12-9910-0005724741-00

Bajaj Allianz General Insurance Company Limited

Welcome to Bajaj Allianz Family

Vishal Thammana
No 4/6 Seetharam Nagar 4th Street Kodungaiyur,
, Chennai,Chennai,600118
Tamil Nadu
Mobile No.: 8122924639
e-mail : dr.vishal006@gmail.com
Customer ID : PI31429126

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.

Signature Not Verified
Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED
Date: 2024.08.22 14:44:23 IST

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 , Website www.bajajallianz.com

WhatsApp Number: +91 7507245858

Bajaj Allianz General Insurance Company Ltd

[Corporate Identity Number (CIN): U66010PN2000PLC015329]

[Unique Identification Number (UIN):BAJTIOP24006V032324]

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

Transcript of Proposal for INDIVIDUAL TRAVEL

Dear Vishal Thammana,

Policy No. 12-9910-0005724741-00

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	Vishal		
Middle Name		Last Name	Thammana
Email Address	dr.vishal006@gmail.com	Mobile Number	8122924639
Date of Birth	11/01/2006	Nationality	Indian
Passport No.	X3580605		

Permanent Address		Mailing Address	
House No/ Building No/ Flat No	No 4/6 Seetharam Nagar 4th Street Kodungaiyur	House No/ Building No/ Flat No	No 4/6 Seetharam Nagar 4th Street Kodungaiyur
Street/ Locality/ Landmark		Street/ Locality/ Landmark	
State	Tamil Nadu	State	Tamil Nadu
City	Chennai	City	Chennai
Area	Chennai	Area	Chennai
Pincode	600118	Pincode	600118

Insured / Beneficiary Details

Serial No.	Insured/ Beneficiary Name	Date of Birth	Gender	Passport No.	Nominee
1	Vishal Thammana	11/01/2006	Male	X3580605	Thammana

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.

A. Coverage Details:

1. Plan Name : Travel Student Elite Standard
2. Geographical Coverage : Worldwide Excluding USA and Canada
3. Departure Date : 27-AUG-24
4. Return Date : 26-AUG-25
5. No of Journey Days : 365 Days
6. Rider Details:

Rider Name	Rider Sum Insured

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

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.

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:

12-9910-0005724741-00

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)

POS- Travel Companion Certificate cum Policy Schedule UIN. BAJTIOP24006V032324

PROPOSER DETAILS	POLICY DETAILS	
Customer ID : PI31429126	**Policy No.**	**12-9910-0005724741-00**
Proposer Name: Vishal Thammana	**Issued on**	**22/08/2024 | Policy Status: ACTIVE POLICY**
Corresp. Address: No 4/6 Seetharam Nagar 4th Street Kodungaiyur Chennai Chennai Tamil Nadu PIN-600118	**Period of Insurance**	**From: 27/08/2024 00:00 Hrs. To : 26/08/2025 Midnight**
Mobile No.: 8122924639 | e-mail id: dr.vishal006@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. 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 Student Elite Standard	Geographical Coverage	Worldwide Excluding USA and Canada

Member Name	Date of Birth	Age	Gender	Passport Number	Nominee Name	Relation
Vishal Thammana	11/01/2006	18	Male	X3580605	Thammana	Father

Basic Benefits	Max Limit	Deductible
Personal Accident ***	USD 25000	Nil
Emergency Dental Pain Relief	USD 500	USD 100
Medical Expenses,Evacuation and Repatriation	USD 50000	USD 100
Loss of Checked Baggage **	USD 1000	USD 100
Accidental Death and Disability (Common Carrier)	USD 2500	Nil

Basic Benefits	Max Limit	Deductible
Accident to Sponsor	USD 10000	Nil
Bail Bond Insurance	USD 500	USD 50
Family Visit	USD 7500	Nil
Personal Liability	USD 100000	USD 200
Tuition Fees	USD 10000	Nil

Total Trip duration: NA

Add-on Cover/ Rider	Limits (Max for entire policy period)	Deductible	Premium

Remarks	Please Note: INR indicates Indian National Rupees *** Travel Student Elite 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 Vishal Thammana: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. 4973	Premium Details: Receipt No: SYS-24-000006033134/1 Date: 22/08/2024 Instrument No: NA Bank & Branch name receipt Amount Rs. 5869 Premium Payer ID: 410201816 | Payment Mode: Notional Float | If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.
SGST @9% CGST @9% IGST @ % Cess @ %	Rs. 896	
Total Premium	**Rs. 5869**	
Total Premium in words: Rupees Five Thousand Eight Hundred Sixty-Nine Only		
Proposer GSTIN/UIN: |Place of Supply: 33 - TAMIL NADU| Company GST.No.: 33AABCB5730G1Z4|Invoice Number: 332408I000269021|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

Code: 20075176| Name: DIVYA .|Contact No.:8838581863, E-Mail : PRABHUBALU007@GMAIL.COM**| | |PAN NO: ESMPD5174G**

12-9910-0005724741-00

Bajaj Allianz General Insurance Company Limited

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

Stamp Duty
₹ .5

Consolidated Stamp Duty of Rs. .5/- paid towards insurance policy stamps vide Challan No. MH003479644202425M Defaced No. 0002709637202425 Order No. LOA/ENF-1/CSD/36/2024-25 Order Dated 15/07/2024 Defaced Dated 10/07/2024 timing 15:00:00 of General Stamp Office, Mumbai, India.

Policy Wording

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: 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
WhatsApp Number: +91 7507245858
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
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

Missed Call Number:
+91 124 6174720

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

Signature Not Verified
Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED
Date: 2024.08.22 14:44:23 IST

Bajaj Allianz General Insurance Company Limited

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

Authorized Signatory

Signature Not Verified
Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED
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