/08/1987	<b>Nationality :</b>	Indian

**Insured / Beneficiary details:**

Member Name	Date of Birth	Age	Gender	Passport Number	Nominee Name	Nominee Relation	Member Relation
Sreejith Maniappan Nair	28/08/1987	36	Male	S5028954	Maniappan Nair	Father	Self

**Coverage Details:**

<b>Plan Chosen</b>	Travel Ace Student Modular	<b>Geographical Coverage</b>	Worldwide Excluding USA and Canada
<b>Departure Date:</b> 07-MAY-24	<b>Arrival Date:</b> 06-MAY-25	<b>Trip Duration:</b> 365 Days	

Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee: NA

If you have any other policy for coverage of International Journey i.e Health/ PA/ Travel etc. (if yes please provide details): Not Applicable

**Benefit Details:**

Basic Benefits	Sum Insured
Tuition Fees	USD 10000
Missed Connection	USD 250
Emergency Dental Pain Relief	USD 500
Personal Liability	USD 100000
Hospitalization Daily Allowance	USD 10 per 24 Hrs. max 7 days.
Loss of Checked Baggage	USD 250
Loss of Passport And Driving License	USD 100
Accidental Medical Exigencies(Medical Expenses, Evacuation and Repatriation)	USD 50000

Basic Benefits	Sum Insured
Loss of Personal belongings	USD 250
Personal Accident	USD 25000
Track a Baggage Service	Included
Trip Delay Delight (Ace)	USD 80
Legal Expenses	USD 1000
Accidental Death and Disability (Common Carrier)	USD 5000
Bail Bond Insurance	USD 1000

**Please Note:**

- Lifestyle Modification Benefit, Child Education Benefit and Sporting Activities Cover are Extension for Personal Accident section and hence can opted along with Personal Accident section only.
- Cancer Screening and Mammography Cover, Alcohol and Substance Abuse, Maternity and Baby Cover, Bail Bond Insurance, Tuition Fees, Contingency to Sponsor - Covers which are available only for the student (Only for Student plan)



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**Bajaj Allianz General Insurance Company Limited**

You have opted for below cover:-

- Pre-existing Illness Cover No
- Pre-existing Injury Cover No
- Waiver of Sub-limits No
- Sporting Activities Cover No

<b>Pre-existing disease / Habits / Medical Declaration</b>	Mr Sreejith Maniappan Nair: Pre-existing disease : NA Please refer to details pre-existing disease at wordings.
<b>Questionnaire</b>	Mr Sreejith Maniappan Nair Q1. Disorder of the heart, or circulatory system, chest pain, high blood pressure, stroke, asthma any respiratory conditions, cancer tumour lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits(epilepsy) slipped disc, backache, any congenital/ birth defects/ urinary diseases, any genetic disorder, AIDS or HIV positive, any other illness : NO Q2. Alcohol/Smoke/consume tobacco : NO Q3. Recreational Drug Use : NO

**Additional information to be completed by the student (Only for Student plan)**

Name of the Student : Sreejith Maniappan Nair  
 Date of Birth :  
 Name of the School Overseas :  
 Detailed Address of the School/Telephone no. :  
 Course Opted for :  
 Duration of the Course :  
 Number of Semesters :  
 Tuition Fees per Semester :

- Tuitions financed by (Self, parents, borrowing from bank or FI's), please give details
- Have you undergone medical examination/fitness test?
- Would like to state anything that is not asked which you may want the insurer to know?

**DECLARATION, WARRANTIES, TERMS AND CONDITIONS:**

1. The contents of the proposal [transcript of the proposal of you is this document], the detailed list of exclusions, standard terms and conditions, including the exclusion of pre-existing ailments/diseases and connected documents have been fully explained to you and you have fully understood the significance of the proposed contract of insurance basis which you have confirmed to the Company for Policy issuance.
2. You declare that, on your behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by you as in this transcript are complete, true and accurate in all respects to the best of your personal knowledge and belief and that there is no other information, which is relevant to your proposal for insurance that has not been disclosed to the Company. You are authorised to propose on behalf of these other persons.
3. You have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements, particulars, answers and/or particulars, information, declarations, warranties, documents given in/as per this proposal shall be held to be promissory and shall be the basis of the Policy/insurance contract between you and the Company and your proposal is subject to the Board approved underwriting policy of the Company and that the Policy will come into force only after your full payment of the prescribed premium chargeable and the Company's receipt and realisation of full prescribed premium.
4. You further declare that, you will notify in writing any change occurring in general health of yours 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. You shall immediately inform the Company if there are any subsequent changes to the information, declarations, warranties mentioned in this transcript of the proposal or if additions or alterations are carried out in the risk proposed after the submission of this proposal. You agree to the Standard Terms and Conditions of the Company. In case of disagreement or objection or any changes with respect to information, declarations, Standard Terms and Conditions, exclusions and contents mentioned hereinabove, please contact Company's toll free number & register your objections / changes / disagreement to the contents of this transcript or you may also send to the Company 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.
5. The Company shall have no liability under the Policy/insurance contract if it is found that any of your statements, particulars, answers and/or particulars, information, declarations, warranties, in your this proposal or other documents are incorrect and/or untrue or suppressed any information or provided misleading or false information in any respect on any matter [whether material or not material] to the grant of a cover by the Company.
6. You declare that you have given 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.
7. You authorize the Company to share information pertaining to your 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, reinsurers, group companies, auditors/legal counsel, service providers etc.
8. You have read and understood the privacy policy of the Company and hereby unconditionally agree and bind yourself to all terms and conditions of the Company's privacy policy, as amended, from time to time.
9. You agree that the Standard Terms and Conditions sent to you for the Policy taken by you for the first time shall be applicable to the renewal Policy and the Company need not send the Standard Terms and Conditions at the time of renewal and if you require the same you will seek the same from the Company.

**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 is print of electronic records maintained by the Company in accordance with law and hence does not require signature.

**Corporate Identification Number:** U66010PN2000PLC015329 | **GST Regd. Number** AABCBS730G-ST-001

**Policy issuing office** & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: CHENNAI BRANCH, 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)





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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 ACE(International) Certificate cum Policy Schedule UIN. BAJTIOP24008V022324**

PROPOSER DETAILS		POLICY DETAILS	
Customer ID : PI30379591	Proposer Name: Sreejith Maniappan Nair	Policy No. 12-9910-0005161873-00	Issued on 06/05/2024   Location : 1501   Policy Status: ACTIVE POLICY
Corresp. Address: Chirackal House,Thrickodithanam Po,Kottayam,Kerala , Thrickodithanam,Kottayam, Kerala PIN-686105		Period of Insurance	From: 07/05/2024 00:00 Hrs. To : 06/05/2025 Midnight
Mobile No.: 8547275621   e-mail id: sreejithmnair4@gmail.com		Endorsement	Dt. NA Wef. NA



Missed call

+91 124 6174720

travel@bajajallianz.co.in

**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>Travel Ace Student Modular</b>	Geographical Coverage	Worldwide Excluding USA and Canada
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Member Name	Date of Birth	Age	Gender	Passport Number	Nominee Name	Nominee Relation	Member Relation
Sreejith Maniappan Nair	28/08/1987	36	Male	S5028954	Maniappan Nair	Father	Self

Basic Benefits	Max Limit	Deductible	Basic Benefits	Max Limit	Deductible
Tuition Fees	USD 10000	Nil	Loss of Personal belongings	USD 250	Nil
Missed Connection	USD 250	Nil	Personal Accident	USD 25000	Nil
Emergency Dental Pain Relief	USD 500	USD 25	Track a Baggage Service UIN. BAJTGBA24058V012324	Included	Nil
Personal Liability	USD 100000	Nil	Trip Delay Delight (Ace)	USD 80	4 Hrs.
Hospitalization Daily Allowance	USD 10 per 24 Hrs. max 7 days.	Nil	Legal Expenses	USD 1000	Nil
Loss of Checked Baggage	USD 250	Nil	Accidental Death and Disability (Common Carrier)	USD 5000	Nil
Loss of Passport And Driving License	USD 100	Nil	Bail Bond Insurance	USD 1000	Nil
Accidental Medical Exigencies(Medical Expenses, Evacuation and Repatriation)	USD 50000	USD 100			

Sporting Activities Cover: No

<b>Remarks</b>	Please Note: INR indicates Indian National Rupees Trip Delay Delight (Ace) - Trip Coverage : Two Way
<b>Important Note:</b>	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.
<b>Pre-existing disease</b>	Mr Sreejith Maniappan Nair: Pre-existing disease : NA Please refer to details pre-existing disease at wordings.
<b>Special terms &amp; condition</b>	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. Exclusion: Not Applicable Clauses : Not Applicable Warranties: Not Applicable
<b>Declaration by Insured</b>	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.
<b>Geographical Exclusion</b>	Note: Declined country list includes- Afghanistan, DR Congo, Iran, Iraq, North Korea, Pakistan, Syria, Yemen terror prone and politically unstable countries. Additionally Haj, Manasarovar Yatra are not covered.

Base Premium	Rs. 4920	<b>Premium Details:</b> Premium Payer ID: 394556164   Payment Mode: Agent Float   If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.
Less: Discount ( )	Rs. NA	
Net Premium	Rs. 4920	
IGST @18%	Rs. 886	
<b>Total Premium</b>	<b>Rs. 5806</b>	

**Total Premium in words:** Rupees Five Thousand Eight Hundred Six Only

Proposer GSTIN/UIN: |Place of Supply: 32 - KERALA| Company GST.No.: 33AABCB5730G1Z4 | Invoice Number: 322405I000140314 | Company PAN: AABCB5730G |

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



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## Bajaj Allianz General Insurance Company Limited

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

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** AABCBS730G-ST-001

**Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc:** CHENNAI BRANCH, 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).

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WhatsApp Number: +91 7507245858

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



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**Bajaj Allianz General Insurance Company Limited****TRAVEL ACE(INTERNATIONAL) 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
FINLAND	0800916110	Yes	Yes
	0800916111		
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
JAPAN	06633814376	Mobile networks access: NTT Docomo,Au (KDD) and Softbank.	Yes
	06633814377		
	06633814378		
	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
	00798142030103		
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](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:**  
 Email: [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)

**Track a Baggage Service**

Leave your delayed baggage worries to us  
 Track your baggage from anywhere in the world by

[Click here](https://bajajallianz.blueribbonbags.com)  
<https://bajajallianz.blueribbonbags.com>

Receive real time update via email,  
 WhatsApp and SMS on baggage status

Or

008000502409 (Toll free Number)

[mbr@blueribbonbags.com](mailto:mbr@blueribbonbags.com)

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

Authorized Signatory



12-9910-0005161873-00

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

**Receipt Number** : **SYS-24-000001202843/1**  
**Receipt Date** : **06/05/2024**  
**Business Channel** : **Travel**

(Customer ID: **PI30379591**) a total sum of Rupees

Instrument Type	Inst./Ref. No.	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
CD-IMD	NA	06-May-2024	NA	NA	5,806.00
<b>Total Amount</b>					<b>5806</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

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

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