

**6.3.1-The institution has effective welfare measures for teaching and non-teaching staff and avenues for career development/ progression**



**Dr. Mahesh D. Goudar**  
**Director,**  
**MITAoE, Alandi,**  
**Pune.**

**DIRECTOR**  
**MIT Academy of Engineering**  
**Alandi (D.), Pune-412 105.**

# INDEX

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## **1 HR Manual**

[https://mitaoe.ac.in/assets/images/pdf/Final%20Revised%20HR\\_Manual\\_2019-2020\\_03-9-2019.pdf](https://mitaoe.ac.in/assets/images/pdf/Final%20Revised%20HR_Manual_2019-2020_03-9-2019.pdf)

## **2 R &D Policies**

### **a. R & D Manual**

<https://mitaoe.ac.in/assets/images/pdf/R&D-Manual-MITAOE.PDF>

### **b. IPR Policy**

<https://mitaoe.ac.in/assets/images/pdf/IPR-Policy-MITAOE-new.pdf>

### **c. Consultancy Policy**

<https://mitaoe.ac.in/assets/images/pdf/Consultancy-Policy-MITAOE.pdf>

### **d. R& D incentives Scheme**

<https://mitaoe.ac.in/assets/images/pdf/R&D-Incentive-Scheme-MITAOE.PDF>

Evidence of Yoga  
Meditation, health camp  
and Blood Donation  
Camp

To

06 July 2017

The Director  
MITAOE  
Alandi

Subject : Request to allow us to organize “Free Medical Checkup and Blood Donation Camp” .

Respected sir,

On the auspicious occasion of our “18 Foundation Day” of MITAOE, we would like to organize “Free Medical Checkup and Blood Donation Camp” for our Faculty, Staff and Student on 07 August 2017.

The purpose of organizing this preventive health checkup camp is to bring awareness about lifestyle health disorders that are increasing at a fast pace. This health camp will help us in creating awareness and educating people about lifestyle modification, so that they can manage and avoid health disorders well in advance.

We are planning to invite a team of following expert advice.

- |                      |                                  |
|----------------------|----------------------------------|
| 1. Cardiologist      | 8. Physiotherapist               |
| 2. Gynecologist      | 9. Dietician                     |
| 3. Orthopedic        | 10. Counselor / Psychiatrists    |
| 4. General Physician | 11. Blood Bank (Collection) team |
| 5. Ophthalmologist   | 12. Dentist                      |
| 6. Dermatologist     | 13. Diabetologist                |
| 7. ENT               | 14. Yoga-acharya                 |

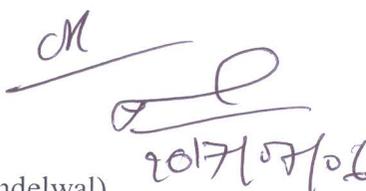
I kindly request you to please allow us to conduct the same and approved proposed budget as per mentioned below :

S. No.	Particular	Proposed budget to be required
01	Food expenses : Breakfast, Tea and Lunch (doctors team (45), Blood Donation (15) team & organizers (10))	70 person x 150 = 10500
02	Tea, Coffee and Biscuits (11 am and 3.30. pm)	55 person = 2000
03	Banner (3 nos.)	= 2000
04	Bone Density Machine Rent	= 6000
05	Computerized Eye Checkup Machine Rent	= 1500
	TOTAL	22000.00

With warm regards

  
(U. R. Dhakane)  
Chief Rector

  
(Ms. Vandana Khandelwal)  
Librarian

  
2017/07/06

To

15 June 2018

The Director  
MITAOE  
Alandi

Subject: Request to allow us to organize session on “**Heart fullness meditation**” .

Respected sir,

In this busy world of ours, the mind is constantly pulled from pillar to post, scattering our thoughts and emotions and leaving us feeling stressed, highly-strung and at times quite anxious. Most of us don't have five minutes to sit down and relax, But it is essential for our wellbeing to take a few minutes each day to cultivate mental spaciousness and achieve a positive mind-body balance. To overcome these problems we have to spare few minutes of our day for meditation.

Heart fullness meditation is a simple practice of meditation on the heart. It is a modern, methodical approach to meditation. It includes practical and effective techniques to relax and develop calmness from within leading to inner balance and true wellness of being. Heart fullness relaxation and meditation techniques aid in internal skills development such as clarity of mind, empathy, awareness and focus. Stress relief, reduce you anxiety, lower your blood pressure, lower cholesterol levels, improved quality of life, more efficient oxygen use by the body, better quality of sleep, reduce pain, improve work performance, greater and sharpen concentration are some of the benefits that follow with regular practice of Heart fullness meditation.

Heart fullness meditation is 3 sessions event which we will organize in 3 consecutive days for the MITAOE faculty members and all the staff. I had a word with Dr. N. S. Babu and he has agreed to take sessions along with his three colleagues at our campus. Hence I kindly request you to please allow us to conduct the same as per the table shown below.

S. No.	Event Date	Time	Venue
01	23 July 2018	10.30 to 12.15	Seminar Hall
02	24 July 2018	10.30 to 12.15	Seminar Hall
03	25 July 2018	10.30 to 12.15	Seminar Hall

Further I request you to please sanction an amount of Rs. 400/- to purchase plant to felicitate our guest and also permit us to provide us transportation, snacks and tea for the resource person.

With warm regards

  
(Ms. Vandana Khandelwal)  
Librarian

Forwarded for  
approval.  
Nobin  
8/7/18

  
2018/07/19

# MIT Academy of Engineering

Department of Central Library

Organize Three Days

"Heart Fullness Meditation Session"

Sr. No.	Name of the Staff	Signature		
		23 July 2018	24 July 2018	25 July 2018
1	Dattatray D. Jagdele			
2	Sudesh B. Papor.			
3	Vijay S. Dighe			
4	Swapnil D. Daphal			
5	S. S. Kabra			
6	Dr. S.S. Kulkarni			
7	Rajeshwari Karkar			
8	Rupali Patil			
9	Mane A-B.			
10	Faihana J. Shaikh			
11	Snehal D. Pagay			
12	G.R. Vyawahare			
13	Ajit M. Sawade			
14	Dhakane U.R.			
15	Sudhis Kubde			
16	Sunil M. Jadhav			
17	Sanjay S. Waghole			
18	Nitesh S. Mhaske			
19	Shashikant Naikade			
20	Dr. S.S. Kulkarni			
20	Shaikh Hussain			
21	Vipul Chitnis			
22	Neekatesh Karad.			
23	Katkhede G.U.			
24	Panchal S.T.			
25	Sanjay Dahiwadkar			
26	Sutar N.D.			
27	Bhagwan M. Adhav			
28	Ghughe N.R.			
29	Mr. Kagade U.S.			
30	Pradip V. Chavhan			



To

09 July 2018

The Director  
MITAOE  
Alandi

Subject : Request to allow us to organize “Free Medical Checkup and Blood Donation Camp” .

Respected sir,

On the auspicious occasion of our “19 Foundation Day” of MITAOE, we would like to organize “Free Medical Checkup and Blood Donation Camp” for our Faculty, Staff and Student on 07 August 2018.

The purpose of organizing this preventive health checkup camp is to bring awareness about lifestyle health disorders that are increasing these days at a fast pace. The health camp will help us in creating awareness and educating people about lifestyle disorders, so that they can manage and avoid them well in advance.

We are planning to invite a team of following expert advice with pathology facility.

- |                      |                                   |
|----------------------|-----------------------------------|
| 1. Cardiologist      | 8. Physiotherapist                |
| 2. Gynecologist      | 9. Dietician                      |
| 3. Orthopedic        | 10. Counselor / Psychiatrists     |
| 4. General Physician | 11. Blood Bank (Collection) team  |
| 5. Ophthalmologist   | 12. Dentist                       |
| 6. Dermatologist     | 13. Dialectologist                |
| 7. ENT               | 14. Yoga-acharya / Ayurvedacharya |

Following test to be conducted:

**Eye checkup, Bone density, Hemoglobin and Sugar level, ECG, BMI**

I kindly request you to please allow us to conduct the same and approved proposed budget as per mentioned below :

S. No.	Particular	Proposed budget to be required
01	Food expenses : Breakfast, Tea and Lunch (doctors & supporting staff team (45), Blood Donation (15) team & organizers (10))	70 person x 150 = 10500
02	Tea, Coffee and Biscuits (11 am and 3.30. pm)	55 person = 2000
03	Banner (3 nos.)	= 2000
04	Bone Density Machine Rent	= 6500
05	Computerized Eye Checkup Machine Rent	= 1500
06	Purchase Needle & Chemical for various test	= 2000
	TOTAL	24500.00

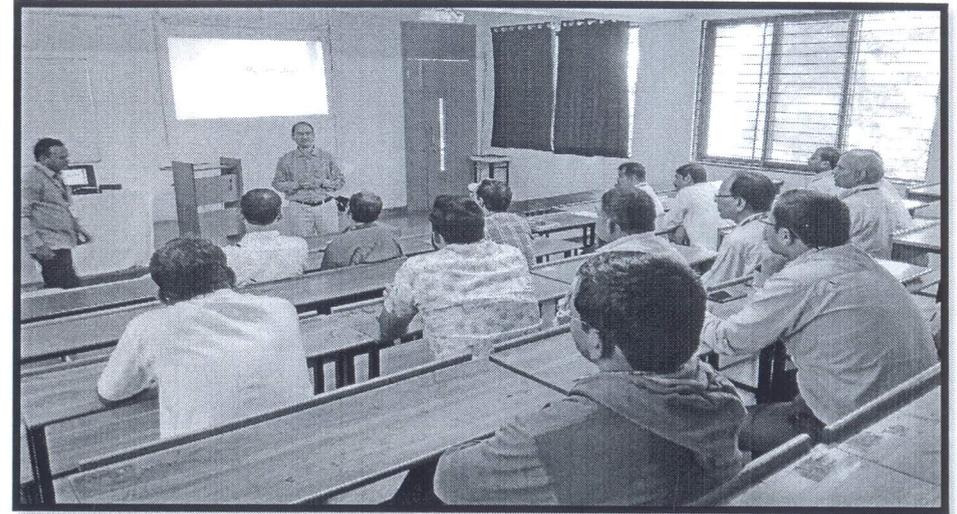
With warm regards

  
(U. R. Dhakane)  
Chief Rector

*approved*  
*DEPT. fund.*  
*2018/07/09*

  
(Ms. Vandana Khandelwal)  
Librarian

## HEARTFULNESS MEDITATION 23, 24 & 25 JUL 2018



## NPTEL AWARENESS 29 NOV 2018





# MIT Academy of Engineering

Alandi (D), Dist- Pune. Pin- 412 105

■ (20) 30253541, 30253500, Fax: (020) 30253799

MITAOE/LIB/CIR/2019/15

26 August 2019

## CIRCULAR

As you all are aware that today's lifestyle has become very fast, and it is directly or indirectly effecting our health which leads to minor or major complications over a period of time. Hence, Preventive health checkup is a must these days. To bring awareness about these lifestyle health disorders that are increasing at a fast pace and educating people about lifestyle modification, so that they can manage and avoid health disorders well in advance, a Free Health Checkup Camp has been organized on our campus.

Keeping in mind these facts, Central Library and Boys Hostel is jointly organizing "Free Medical Checkup and Blood Donation Camp" on 27<sup>th</sup> August 2019 from 10.00 am to 4.00 pm on the auspicious occasion of 20<sup>th</sup> Foundation day of MITAOE.

The venue details are as follows. :

**Blood donation camp: Gymnasium (Boys Hostel)**

&

**Free Medical checkup and tests: Boys Hostel**

Free tests will be conducted that are **Computerized Eye checkup, BP, Bone density, BMI, Hemoglobin, Sugar level and ECG. Please note that Sugar level & ECG test will be done as per recommendation by Doctor.**

A team of Unicare Health Center Pune (<http://www.unicarehealth.in>), Asian Eye Hospital (<http://www.asianeyehospital.com>), Apollo Diagnostic and Medical doctors will be visiting the campus.

CBC, ESR, LIPID profile (Cholesterol), Liver function test, RFT, IRON deficiency, Thyroid, Diabetic Screen, Vitamin D3, Vitamin B12 tests will be done on minimum charges.

All the Faculty, Staff and Student of MIT, Alandi are cordially invited and requested to avail this facility and make optimal use of the same. All School Deans are requested to instruct their class teacher to read out this notice in the class room for giving awareness about the same to the students.

Please make optimal utilization of this opportunity.

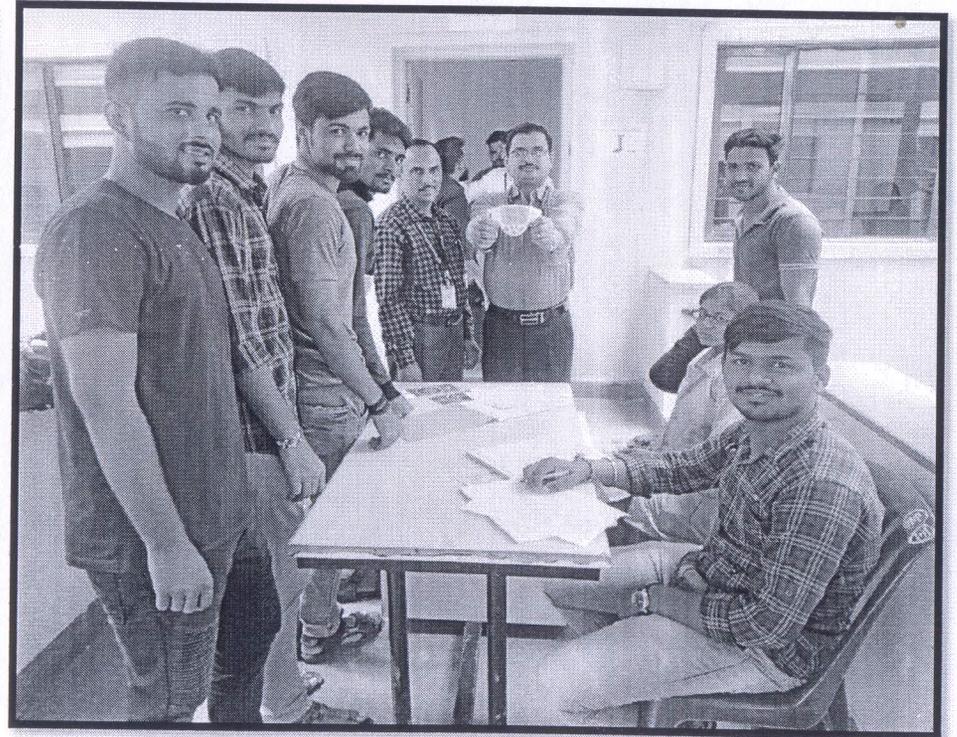
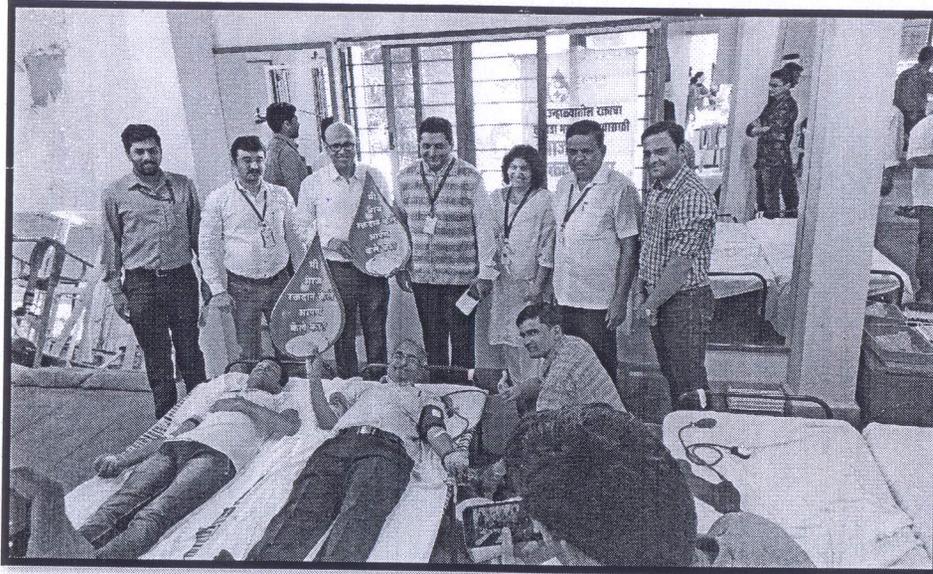


Director

26-8-19

MITAOE

# BLOOD DONATION AND MEDICAL CAMP 27 AUG 2019





+ Compose

Inbox 3,094

★ Starred

🕒 Snoozed

📌 Important

➤ Sent

📧 Drafts 409

Categories

Meet

🗣️ Start a meeting

📅 Join a meeting

Hangouts

Vandana +

No recent chats  
Start a new one



6 of about 58 < >

### Webinar on Yoga for everyone Inbox x

**Vandana Khandelwal** <vbkhandelwal@lib.maepune.ac.in>

to all, Devashis, Yogesh

Fri, Jun 19, 10:10 PM ☆ ↶ ⋮

Dear all,  
Greetings of the Day !!!

On the auspicious occasion of International Yoga Day, MIT Academy of Engineering, Alandi, Pune is organizing an online webinar. You are invited to attend and avail the benefits of Yoga in your daily life.

Topic : Yoga for every one

Date : 21 June 2020

Time : 10.00 to 11.30 am

Resource Person : Mr. Rajesh Andhare

He is the director of Samanway Yoga Kendra, Ujjain.

Prior to this, he has served as a sub-engineer in the Department of Public Health Engineering. He is a certified Yoga teacher with 10 years of rich experience. He has given yoga training to about 1000 people.

Webinar Registration link :

<https://attendee.gotowebinar.com/register/8700884518990423823>

Webinar meeting ID : 643-755-675

The webinar is free to all.

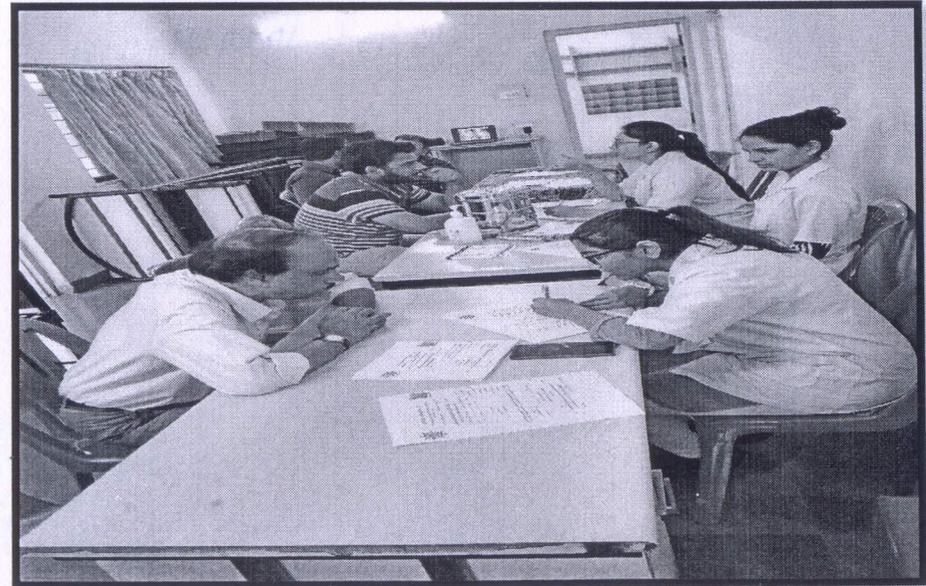
Event Coordinators

Ms. Vandana Khandelwal

Mr. Heba Verma, Dean, FSA



# BLOOD DONATION & MEDICAL CAMP 28 JAN 2020



# HERTFULNESS MEDITATION SESSION FOR PIS STAFF 02, 03 & 06 JAN 2020



# HERTFULNESS MEDITATION SESSION FOR FACULTY & STAFF 02, 03 & 06 JAN 2020



# MIT Academy of Engineering

## Central Library

### Report for International Yoga Day 21 June 2021

International Yoga day is celebrated on 21st June every year. It is celebrated to bring peace, harmony, happiness and success to every soul in the world. This was a great opportunity to imbibe the value of discipline. Yoga is a mental, physical and spiritual practice that needs to be carried out every day.

MITAOE Central Library organized Online International Yoga Day on 21st June 2021 under NDLI (National Digital Library India) Club. The theme of International Yoga Day 2021 "Yoga at Home and Yoga with Family".

To celebrate this event various activities were organized.

S. No.	Events	Resources Person	Date and Time	Webinar Link	Level of the event
01	Online Guest Lecture on Yoga : way to manage general health and wellness	Dr. Kundan G. Karki Yogacharya	21 June 2021 9.00 am to 10.00 am	Registration URL <a href="https://attendee.gotowebinar.com/register/5366272467871510800">https://attendee.gotowebinar.com/register/5366272467871510800</a> Webinar ID 451-583-027	National
02	Video making competing for students of MITAOE Themes: "Yoga at home and Yoga with Family"		The last date for submission of video is 18 June 2021	Interested students will have to make a 5 minute video according to the theme and upload it on Google Form Google Link : <a href="https://forms.gle/pN8SvC1WbZQAKqNH9">https://forms.gle/pN8SvC1WbZQAKqNH9</a>	Institutional
03	Video making competing for Faculty and Staff of MITAOE Themes: "Yoga at home and Yoga with Family"		The last date for submission of video is 18 June 2021	Interested faculty and staff will have to make a 5 minute video according to the theme and upload it on Google Form Google Link : <a href="https://forms.gle/pN8SvC1WbZQAKqNH9">https://forms.gle/pN8SvC1WbZQAKqNH9</a>	Institutional
4	Quiz on Yoga and meditation	Participation Certificate will be given to those who secure more than 60% marks.	The online link for the quiz will be released on 21st June 2021 and will be valid till 25th June 2021	E-certificate	National

The Yoga day celebration began with a welcome address by Mrs. Vandana Khandelwal followed by felicitation of the guest by Mr. U R Dhakane. Prof Mrs. Vaishali Katkar introduced the resource person Dr. Kundan G. Karki, Yogacharya. Prof Vaishali also felicitated Mrs. Vanita Chavan who was assisting Dr. Kundan Karki.

The session began at 9.00 a.m. through Go to webinar platform. Dr. Kundan Karki started the session by chanting few Sanskrit mantra followed by world peace prayer. He briefed the participants about Yoga and its benefits in day to day life. Prof Mrs. Vaishali Katkar and Mrs. Vinita Chavan demonstrated different yoga postures like Vrikshasana, Uttaanaasana, Trikonaasana, Shashankaasana, Bhujangasana, Pawana Muktaasana etc. Dr. Kundan Karki gave a systematic and scientific explanation of the same this enlightened the participants with a better understanding about yoga postures. The session went on for one hour and finally ended with Pranayama, meditation followed by world peace prayer.

There were close to 85 participants for the session. An online quiz on Yoga was also floated to spread awareness about yoga which was well received by the participants who were awarded certificate for the same. MITAOE Staff and students actively participated in video making completion and shared their yoga day video celebrated with family and friends.

The session ended with a vote of thanks by Mrs. Rajeshri Kaktikar. The Yoga day celebration was indeed interesting and a unique experience for the organizers and participants.

**MIT** | Academy of Engineering  
(An Autonomous Institute Affiliated to Savitribai Phule Pune University)

**International Yoga Day Ceremony**

Online guest lecture on  
**Yoga : way to manage general health and wellness**

21 June 2021 | 900 am to 10.00 am

**Dr. Kundan G. Karki**

Diploma in Naturopathy & Yoga Science  
 Diploma in BKs Iyengar Yoga format by Shushurt  
 Official Pune District Yoga Promoter



Register Now

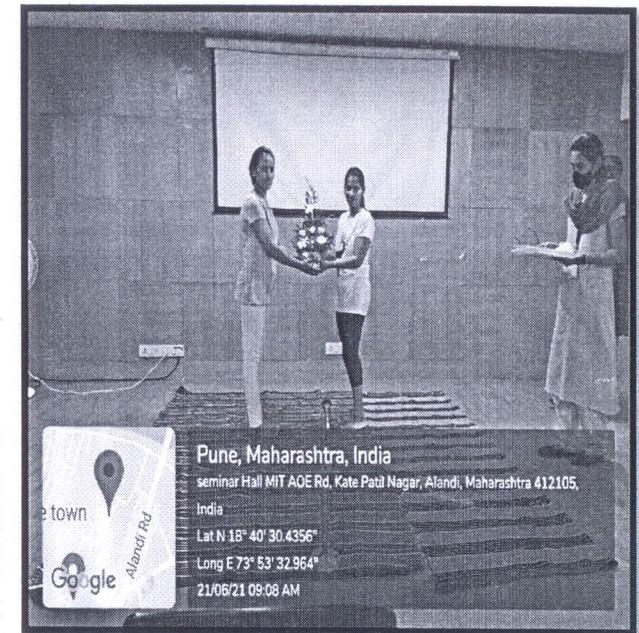


[www.mitaoe.ac.in](http://www.mitaoe.ac.in)

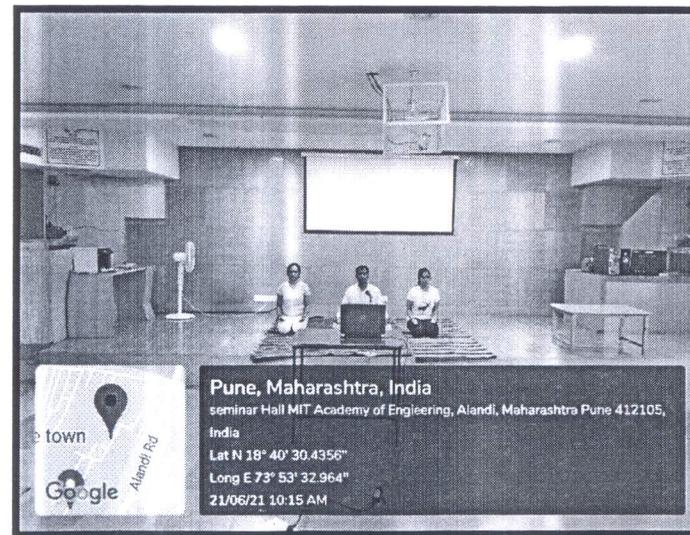
International Yoga Day Flyer



Felicitation of the Dr. Kundan Karki  
 by Uttam Dhakane



Felicitation of the Mrs. Vanita Chavan by  
 Prof Mrs Vaishali Katkar



Dr. Kundan Karki and Mrs. Vinita and Prof. Vaishali Demonstrating Aasna

To

17 May 2022

The Director  
MITAOE, Alandi  
Pune

Subject : Operational arrangement for conducting Yoga activities.

As you know we are organizing International Yoga activities in MITAOE from 1st June 2022 to 21st June 2022. To organize this, we have to make the following arrangement.

1. Stage 10 x 8 ft. for 21 days' yoga course in Design building
2. Satranji (Carpet)
3. PA System
4. Tube light & fan in design building for yoga course
5. Stage 10 x 8 for performing Suryanamaskar at MITAOE ground (our aim to set a MITAOE record of performing Surya Namaskar together on 21<sup>st</sup> June 2022).
6. Satranji (Carpet)
7. PA System 2 nos. (1. Ground & 2. Takshashila Lawn)
8. Video shooting of whole event by expert (as per UGC circular we have to upload video on the UGC portal).

It is a kind request you to please instruct the concerned persons to make all necessary arrangements to perform above activities.

Thanks & regards

  
Ms. Vandana Khandelwal  
Librarian

  
Approved

Please raise budget (M.Y.)  
SLIP.

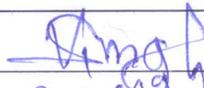
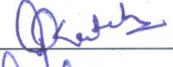
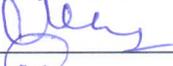
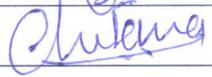
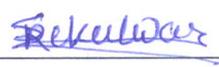
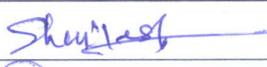
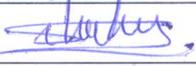
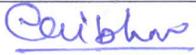
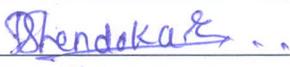
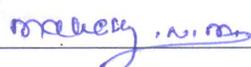
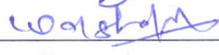
SLIP.

  
19/5/22

# MIT Academy of Engineering

21 Days Yoga Session  
Attendance on Day 01

01 JUN 2022

S. No.	Name of the Participant	Department	Signature
01	Vikas Singh	CRPC	
02	Aniket Bachhav	MKTG	
03	Pradeep Katoch	CTO	
04	Chavan B S	ESL	
05	Ashwini S. Chaudhary	Mech.	
06	Apoorva Gijare (Asst. Prof)	Design	
07	Chutena Thakre (Asst. Prof)	Design	
08	Sevita Mungose	Library	
09			
10	Lovely Kumari	ENTC	Lovely
11	Vaibhavi Vek	ENTC	
12	Samiksha Rekalwar	Chem	
13	Bhakti Kurandale	Chem	
14	Anand Rode	chem	
15	Shailesh Solunke	chem	
16	Ashutosh K. Gaikwad	Mech	
17	Nikita Suresh Nagthane	ENTC	
18	Sareshi Devidhand Chavhan	computer	
19	Pooja Kumar	ENTC	
20	Vaibhav Maske	ENTC	
21	Durvesh S Shendekar	ENTC	
22	Jaydeep Kakde	Mech	
23	Anil Bhardwaj	Mech	
24	Mahesh N Maras	Library	
25	Sunay Y. Waghade	Library	
26			
27			
28			

# MIT Academy of Engineering

21 Days Yoga Session  
Attendance on Day 06

06 JUN 2022

S. No.	Name of the Participant	Department	Signature
1.	Sejal Sushant Shinde	SY Comp	Sejal-S-Shinde
2.	Vaishnavi Sulekare	SY Comp	<del>Signature</del>
3.	Sakshi Ugale	SY Comp	Sakshi
4.	Sharada falone	SY Comp	<del>Signature</del>
5	Bhagyashri Kadam	SY comp	<del>Signature</del>
6.	Amol Kalle	mech	<del>Signature</del>
7.	Prem Kohar	SY-ENTC	Prem
8.	Jayesh Rajput	SY-ENTC	Jayesh
9.	Shubham Kale	SY-ENTC	Shubham
10.	Durvesh Shendekar	SY-ENTC	Durvesh
11.	Shubham Saptasagar	SY-ENTC	Shubham
12	Yash Gaikwad	SY-IT	Yash
13	Indrajeet Maske	SY-IT	Indrajeet
14	Prasad Chavan	SY-comp	Prasad
15	Ayush Nandanwar	SY-Comp	Ayush
16	Aditya Mule	SY-mech	Aditya
17	Krishna Gite	SY civil	Krishna
18	Rushikesh Garje	SY chem	Rushikesh
19	Lovely Kumari	SY-ENTC	Lovely
20	Vaibhavi Vele	SY-ENTC	Vaibhavi
21	Ishan Patil	SY-ENTC	Ishan
22	Dhruv Jaiswal	SY-ENTC	Dhruv
23	Vinay Ingale	TY-ENTC	Vinay
24	Prath Kumar	SY-ENTC	Prath
25	Zhameer S.B	Store	Zhameer
26	Asst. Prof. Chetana Thakre	Design	Chetana
27	Asst. Prof. Apoorva Gijare	Design	Apoorva
28	Aniket Bachhav	Mktg	Aniket



# MIT Academy of Engineering

21 Days Yoga Session  
Attendance on Day 14

14 JUN 2022

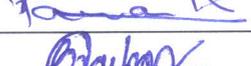
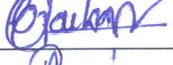
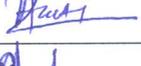
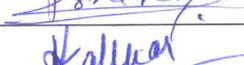
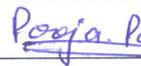
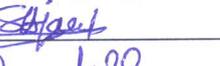
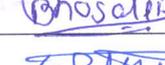
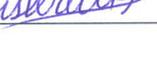
S. No.	Name of the Participant	Department	Signature
1	Nirraj Kadam	DSY ENTC	
2	Amal Kolke	Mech	
3	Vaibhav Maske	SY-ENTC	
4	Abhishek Hajare	SY-comp	
5	Yash Gaitwad	SY-IT	
6	Asst-Prof. Chetana Thakre	Design	
7	Bhagyashri Kadam	SY Comp	
8	Aditya Mule	SY Mech	
9	Prem Lohar	SY-ENTC	
10	Haridas Bhidore	TY-Mech	
11	Rohit Sonawane	DSY E&TC	
12	Prasad Charan	SY CS	
13	Chetan Patil	SY CS	
14	Indrajeet Maske	SY IT	
15	Ishan Patil	SY ENTC	
16	Shailesh Solanke	SY chem	
17	Meghraj Jogdand	SY ENTC	
18	Dumesh Shendekar	SY ENTC	
19	Jayesh Rajput	SY ENTC	
20	Anand Rode	SY chem	
21	Pranav Nahe	SY IT	
22	Rohan Survase	SY IT	
23	Dhruv Jaiswal	SY-ENTC	
24	Swapnil Konde	DSY-ETX	
25	Aditya Mukund	TY-ENTC	
26	Pawan Kolke	DSY-ETX	
27	Aditya Gaitwad	SY-IT	
28	Rushikesh Kokade	DSY-ETX	



# MIT Academy of Engineering

21 Days Yoga Session  
Attendance on Day 21

21 JUN 2022

S. No.	Name of the Participant	Department	Signature
1.	Dr. Mahesh Gaudar	Director	
2.	Dr. P. Hatte	Dean, SMCE	
3.	Vaishali Kulkar	Asst. prof	
4.	Dr. Maya chorde	Assoc. Prof & WS	
5.			
6.	Malge. A. m.	Mechanical	
7.	S. M. Haikade	Systems	
8.	Rushikesh Kakade	DSY-ETX	
9.	Supnil Kumbhar	DSY-ETX	
10.	Aditya Bodekar	DSY-ETX	
11.	Ravam Kolte	DSY-ETX	
12.	Gautam Gaurkar	DSY-ENTC	
13.	Aarti mandhone	DSY-ETX	
14.	Akshaya Chivhane	DSY-ETX	
15.	Swarali Tumale	DSY-ETX	
16.	Rohini Sontakke	DSY-ENTC	
17.	Rajeshwari Kalitkar	Library	
18.	Arjun Dhodade	DSY-Civil	
19.	Aditya Mukund	TY-ENTC	
20.	Abhishek Sandhan	TY ENT C	
21.	Vaishnavi Ganeshkar	DSY comp	
22.	Pooja Pradip Patil	DSY Civil	
23.	Neha Ingale	SY. chem	
24.	Madhuri Pujari	DSY-ETX	
25.	Shreya Ajari	DSY COMP	
26.	Bhagyashri Bhosale	DSY comp	
27.	Dakshita Kolgare	DSY ETX	
28.	Sanskriti Pamphattin	DSY COMP	



# Evidence of Insurance Policy

# Welcome to Bajaj Allianz Family

Caringly yours



Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road, Pune,Maharashtra,INDIA,411042

Insured Name

Babaji Ramdas Badhekar

Policy number

12-8428-0000125736-00

Name: Babaji Ramdas Badhekar

Address:

Line1: Mit Academy Of Engineering Alandi Dehu Pune

Line2:

City: PUNE State: 27 - MAHARASHTRA

Post Code: 412105

Customer ID: PI21429883

Dear Babaji Ramdas Badhekar,

It is our privilege to welcome you to the Bajaj Allianz General Insurance family.

We thank you for choosing Bajaj Allianz for your Insurance needs. We are one of India's leading general insurance companies with iAAA rating from ICRA for the last ten consecutive years indicating the company's high claims paying ability and fundamentally strong position in the industry. Please be assured that you have made right choice by choosing us and we will stand by you in your hour of need.

Please find enclosed the policy schedule. We wish to inform you that the policy issued is based on the information submitted in the proposal form as well as the acceptance of the terms and conditions, and this will be verified at the time of filing of claim. Request you to kindly go through the same once again and in case of any disagreement, discrepancy or clarifications – write to us at bagichelp@bajajallianz.co.in within 15 days of the letter date. For policy wordings containing detailed terms, conditions and exclusions of your insurance coverage, you will receive a hard copy on your correspondence address.

Once again, we welcome you to the Bajaj Allianz family and look forward to a long association with you.

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

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 17:07:00 IST

**Bajaj Allianz General Insurance Co.**

Bajaj Allianz House,Airport Road,Yerwada,Pune - 411 006. Reg. No.: 113 CIN: U66010PN2000PLC015329

Give a Missed Call on **808094506** SMS 'WORRY' to **575758**

Contact our 24-Hour Call Center at **1800-209-5858**

[www.bajajallianz.com](http://www.bajajallianz.com)

[bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in)

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<http://twitter.com/BajajAllianz>

[www.bit.do/bjazgi](http://www.bit.do/bjazgi)

Demystify Insurance <http://support.bajajallianz.com>

**Transcript of Proposal for ([11-8428-0000823436-00] GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)) [(UIN):IRDAI/HLT/BAGI/P-P/V.I/30/14-15]**

Caringly yours

BAJAJ | Allianz

Dear Babaji Ramdas Badhekar,

We wish to inform you that your contract will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB /CSC Centers 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 within a period of 15 days from the date of your receipt of this document. 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 the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, you 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.

### Proposer Details

Proposer Name	Babaji Ramdas Badhekar		
Are you an Existing Bajaj Allianz Customer: Yes/No	If Yes, please mention the policy No		
Gender	Male	Date of Birth	22/09/1979
PAN No		UID/Unique ID	NA
Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee			
Marital Status		No of children	NA
Occupation	Other Class 2		

### Address

Permanent/ Residential Address		Correspondence Address (All the communications will be sent to the below address)	
Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune	Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune
Address Line 2		Address Line 2	
Address Line 3		Address Line 3	
City/District	PUNE	City/District	Pune
State	27 - MAHARASHTRA	State	Maharashtra
Pin Code	412105	Pin Code	412105
Telephone	8805000334	Telephone	8805000334
Mobile	8805000334	Mobile	8805000334
Email	badhekar.mae@rediffmail.com	Email	badhekar.mae@rediffmail.com
Educational Qualification	NA		
Family Monthly Income	20000		
In case of any offer, you would prefer to be contacted by	8805000334,badhekar.mae@rediffmail.com		
Nationality	Indian		
Policy Period	1 Year		

### Details of the Persons to be Insured

Sr No	Name	Relationship with Proposer	DOB (dd/mm/yy)	Age	Gender (M/F)	Gross Monthly Income	Nominee	Relationship of Nominee with Insured
1	Babaji Ramdas Badhekar	Self	22/09/1979	42	Male	20000	1. Trupti	1. Spouse

### Base Cover Details

Member Name	Occupation	Any Existing Disability/ Infirmary	Death	Permanent Total Disability	Permanent Partial
			Sum Insured	Sum Insured	Sum Insured
Babaji Ramdas Badhekar	Other Class 2	No	500000	500000	500000

### Optional Cover Details

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Babaji Ramdas Badhekar	300000	NA	NA	NA	NA	NA	NA

Member Name	Fracture Care	Hospital Cash Benefit	Loan Protector Cover****	Loss of Income due to Disability from Accident	Road Ambulance Cover	Travel Expenses Benefit
	Sum Insured	Per Day Benefit	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Babaji Ramdas Badhekar	NA	1000(60 days)	NA	100000	NA	NA

### Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
BABAJI RAMDAS BADHEKAR	No

### Loan Account Details (Please fill in details in case of Loan Protector cover and EMI Payment)

Bank Name	NA		
Address	NA		
Type of Loan	NA	Loan Account Number	NA
Sanctioned Loan Amount	0	Loan Period	NA
EMI (Rs)	0		

#### Note:

\*\*"Adventure Sports Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*"Children's Education Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*\*"EMI Payment Cover" can be opted only if the proposer has opted for Section 3- Permanent Partial Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Loan Protector Cover" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Travel Expenses Benefit" can be opted only if the Proposer has opted for Accidental Hospitalization under optional Covers.

## Disclaimer

### A. EXCLUSIONS AND TERMS AND CONDITIONS:

The detailed list of exclusions, standard terms and conditions, including the exclusion of pre-existing ailments/diseases, 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.

B. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to him and you have fully understood the significance of the proposed contract basis which you have confirmed for policy issuance.

C. 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 within a period of 15 days from date of your receipt of this transcript along with Policy.

## 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 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 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 of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted 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 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.

## 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 transcript is authorized by you through OTP from your registered mobile no 8805000334 on

Contact our Policy servicing branch at: PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune,Maharashtra,INDIA,411042

\*\* This is print of electronic records maintained by us in accordance with law and hence does not require signature.

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

Policy issuing office and Correspondence address	PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor, Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune, Maharashtra,INDIA,411042
--	---

## Proposer Details

Proposer Name	Babaji Ramdas Badhekar		
Proposer Address	MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105		
Phone No	8805000334	Email ID	badhekar.mae@rediffmail.com
Customer ID	PI21429883	Previous Policy No	NA

## Policy Details

Policy Number	12-8428-0000125736-00	Endorsement No	
Policy Issued on	22/03/2022	Policy Status	ACTIVE
Period of Insurance	From 22/03/2022 00:00 Hrs To 21/03/2023 Midnight	Expiry Date	21/03/2023

GSTIN / UIN	Unregistered	Place of Supply/State Code/Name	27 - MAHARASHTRA
Company GST No:	27AABC5730G1ZX		
Company PAN	AABC5730G	Invoice No:	SYS-21-000002655716

## Insured Member Details

Member Name	Customer ID	Gender	Date of Birth	Age	Relation	Occupation	Nominee Name & Relation	First Policy Inception Date
Babaji Ramdas Badhekar	PI21429883	Male	22/09/1979	42	Self	Other Class 2	Trupti-Spouse	22/03/2022
Insured Address	MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105							

## Cover Details

Member Name	Premium	Death		Permanent Total Disability		Permanent Partial Disability	
		Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )
Babaji Ramdas Badhekar	1586	500000	0 (0%)	500000	0 (0%)	500000	0 (0%)

## Optional Cover

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Babaji Ramdas Badhekar	300000	NA	NA	0	0	0	0

Member Name	Fracture Care	Hospital Cash Benefit		Loan Protector Cover	Loss of Income due to Disability from Accident		Road Ambulance Cover	Travel Expenses Benefit
		Per Day Benefit	Number of Days		Weekly Benefit Amt.	Sum Insured		
	Sum Insured			Sum Insured			Sum Insured	Sum Insured
Babaji Ramdas Badhekar	0	1000	60	0	1000	100000	0	0

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

## Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
BABAJI RAMDAS BADHEKAR	No

## Premium Details

Description	Amount(INR)	Description	Amount(INR)
Base Premium	525	Family Discount	0
Premium on Add-on Cover	819	Long Term Policy Discount	0
Premium on Health Prime Rider	0	Employee Discount	0
Discount on Health Prime Rider	0	Online Discount/Direct Customer	0
Gross Premium: One Thousand Five Hundred Eighty-Six Rupees	Net Premium		1344
	State GST(9%)		121
	Central GST(9%)		121
	IGST		0
	UTGST		0
	CESS		
	Gross Premium		1586

"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E"

"In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken."

## Exclusions

Member Name	Exclusion
Babaji Ramdas Badhekar	NA

Special Exclusion at Policy Level	NA
Loan Details	NA
Assignment Details	NA
Type of Assignment	NA
Assignment Wordings	NA
Additional Remarks	NA
80 D Certificate	This is to certify that Babaji Ramdas Badhekar has paid Rs.842 towards Health Insurance premium for Period and Policy Number as mentioned on the Policy Schedule and is eligible for Deduction under Section 80-D of Income Tax (Amendment) Act, 1986 Notes: 1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time. 2. This certificate must be surrendered to the company in case of cancellation of this policy. 3. In event of incorrect representation of this declaration the liability shall be upon the policy holder. 4. This certificate will not be valid if premium payment has been made in cash.
Premium Details	Receipt Number: SYS-21-000002655713 Date: 22/03/2022 Premium Payer ID: PI21429883 Float: NA; Payment Frequency: Single Premium ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

BAJAJ | Allianz

Financial Institution Ref. No. | NA

AGENCY CODE	10039446	CONTACT NO	09326689009
AGENCY NAME	Sagarprakashmaid Prakash	EMAIL ID	SALES@DKPOLICYHUB.COM

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

Consolidated Stamp Duty of Rs. 1/- paid towards Insurance Premium Stamps  
Vide Challan No. MH001915407201819M defaced number 0001369763201819/order  
no.CSD/45/2018/2156/18 dated 08-JUN-18 timing 17:49:13 of General Stamp of India.

Stamp Duty  
Rs.1/-

This document is digitally signed,hence counter signature / stamp is not required  
Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666 |  
Services Accounting Code : 997133 Accident and health insurance services.  
No reverse charge is payable on these services.

Authorized Signatory

SUB 10039446 / NA

Signature Not Verified  
Digitally signed by DS BAJAJ ALLIANZ  
GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 17:06:59 IST

Caringly Yours App  
Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

Give a Missed Call on 8080945060, SMS "WORRY" to 575758

Contact our 24-Hour Call Center at 1800-209-5858

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bagichelp@bajajallianz.co.in

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<http://twitter.com/BajajAllianz>

[www.bit.do/bjazgi](http://www.bit.do/bjazgi)

Demystify Insurance <http://support.bajajallianz.com>

# RECEIPT

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman -  
3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth  
Road,Pune,Maharashtra,INDIA,411042

Proposer Name

Babaji Ramdas Badhekar

Policy Number

12-8428-0000125736-00

Receipt Number

SYS-21-000002655713

Receipt Date

22/03/2022

Business Channel

BACKOFFICE

Received with thanks from: Babaji Ramdas Badhekar

Customer ID: PI21429883 a total sum of Rupees One Thousand Five Hundred Eighty-Six Rupees Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
CD-Customer	NA	NA	NA	NA	1,586.00

Total Amount: 1586

Note: Issuance of this receipt does not amount of 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

For & on the behalf

**Bajaj Allianz General Insurance Company Ltd.**

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 17:07:02 IST

Authorized Signatory

Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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[www.bit.do/bjazgi](http://www.bit.do/bjazgi)

Demystify Insurance <http://support.bajajallianz.com>

## Certificate for the purpose of deduction under Section 80-D of Income Tax Amendment Act, 1986

This is to certify that **Babaji Ramdas Badhekar** has paid Rs. **842** towards Health Insurance premium for **GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)** for the period from **22/03/2022** to midnight of **21/03/2023** under Policy no **12-8428-0000125736-00**

FINANCIAL YEAR	AMOUNT(RS)
2021-2022	421.00
2022-2023	421.00

Issue Date: **22/03/2022**

Place: **PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman**

For & on the behalf of

**Bajaj Allianz General Insurance Company Ltd.**

Authorized Signatory

**This certificate must be surrendered to the company for issuance of fresh certificate in case of cancellation of the Policy or any alteration in the insurance affecting premium.**

Notes:

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.
2. This certificate must be surrendered to the company in case of cancellation of this policy.
3. In event of incorrect representation of this declaration the liability shall be upon the policy holder.
4. This certificate will not be valid if premium payment has been made in cash.

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 17:06:57 IST

Caringly Yours App  
Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



**Bajaj Allianz General Insurance Co.Ltd.** Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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<http://www.facebook.com/BajajAllianz>

<http://twitter.com/BajajAllianz>

[www.bit.do/bjazgi](http://www.bit.do/bjazgi)

Demystify Insurance <http://support.bajajallianz.com>

# TAX INVOICE

(Customer Copy)

Caringly yours

BAJAJ Allianz

Invoice Number	SYS-21-000002655716	Customer ID	PI21429883
Invoice Date	22/03/2022	Policy No.	12-8428-0000125736-00
Recipient/ Details of Insured		Supplier/ Details of Insurer	
GSTIN	Unregistered	GSTIN	27AABC5730G1ZX
PAN	NA	PAN	AABC5730G
Name (Proposer)	Babaji Ramdas Badhekar	Name	Bajaj Allianz General Insurance Company Ltd.
Address-1	Mit Academy Of Engineering Alandi Dehu Pune	Address-1	Bajaj Allianz General Insurance Co Ltd
Address-2		Address-2	Vardhaman - 3rd Floor
Address-3		Address-3	Vardhaman Building,7 Loves Chowk,Shankar Sheth
Pin Code	412105	Pin Code	411042
City	PUNE	City	PUNE
State	MAHARASHTRA	State	MAHARASHTRA
Client Category	NON HNI	Place of Supply	27 - MAHARASHTRA

## Premium

Description	Amount(INR)	Description	Amount(INR)
Net Premium	1344	State GST(9%)	121
Receipt Number: SYS-21-000002655713 Date: 22/03/2022 Premium Payer ID: PI21429883 Float: NA; ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque		Central GST(9%)	121
		IGST(18%)	0
		Gross Premium	1586

**Total Invoice Value (In figures) :** 1586

**Total Invoice Value (In Words) :** One Thousand Five Hundred Eighty-Six Rupees

**Amount of Tax Subject to Reverse Charge:** No reverse charge is payable on these services.

**Services Accounting Code:** 997133 Accident and health insurance services.

**Principal Location:** Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666

**For & on the behalf**

**Bajaj Allianz General Insurance Company Ltd.**

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 17:07:01 IST

Authorized Signatory

**Important Notes:**

\* The invoice is issued as per Section 31 of the CGST Act

\* In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

\* As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E

This is a digitally signed document and hence no physical signature is required

**Bajaj Allianz General Insurance Co.**

Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Demystify Insurance <http://support.bajajallianz.com>

# Welcome to Bajaj Allianz Family

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road, Pune,Maharashtra,INDIA,411042

Insured Name

Nandu Kaluram Kamble

Policy number

12-8428-0000125691-00

Name: Nandu Kaluram Kamble

Address:

Line1: Mit Academy Of Engineering Alandi Dehu Pune

Line2:

City: PUNE State: 27 - MAHARASHTRA

Post Code: 412105

Customer ID: PI21429744

Dear Nandu Kaluram Kamble,

It is our privilege to welcome you to the Bajaj Allianz General Insurance family.

We thank you for choosing Bajaj Allianz for your Insurance needs. We are one of India's leading general insurance companies with iAAA rating from ICRA for the last ten consecutive years indicating the company's high claims paying ability and fundamentally strong position in the industry. Please be assured that you have made right choice by choosing us and we will stand by you in your hour of need.

Please find enclosed the policy schedule. We wish to inform you that the policy issued is based on the information submitted in the proposal form as well as the acceptance of the terms and conditions, and this will be verified at the time of filing of claim. Request you to kindly go through the same once again and in case of any disagreement, discrepancy or clarifications – write to us at bagichelp@bajajallianz.co.in within 15 days of the letter date. For policy wordings containing detailed terms, conditions and exclusions of your insurance coverage, you will receive a hard copy on your correspondence address.

Once again, we welcome you to the Bajaj Allianz family and look forward to a long association with you.

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

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:03:45 IST

**Bajaj Allianz General Insurance Co.**

Bajaj Allianz House,Airport Road,Yerwada,Pune - 411 006. Reg. No.: 113 CIN: U66010PN2000PLC015329

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[bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in)

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Transcript of Proposal for ([11-8428-0000822852-00] GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)) [(UIN):IRDAI/HLT/BAGI/P-P/V.I/30/14-15]

Caringly yours

BAJAJ Allianz

Dear Nandu Kaluram Kamble,

We wish to inform you that your contract will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB /CSC Centers 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 within a period of 15 days from the date of your receipt of this document. 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 the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, you 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.

### Proposer Details

Proposer Name	Nandu Kaluram Kamble		
Are you an Existing Bajaj Allianz Customer: Yes/No	If Yes, please mention the policy No		
Gender	Male	Date of Birth	09/09/1974
PAN No		UID/Unique ID	NA
Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee			
Marital Status	Married	No of children	NA
Occupation	Other Class 2		

### Address

Permanent/ Residential Address		Correspondence Address (All the communications will be sent to the below address)	
Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune	Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune
Address Line 2		Address Line 2	
Address Line 3		Address Line 3	
City/District	PUNE	City/District	Pune
State	27 - MAHARASHTRA	State	Maharashtra
Pin Code	412105	Pin Code	412105
Telephone	9326689009	Telephone	9326689009
Mobile	9326689009	Mobile	9326689009
Email	sujitlolage@gmail.com	Email	sujitlolage@gmail.com
Educational Qualification	NA		
Family Monthly Income	15000		
In case of any offer, you would prefer to be contacted by	9326689009,sujitlolage@gmail.com		
Nationality	Indian		
Policy Period	1 Year		

### Details of the Persons to be Insured

Sr No	Name	Relationship with Proposer	DOB (dd/mm/yy)	Age	Gender (M/F)	Gross Monthly Income	Nominee	Relationship of Nominee with Insured
1	Nandu Kaluram Kamble	Self	09/09/1974	47	Male	15000	1. Vaishali	1. Spouse

### Base Cover Details

Member Name	Occupation	Any Existing Disability/ Infirmary	Death	Permanent Total Disability	Permanent Partial
			Sum Insured	Sum Insured	Sum Insured
Nandu Kaluram Kamble	Other Class 2	No	500000	500000	500000

### Optional Cover Details

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Nandu Kaluram Kamble	300000	NA	NA	NA	NA	NA	NA

Member Name	Fracture Care	Hospital Cash Benefit	Loan Protector Cover****	Loss of Income due to Disability from Accident	Road Ambulance Cover	Travel Expenses Benefit
	Sum Insured	Per Day Benefit	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Nandu Kaluram Kamble	NA	1000(60 days)	NA	100000	NA	NA

### Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
NANDU KALURAM KAMBLE	No

### Loan Account Details (Please fill in details in case of Loan Protector cover and EMI Payment)

Bank Name	NA		
Address	NA		
Type of Loan	NA	Loan Account Number	NA
Sanctioned Loan Amount	0	Loan Period	NA
EMI (Rs)	0		

Note:

\*\*"Adventure Sports Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*"Children's Education Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*\*"EMI Payment Cover" can be opted only if the proposer has opted for Section III- Permanent Partial Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Loan Protector Cover" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Travel Expenses Benefit" can be opted only if the Proposer has opted for Accidental Hospitalization under optional Covers.

## Disclaimer

### A. EXCLUSIONS AND TERMS AND CONDITIONS:

The detailed list of exclusions, standard terms and conditions, including the exclusion of pre-existing ailments/diseases, 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.

B. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to him and you have fully understood the significance of the proposed contract basis which you have confirmed for policy issuance.

C. 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 within a period of 15 days from date of your receipt of this transcript along with Policy.

## 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 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 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 of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted 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 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.

## 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 transcript is authorized by you through OTP from your registered mobile no 9326689009 on

Contact our Policy servicing branch at: PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune,Maharashtra,INDIA,411042

\*\* This is print of electronic records maintained by us in accordance with law and hence does not require signature.

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

Policy issuing office and Correspondence address	PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor, Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune, Maharashtra,INDIA,411042
--	---

## Proposer Details

Proposer Name	Nandu Kaluram Kamble		
Proposer Address	MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105		
Phone No	9326689009	Email ID	sujitlolage@gmail.com
Customer ID	PI21429744	Previous Policy No	NA

## Policy Details

Policy Number	12-8428-0000125691-00	Endorsement No	
Policy Issued on	22/03/2022	Policy Status	ACTIVE
Period of Insurance	From 22/03/2022 00:00 Hrs To 21/03/2023 Midnight	Expiry Date	21/03/2023

GSTIN / UIN	Unregistered	Place of Supply/State Code/Name	27 - MAHARASHTRA
Company GST No:	27AABCB5730G1ZX	Invoice No:	SYS-21-000002654367
Company PAN	AABCB5730G		

## Insured Member Details

Member Name	Customer ID	Gender	Date of Birth	Age	Relation	Occupation	Nominee Name & Relation	First Policy Inception Date
Nandu Kaluram Kamble	PI21429744	Male	09/09/1974	47	Self	Other Class 2	Vaishali-Spouse	22/03/2022
Insured Address	MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105							

## Cover Details

Member Name	Premium	Death		Permanent Total Disability		Permanent Partial Disability	
		Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )
Nandu Kaluram Kamble	1586	500000	0 (0%)	500000	0 (0%)	500000	0 (0%)

## Optional Cover

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Nandu Kaluram Kamble	300000	NA	NA	0	0	0	0

Member Name	Fracture Care	Hospital Cash Benefit		Loan Protector Cover	Loss of Income due to Disability from Accident		Road Ambulance Cover	Travel Expenses Benefit
		Per Day Benefit	Number of Days		Weekly Benefit Amt.	Sum Insured		
	Sum Insured	Per Day Benefit	Number of Days	Sum Insured	Weekly Benefit Amt.	Sum Insured	Sum Insured	Sum Insured
Nandu Kaluram Kamble	0	1000	60	0	1000	100000	0	0

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

## Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
NANDU KALURAM KAMBLE	No

## Premium Details

Description	Amount(INR)	Description	Amount(INR)
Base Premium	525	Family Discount	0
Premium on Add-on Cover	819	Long Term Policy Discount	0
Premium on Health Prime Rider	0	Employee Discount	0
Discount on Health Prime Rider	0	Online Discount/Direct Customer	0
Gross Premium: One Thousand Five Hundred Eighty-Six Rupees	Net Premium		1344
	State GST(9%)		121
	Central GST(9%)		121
	IGST		0
	UTGST		0
	CESS		
	Gross Premium		1586

"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E"

"In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken."

## Exclusions

Member Name	Exclusion
Nandu Kaluram Kamble	NA

Special Exclusion at Policy Level	NA
Loan Details	NA
Assignment Details	NA
Type of Assignment	NA
Assignment Wordings	NA
Additional Remarks	NA
80 D Certificate	This is to certify that Nandu Kaluram Kamble has paid Rs.842 towards Health Insurance premium for Period and Policy Number as mentioned on the Policy Schedule and is eligible for Deduction under Section 80-D of Income Tax (Amendment) Act, 1986 Notes: 1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time. 2. This certificate must be surrendered to the company in case of cancellation of this policy. 3. In event of incorrect representation of this declaration the liability shall be upon the policy holder. 4. This certificate will not be valid if premium payment has been made in cash.
Premium Details	Receipt Number: SYS-21-000002654351, SYS-21-000002654362 Date: 22/03/2022, 22/03/2022 Premium Payer ID: PI21429744 Float: NA; Payment Frequency: Single Premium ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

BAJAJ | Allianz

Financial Institution Ref. No. | NA

AGENCY CODE	10039446	CONTACT NO	09326689009
AGENCY NAME	Sagarprakashmaid Prakash	EMAIL ID	SALES@DKPOLICYHUB.COM

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

Consolidated Stamp Duty of Rs. 1/- paid towards Insurance Premium Stamps  
Vide Challan No. MH001915407201819M defaced number 0001369763201819/order  
no.CSD/45/2018/2156/18 dated 08-JUN-18 timing 17:49:13 of General Stamp of India.

Stamp Duty  
Rs.1/-

This document is digitally signed,hence counter signature / stamp is not required  
Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666 |  
Services Accounting Code : 997133 Accident and health insurance services.  
No reverse charge is payable on these services.

Authorized Signatory

SUB 10039446 / NA

Signature Not Verified  
Digitally signed by DS BAJAJ ALLIANZ  
GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:03:41 IST

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Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Demystify Insurance <http://support.bajajallianz.com>

# RECEIPT

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune,Maharashtra,INDIA,411042

Proposer Name

Nandu Kaluram Kamble

Policy Number

12-8428-0000125691-00

Receipt Number

SYS-21-000002654351, SYS-21-

Receipt Date

22/03/2022, 22/03/2022

Business Channel

BACKOFFICE

Received with thanks from: Nandu Kaluram Kamble

Customer ID: PI21429744 a total sum of Rupees One Thousand Five Hundred Eighty-Six Rupees Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
CD-Customer	NA	NA	NA	NA	1,586.00
CD-Customer	NA	NA	NA	NA	1,586.00

Total Amount: 1586

Note: Issuance of this receipt does not amount of 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

For & on the behalf

**Bajaj Allianz General Insurance Company Ltd.**

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:03:48 IST

Authorized Signatory

Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Demystify Insurance <http://support.bajajallianz.com>

## Certificate for the purpose of deduction under Section 80-D of Income Tax Amendment Act, 1986

This is to certify that **Nandu Kaluram Kamble** has paid Rs. **842** towards Health Insurance premium for **GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)** for the period from **22/03/2022** to midnight of **21/03/2023** under Policy no **12-8428-0000125691-00**

FINANCIAL YEAR	AMOUNT(RS)
2021-2022	421.00
2022-2023	421.00

Issue Date: **22/03/2022**

Place: **PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman**

For & on the behalf of

**Bajaj Allianz General Insurance Company Ltd.**

Authorized Signatory

**This certificate must be surrendered to the company for issuance of fresh certificate in case of cancellation of the Policy or any alteration in the insurance affecting premium.**

Notes:

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.
2. This certificate must be surrendered to the company in case of cancellation of this policy.
3. In event of incorrect representation of this declaration the liability shall be upon the policy holder.
4. This certificate will not be valid if premium payment has been made in cash.

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:03:41 IST

Caringly Yours App  
Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



**Bajaj Allianz General Insurance Co.Ltd.** Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Demystify Insurance <http://support.bajajallianz.com>

# TAX INVOICE

(Customer Copy)

Caringly yours

BAJAJ | Allianz

Invoice Number	SYS-21-000002654367	Customer ID	PI21429744
Invoice Date	22/03/2022	Policy No.	12-8428-0000125691-00
Recipient/ Details of Insured		Supplier/ Details of Insurer	
GSTIN	Unregistered	GSTIN	27AABC5730G1ZX
PAN	NA	PAN	AABC5730G
Name (Proposer)	Nandu Kaluram Kamble	Name	Bajaj Allianz General Insurance Company Ltd.
Address-1	Mit Academy Of Engineering Alandi Dehu Pune	Address-1	Bajaj Allianz General Insurance Co Ltd
Address-2		Address-2	Vardhaman - 3rd Floor
Address-3		Address-3	Vardhaman Building,7 Loves Chowk,Shankar Sheth
Pin Code	412105	Pin Code	411042
City	PUNE	City	PUNE
State	MAHARASHTRA	State	MAHARASHTRA
Client Category	NON HNI	Place of Supply	27 - MAHARASHTRA

## Premium

Description	Amount(INR)	Description	Amount(INR)
Net Premium	1344	State GST(9%)	121
Receipt Number: SYS-21-000002654351, SYS-21-000002654362 Date: 22/03/2022, 22/03/2022 Premium Payer ID: PI21429744 Float: NA; ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque		Central GST(9%)	121
		IGST(18%)	0
		Gross Premium	1586

**Total Invoice Value (In figures) :** 1586

**Total Invoice Value (In Words) :** One Thousand Five Hundred Eighty-Six Rupees

**Amount of Tax Subject to Reverse Charge:** No reverse charge is payable on these services.

**Services Accounting Code:** 997133 Accident and health insurance services.

**Principal Location:** Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666

**For & on the behalf**

**Bajaj Allianz General Insurance Company Ltd.**

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:03:47 IST

Authorized Signatory

### Important Notes:

\* The invoice is issued as per Section 31 of the CGST Act

\* In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

\* As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E

This is a digitally signed document and hence no physical signature is required

**Bajaj Allianz General Insurance Co.**

Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Demystify Insurance <http://support.bajajallianz.com>

# Welcome to Bajaj Allianz Family

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road, Pune,Maharashtra,INDIA,411042

Insured Name

Satyavan Tukaram Layagude

Policy number

12-8428-0000125738-00

Name: Satyavan Tukaram Layagude

Address:

Line1: Mit Academy Of Engineering Alandi Dehu Pune

Line2:

City: PUNE State: 27 - MAHARASHTRA

Post Code: 412105

Customer ID: PI21429939

Dear Satyavan Tukaram Layagude,

It is our privilege to welcome you to the Bajaj Allianz General Insurance family.

We thank you for choosing Bajaj Allianz for your Insurance needs. We are one of India's leading general insurance companies with iAAA rating from ICRA for the last ten consecutive years indicating the company's high claims paying ability and fundamentally strong position in the industry. Please be assured that you have made right choice by choosing us and we will stand by you in your hour of need.

Please find enclosed the policy schedule. We wish to inform you that the policy issued is based on the information submitted in the proposal form as well as the acceptance of the terms and conditions, and this will be verified at the time of filing of claim. Request you to kindly go through the same once again and in case of any disagreement, discrepancy or clarifications – write to us at bagichelp@bajajallianz.co.in within 15 days of the letter date. For policy wordings containing detailed terms, conditions and exclusions of your insurance coverage, you will receive a hard copy on your correspondence address.

Once again, we welcome you to the Bajaj Allianz family and look forward to a long association with you.

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

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 17:09:03 IST

**Bajaj Allianz General Insurance Co.**

Bajaj Allianz House,Airport Road,Yerwada,Pune - 411 006. Reg. No.: 113 CIN: U66010PN2000PLC015329

Give a Missed Call on **808094506** SMS '**WORRY**' to **575758**

Contact our 24-Hour Call Center at **1800-209-5858**

[www.bajajallianz.com](http://www.bajajallianz.com)

[bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in)

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**Transcript of Proposal for ([11-8428-0000823455-00] GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)) [(UIN):IRDAI/HLT/BAGI/P-PV.I/30/14-15]**

Caringly yours

BAJAJ | Allianz

Dear Satyavan Tukaram Layagude,

We wish to inform you that your contract will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB /CSC Centers 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 within a period of 15 days from the date of your receipt of this document. 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 the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, you 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.

### Proposer Details

Proposer Name	Satyavan Tukaram Layagude		
Are you an Existing Bajaj Allianz Customer: Yes/No	If Yes, please mention the policy No		
Gender	Male	Date of Birth	01/06/1969
PAN No		UID/Unique ID	NA
Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee			
Marital Status		No of children	NA
Occupation	Other Class 2		

### Address

Permanent/ Residential Address		Correspondence Address (All the communications will be sent to the below address)	
Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune	Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune
Address Line 2		Address Line 2	
Address Line 3		Address Line 3	
City/District	PUNE	City/District	Pune
State	27 - MAHARASHTRA	State	Maharashtra
Pin Code	412105	Pin Code	412105
Telephone	9850967130	Telephone	9850967130
Mobile	9850967130	Mobile	9850967130
Email	sujitlolage@gmail.com	Email	sujitlolage@gmail.com
Educational Qualification	NA		
Family Monthly Income	20000		
In case of any offer, you would prefer to be contacted by	9850967130,sujitlolage@gmail.com		
Nationality	Indian		
Policy Period	1 Year		

### Details of the Persons to be Insured

Sr No	Name	Relationship with Proposer	DOB (dd/mm/yy)	Age	Gender (M/F)	Gross Monthly Income	Nominee	Relationship of Nominee with Insured
1	Satyavan Tukaram Layagude	Self	01/06/1969	52	Male	20000	1. Menna	1. Spouse

### Base Cover Details

Member Name	Occupation	Any Existing Disability/ Infirmary	Death	Permanent Total Disability	Permanent Partial
			Sum Insured	Sum Insured	Sum Insured
Satyavan Tukaram Layagude	Other Class 2	No	500000	500000	500000

### Optional Cover Details

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Satyavan Tukaram Layagude	300000	NA	NA	NA	NA	NA	NA

Member Name	Fracture Care	Hospital Cash Benefit	Loan Protector Cover****	Loss of Income due to Disability from Accident	Road Ambulance Cover	Travel Expenses Benefit
	Sum Insured	Per Day Benefit	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Satyavan Tukaram Layagude	NA	1000(60 days)	NA	100000	NA	NA

### Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
SATYAVAN TUKARAM LAYAGUDE	No

### Loan Account Details (Please fill in details in case of Loan Protector cover and EMI Payment)

Bank Name	NA		
Address	NA		
Type of Loan	NA	Loan Account Number	NA
Sanctioned Loan Amount	0	Loan Period	NA
EMI (Rs)	0		

**Note:**

\*\*"Adventure Sports Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*"Children's Education Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*\*"EMI Payment Cover" can be opted only if the proposer has opted for Section III- Permanent Partial Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Loan Protector Cover" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Travel Expenses Benefit" can be opted only if the Proposer has opted for Accidental Hospitalization under optional Covers.

## Disclaimer

### A. EXCLUSIONS AND TERMS AND CONDITIONS:

The detailed list of exclusions, standard terms and conditions, including the exclusion of pre-existing ailments/diseases, 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.

B. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to him and you have fully understood the significance of the proposed contract basis which you have confirmed for policy issuance.

C. 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 within a period of 15 days from date of your receipt of this transcript along with Policy.

## 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 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 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 of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted 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 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.

## 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 transcript is authorized by you through OTP from your registered mobile no 9850967130 on

Contact our Policy servicing branch at: PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune,Maharashtra,INDIA,411042

\*\* This is print of electronic records maintained by us in accordance with law and hence does not require signature.

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

Policy issuing office and Correspondence address	PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor, Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune, Maharashtra,INDIA,411042
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## Proposer Details

Proposer Name	Satyavan Tukaram Layagude		
Proposer Address	MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105		
Phone No	9850967130	Email ID	sujitlolage@gmail.com
Customer ID	PI21429939	Previous Policy No	NA

## Policy Details

Policy Number	12-8428-0000125738-00	Endorsement No	
Policy Issued on	22/03/2022	Policy Status	ACTIVE
Period of Insurance	From 22/03/2022 00:00 Hrs To 21/03/2023 Midnight	Expiry Date	21/03/2023

GSTIN / UIN	Unregistered	Place of Supply/State Code/Name	27 - MAHARASHTRA
Company GST No:	27AABC5730G1ZX		
Company PAN	AABC5730G	Invoice No:	SYS-21-000002655759

## Insured Member Details

Member Name	Customer ID	Gender	Date of Birth	Age	Relation	Occupation	Nominee Name & Relation	First Policy Inception Date
Satyavan Tukaram Layagude	PI21429939	Male	01/06/1969	52	Self	Other Class 2	Menna-Spouse	22/03/2022
Insured Address	MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105							

## Cover Details

Member Name	Premium	Death		Permanent Total Disability		Permanent Partial Disability	
		Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )
Satyavan Tukaram Layagude	1586	500000	0 (0%)	500000	0 (0%)	500000	0 (0%)

## Optional Cover

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Satyavan Tukaram Layagude	300000	NA	NA	0	0	0	0

Member Name	Fracture Care	Hospital Cash Benefit		Loan Protector Cover	Loss of Income due to Disability from Accident		Road Ambulance Cover	Travel Expenses Benefit
		Per Day Benefit	Number of Days		Weekly Benefit Amt.	Sum Insured		
	Sum Insured	Per Day Benefit	Number of Days	Sum Insured	Weekly Benefit Amt.	Sum Insured	Sum Insured	Sum Insured
Satyavan Tukaram Layagude	0	1000	60	0	1000	100000	0	0

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

## Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
SATYAVAN TUKARAM LAYAGUDE	No

## Premium Details

Description	Amount(INR)	Description	Amount(INR)
Base Premium	525	Family Discount	0
Premium on Add-on Cover	819	Long Term Policy Discount	0
Premium on Health Prime Rider	0	Employee Discount	0
Discount on Health Prime Rider	0	Online Discount/Direct Customer	0
Gross Premium: One Thousand Five Hundred Eighty-Six Rupees	Net Premium		1344
	State GST(9%)		121
	Central GST(9%)		121
	IGST		0
	UTGST		0
	CESS		
	Gross Premium		1586

"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E"

"In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken."

## Exclusions

Member Name	Exclusion
Satyavan Tukaram Layagude	NA

Special Exclusion at Policy Level	NA
Loan Details	NA
Assignment Details	NA
Type of Assignment	NA
Assignment Wordings	NA
Additional Remarks	NA
80 D Certificate	This is to certify that Satyavan Tukaram Layagude has paid Rs.842 towards Health Insurance premium for Period and Policy Number as mentioned on the Policy Schedule and is eligible for Deduction under Section 80-D of Income Tax (Amendment) Act, 1986 Notes: 1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time. 2. This certificate must be surrendered to the company in case of cancellation of this policy. 3. In event of incorrect representation of this declaration the liability shall be upon the policy holder. 4. This certificate will not be valid if premium payment has been made in cash.
Premium Details	Receipt Number: SYS-21-000002655757 Date: 22/03/2022 Premium Payer ID: PI21429939 Float: NA; Payment Frequency: Single Premium ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

BAJAJ | Allianz

Financial Institution Ref. No. | NA

AGENCY CODE	10039446	CONTACT NO	09326689009
AGENCY NAME	Sagarprakashmaid Prakash	EMAIL ID	SALES@DKPOLICYHUB.COM

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

Consolidated Stamp Duty of Rs. 1/- paid towards Insurance Premium Stamps  
Vide Challan No. MH001915407201819M defaced number 0001369763201819/order  
no.CSD/45/2018/2156/18 dated 08-JUN-18 timing 17:49:13 of General Stamp of India.

Stamp Duty  
Rs.1/-

This document is digitally signed,hence counter signature / stamp is not required  
Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666 |  
Services Accounting Code : 997133 Accident and health insurance services.  
No reverse charge is payable on these services.

Authorized Signatory

SUB 10039446 / NA

Signature Not Verified  
Digitally signed by DS BAJAJ ALLIANZ  
GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 17:09:08 IST

Caringly Yours App  
Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Demystify Insurance <http://support.bajajallianz.com>

# RECEIPT

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman -  
3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth  
Road,Pune,Maharashtra,INDIA,411042

Proposer Name

Satyavan Tukaram Layagude

Policy Number

12-8428-0000125738-00

Receipt Number

SYS-21-000002655757

Receipt Date

22/03/2022

Business Channel

BACKOFFICE

Received with thanks from: Satyavan Tukaram Layagude

Customer ID: PI21429939 a total sum of Rupees One Thousand Five Hundred Eighty-Six Rupees Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
CD-Customer	NA	NA	NA	NA	1,586.00

Total Amount: 1586

Note: Issuance of this receipt does not amount of 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

For & on the behalf

**Bajaj Allianz General Insurance Company Ltd.**

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 17:09:06 IST

Authorized Signatory

Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Demystify Insurance <http://support.bajajallianz.com>

## Certificate for the purpose of deduction under Section 80-D of Income Tax Amendment Act, 1986

This is to certify that **Satyavan Tukaram Layagude** has paid Rs. **842** towards Health Insurance premium for **GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)** for the period from **22/03/2022** to midnight of **21/03/2023** under Policy no **12-8428-0000125738-00**

FINANCIAL YEAR	AMOUNT(RS)
2021-2022	421.00
2022-2023	421.00

Issue Date: **22/03/2022**

Place: **PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman**

For & on the behalf of

**Bajaj Allianz General Insurance Company Ltd.**

Authorized Signatory

**This certificate must be surrendered to the company for issuance of fresh certificate in case of cancellation of the Policy or any alteration in the insurance affecting premium.**

Notes:

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.
2. This certificate must be surrendered to the company in case of cancellation of this policy.
3. In event of incorrect representation of this declaration the liability shall be upon the policy holder.
4. This certificate will not be valid if premium payment has been made in cash.

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 17:09:00 IST

Caringly Yours App  
Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



**Bajaj Allianz General Insurance Co.Ltd.** Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Demystify Insurance <http://support.bajajallianz.com>

# TAX INVOICE

(Customer Copy)

Caringly yours

BAJAJ Allianz

Invoice Number	SYS-21-000002655759	Customer ID	PI21429939
Invoice Date	22/03/2022	Policy No.	12-8428-0000125738-00
Recipient/ Details of Insured		Supplier/ Details of Insurer	
GSTIN	Unregistered	GSTIN	27AABC5730G1ZX
PAN	NA	PAN	AABC5730G
Name (Proposer)	Satyavan Tukaram Layagude	Name	Bajaj Allianz General Insurance Company Ltd.
Address-1	Mit Academy Of Engineering Alandi Dehu Pune	Address-1	Bajaj Allianz General Insurance Co Ltd
Address-2		Address-2	Vardhaman - 3rd Floor
Address-3		Address-3	Vardhaman Building,7 Loves Chowk,Shankar Sheth
Pin Code	412105	Pin Code	411042
City	PUNE	City	PUNE
State	MAHARASHTRA	State	MAHARASHTRA
Client Category	NON HNI	Place of Supply	27 - MAHARASHTRA

## Premium

Description	Amount(INR)	Description	Amount(INR)
Net Premium	1344	State GST(9%)	121
Receipt Number: SYS-21-000002655757 Date: 22/03/2022 Premium Payer ID: PI21429939 Float: NA; ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque		Central GST(9%)	121
		IGST(18%)	0
		Gross Premium	1586

**Total Invoice Value (In figures) :** 1586

**Total Invoice Value (In Words) :** One Thousand Five Hundred Eighty-Six Rupees

**Amount of Tax Subject to Reverse Charge:** No reverse charge is payable on these services.

**Services Accounting Code:** 997133 Accident and health insurance services.

**Principal Location:** Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666

**For & on the behalf**

**Bajaj Allianz General Insurance Company Ltd.**

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 17:09:05 IST

Authorized Signatory

**Important Notes:**

\* The invoice is issued as per Section 31 of the CGST Act

\* In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

\* As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E

This is a digitally signed document and hence no physical signature is required

**Bajaj Allianz General Insurance Co.**

Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Demystify Insurance <http://support.bajajallianz.com>

# Welcome to Bajaj Allianz Family

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road, Pune,Maharashtra,INDIA,411042

Insured Name

Shashikant Popat Dhayarkar

Policy number

12-8428-0000125709-00

Name: Shashikant Popat Dhayarkar

Address:

Line1: Mit Academy Of Engineering Alandi Dehu Pune

Line2:

City: PUNE State: 27 - MAHARASHTRA

Post Code: 412105

Customer ID: PI21429818

Dear Shashikant Popat Dhayarkar,

It is our privilege to welcome you to the Bajaj Allianz General Insurance family.

We thank you for choosing Bajaj Allianz for your Insurance needs. We are one of India's leading general insurance companies with iAAA rating from ICRA for the last ten consecutive years indicating the company's high claims paying ability and fundamentally strong position in the industry. Please be assured that you have made right choice by choosing us and we will stand by you in your hour of need.

Please find enclosed the policy schedule. We wish to inform you that the policy issued is based on the information submitted in the proposal form as well as the acceptance of the terms and conditions, and this will be verified at the time of filing of claim. Request you to kindly go through the same once again and in case of any disagreement, discrepancy or clarifications – write to us at bagichelp@bajajallianz.co.in within 15 days of the letter date. For policy wordings containing detailed terms, conditions and exclusions of your insurance coverage, you will receive a hard copy on your correspondence address.

Once again, we welcome you to the Bajaj Allianz family and look forward to a long association with you.

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

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:29:32 IST

**Bajaj Allianz General Insurance Co.**

Bajaj Allianz House,Airport Road,Yerwada,Pune - 411 006. Reg. No.: 113 CIN: U66010PN2000PLC015329

Give a Missed Call on **808094506** SMS 'WORRY' to **575758**

Contact our 24-Hour Call Center at **1800-209-5858**

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Transcript of Proposal for ([11-8428-0000823375-00] GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)) [(UIN):IRDAI/HLT/BAGI/P-P/V.I/30/14-15]

Caringly yours

BAJAJ | Allianz

Dear Shashikant Popat Dhayarkar,

We wish to inform you that your contract will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB /CSC Centers 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 within a period of 15 days from the date of your receipt of this document. 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 the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, you 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.

### Proposer Details

Proposer Name	Shashikant Popat Dhayarkar		
Are you an Existing Bajaj Allianz Customer: Yes/No	If Yes, please mention the policy No		
Gender	Male	Date of Birth	02/06/1984
PAN No		UID/Unique ID	NA
Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee			
Marital Status		No of children	NA
Occupation	Other Class 2		

### Address

Permanent/ Residential Address		Correspondence Address (All the communications will be sent to the below address)	
Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune	Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune
Address Line 2		Address Line 2	
Address Line 3		Address Line 3	
City/District	PUNE	City/District	Pune
State	27 - MAHARASHTRA	State	Maharashtra
Pin Code	412105	Pin Code	412105
Telephone	8459050273	Telephone	8459050273
Mobile	8459050273	Mobile	8459050273
Email	shashikant.dhayarkar@gmail.com	Email	shashikant.dhayarkar@gmail.com
Educational Qualification	NA		
Family Monthly Income	20000		
In case of any offer, you would prefer to be contacted by	8459050273,shashikant.dhayarkar@gmail.com		
Nationality	Indian		
Policy Period	1 Year		

### Details of the Persons to be Insured

Sr No	Name	Relationship with Proposer	DOB (dd/mm/yy)	Age	Gender (M/F)	Gross Monthly Income	Nominee	Relationship of Nominee with Insured
1	Shashikant Popat Dhayarkar	Self	02/06/1984	37	Male	20000	1. Ashwini	1. Spouse

### Base Cover Details

Member Name	Occupation	Any Existing Disability/ Infirmary	Death	Permanent Total Disability	Permanent Partial
			Sum Insured	Sum Insured	Sum Insured
Shashikant Popat Dhayarkar	Other Class 2	No	500000	500000	500000

### Optional Cover Details

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Shashikant Popat Dhayarkar	300000	NA	NA	NA	NA	NA	NA

Member Name	Fracture Care	Hospital Cash Benefit	Loan Protector Cover****	Loss of Income due to Disability from Accident	Road Ambulance Cover	Travel Expenses Benefit
	Sum Insured	Per Day Benefit	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Shashikant Popat Dhayarkar	NA	1000(60 days)	NA	100000	NA	NA

### Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
SHASHIKANT POPAT DHAYARKAR	No

### Loan Account Details (Please fill in details in case of Loan Protector cover and EMI Payment)

Bank Name	NA		
Address	NA		
Type of Loan	NA	Loan Account Number	NA
Sanctioned Loan Amount	0	Loan Period	NA
EMI (Rs)	0		

#### Note:

\*\*"Adventure Sports Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*"Children's Education Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*\*"EMI Payment Cover" can be opted only if the proposer has opted for Section III- Permanent Partial Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Loan Protector Cover" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Travel Expenses Benefit" can be opted only if the Proposer has opted for Accidental Hospitalization under optional Covers.

## Disclaimer

### A. EXCLUSIONS AND TERMS AND CONDITIONS:

The detailed list of exclusions, standard terms and conditions, including the exclusion of pre-existing ailments/diseases, 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.

B. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to him and you have fully understood the significance of the proposed contract basis which you have confirmed for policy issuance.

C. 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 within a period of 15 days from date of your receipt of this transcript along with Policy.

## 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 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 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 of the premium chargeable.

3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted 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 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.

## 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 transcript is authorized by you through OTP from your registered mobile no 8459050273 on

Contact our Policy servicing branch at: PUNE-Bajaj Allianz General Insurance Co Ltd, Vardhaman - 3rd Floor, Vardhaman Building, 7 Loves Chowk, Shankar Sheth Road, Pune, Maharashtra, INDIA, 411042

\*\* This is print of electronic records maintained by us in accordance with law and hence does not require signature.

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

Policy issuing office and Correspondence address	PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor, Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune, Maharashtra,INDIA,411042
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## Proposer Details

Proposer Name	Shashikant Popat Dhayarkar		
Proposer Address	MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105		
Phone No	8459050273	Email ID	shashikant.dhayarkar@gmail.com
Customer ID	PI21429818	Previous Policy No	NA

## Policy Details

Policy Number	12-8428-0000125709-00	Endorsement No	
Policy Issued on	22/03/2022	Policy Status	ACTIVE
Period of Insurance	From 22/03/2022 00:00 Hrs To 21/03/2023 Midnight	Expiry Date	21/03/2023

GSTIN / UIN	Unregistered	Place of Supply/State Code/Name	27 - MAHARASHTRA
Company GST No:	27AABC5730G1ZX		
Company PAN	AABC5730G	Invoice No:	SYS-21-000002654896

## Insured Member Details

Member Name	Customer ID	Gender	Date of Birth	Age	Relation	Occupation	Nominee Name & Relation	First Policy Inception Date
Shashikant Popat Dhayarkar	PI21429818	Male	02/06/1984	37	Self	Other Class 2	Ashwini-Spouse	22/03/2022
Insured Address	MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105							

## Cover Details

Member Name	Premium	Death		Permanent Total Disability		Permanent Partial Disability	
		Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )
Shashikant Popat Dhayarkar	1586	500000	0 (0%)	500000	0 (0%)	500000	0 (0%)

## Optional Cover

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Shashikant Popat Dhayarkar	300000	NA	NA	0	0	0	0

Member Name	Fracture Care	Hospital Cash Benefit		Loan Protector Cover	Loss of Income due to Disability from Accident		Road Ambulance Cover	Travel Expenses Benefit
		Per Day Benefit	Number of Days		Weekly Benefit Amt.	Sum Insured		
	Sum Insured	Per Day Benefit	Number of Days	Sum Insured	Weekly Benefit Amt.	Sum Insured	Sum Insured	Sum Insured
Shashikant Popat Dhayarkar	0	1000	60	0	1000	100000	0	0

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

## Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
SHASHIKANT POPAT DHAYARKAR	No

## Premium Details

Description	Amount(INR)	Description	Amount(INR)
Base Premium	525	Family Discount	0
Premium on Add-on Cover	819	Long Term Policy Discount	0
Premium on Health Prime Rider	0	Employee Discount	0
Discount on Health Prime Rider	0	Online Discount/Direct Customer	0
Gross Premium: One Thousand Five Hundred Eighty-Six Rupees	Net Premium		1344
	State GST(9%)		121
	Central GST(9%)		121
	IGST		0
	UTGST		0
	CESS		
	Gross Premium		1586

"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E"

"In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken."

## Exclusions

Member Name	Exclusion
Shashikant Popat Dhayarkar	NA

Special Exclusion at Policy Level	NA
Loan Details	NA
Assignment Details	NA
Type of Assignment	NA
Assignment Wordings	NA
Additional Remarks	NA
80 D Certificate	This is to certify that Shashikant Popat Dhayarkar has paid Rs.842 towards Health Insurance premium for Period and Policy Number as mentioned on the Policy Schedule and is eligible for Deduction under Section 80-D of Income Tax (Amendment) Act, 1986 Notes: 1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time. 2. This certificate must be surrendered to the company in case of cancellation of this policy. 3. In event of incorrect representation of this declaration the liability shall be upon the policy holder. 4. This certificate will not be valid if premium payment has been made in cash.
Premium Details	Receipt Number: SYS-21-000002654884 Date: 22/03/2022 Premium Payer ID: PI21429818 Float: NA; Payment Frequency: Single Premium ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

BAJAJ | Allianz

Financial Institution Ref. No. | NA

AGENCY CODE	10039446	CONTACT NO	09326689009
AGENCY NAME	Sagarprakashmaid Prakash	EMAIL ID	SALES@DKPOLICYHUB.COM

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

Consolidated Stamp Duty of Rs. 1/- paid towards Insurance Premium Stamps  
Vide Challan No. MH001915407201819M defaced number 0001369763201819/order  
no.CSD/45/2018/2156/18 dated 08-JUN-18 timing 17:49:13 of General Stamp of India.

Stamp Duty  
Rs.1/-

This document is digitally signed,hence counter signature / stamp is not required  
Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666 |  
Services Accounting Code : 997133 Accident and health insurance services.  
No reverse charge is payable on these services.

Authorized Signatory

SUB 10039446 / NA

Signature Not Verified  
Digitally signed by DS BAJAJ ALLIANZ  
GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:29:32 IST

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Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Demystify Insurance <http://support.bajajallianz.com>

# RECEIPT

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman -  
3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth  
Road,Pune,Maharashtra,INDIA,411042

Proposer Name

Shashikant Popat Dhayarkar

Policy Number

12-8428-0000125709-00

Receipt Number

SYS-21-000002654884

Receipt Date

22/03/2022

Business Channel

BACKOFFICE

Received with thanks from: Shashikant Popat Dhayarkar

Customer ID: PI21429818 a total sum of Rupees One Thousand Five Hundred Eighty-Six Rupees Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
CD-Customer	NA	NA	NA	NA	1,586.00

Total Amount: 1586

Note: Issuance of this receipt does not amount of 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

For & on the behalf

**Bajaj Allianz General Insurance Company Ltd.**

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:29:35 IST

Authorized Signatory

Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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## Certificate for the purpose of deduction under Section 80-D of Income Tax Amendment Act, 1986

This is to certify that **Shashikant Popat Dhayarkar** has paid Rs. **842** towards Health Insurance premium for **GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)** for the period from **22/03/2022** to midnight of **21/03/2023** under Policy no **12-8428-0000125709-00**

FINANCIAL YEAR	AMOUNT(RS)
2021-2022	421.00
2022-2023	421.00

Issue Date: **22/03/2022**

Place: **PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman**

For & on the behalf of

**Bajaj Allianz General Insurance Company Ltd.**

Authorized Signatory

**This certificate must be surrendered to the company for issuance of fresh certificate in case of cancellation of the Policy or any alteration in the insurance affecting premium.**

Notes:

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.
2. This certificate must be surrendered to the company in case of cancellation of this policy.
3. In event of incorrect representation of this declaration the liability shall be upon the policy holder.
4. This certificate will not be valid if premium payment has been made in cash.

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:29:29 IST

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Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



**Bajaj Allianz General Insurance Co.Ltd.** Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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# TAX INVOICE

(Customer Copy)

Caringly yours

BAJAJ Allianz

Invoice Number	SYS-21-000002654896	Customer ID	PI21429818
Invoice Date	22/03/2022	Policy No.	12-8428-0000125709-00
Recipient/ Details of Insured		Supplier/ Details of Insurer	
GSTIN	Unregistered	GSTIN	27AABC5730G1ZX
PAN	NA	PAN	AABC5730G
Name (Proposer)	Shashikant Popat Dhayarkar	Name	Bajaj Allianz General Insurance Company Ltd.
Address-1	Mit Academy Of Engineering Alandi Dehu Pune	Address-1	Bajaj Allianz General Insurance Co Ltd
Address-2		Address-2	Vardhaman - 3rd Floor
Address-3		Address-3	Vardhaman Building,7 Loves Chowk,Shankar Sheth
Pin Code	412105	Pin Code	411042
City	PUNE	City	PUNE
State	MAHARASHTRA	State	MAHARASHTRA
Client Category	NON HNI	Place of Supply	27 - MAHARASHTRA

## Premium

Description	Amount(INR)	Description	Amount(INR)
Net Premium	1344	State GST(9%)	121
Receipt Number: SYS-21-000002654884 Date: 22/03/2022 Premium Payer ID: PI21429818 Float: NA; ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque		Central GST(9%)	121
		IGST(18%)	0
		Gross Premium	1586

**Total Invoice Value (In figures) :** 1586

**Total Invoice Value (In Words) :** One Thousand Five Hundred Eighty-Six Rupees

**Amount of Tax Subject to Reverse Charge:** No reverse charge is payable on these services.

**Services Accounting Code:** 997133 Accident and health insurance services.

**Principal Location:** Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666

**For & on the behalf**

**Bajaj Allianz General Insurance Company Ltd.**

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:29:35 IST

Authorized Signatory

**Important Notes:**

\* The invoice is issued as per Section 31 of the CGST Act

\* In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

\* As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E

This is a digitally signed document and hence no physical signature is required

**Bajaj Allianz General Insurance Co.**

Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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# Welcome to Bajaj Allianz Family

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road, Pune,Maharashtra,INDIA,411042

Insured Name

Sudam Ugale

Policy number

12-8428-0000125702-00

Name: Sudam Ugale

Address:

Line1: Mit Academy Of Engineering Alandi Dehu Pune

Line2:

City: PUNE State: 27 - MAHARASHTRA

Post Code: 412105

Customer ID: PI21429764

Dear Sudam Ugale,

It is our privilege to welcome you to the Bajaj Allianz General Insurance family.

We thank you for choosing Bajaj Allianz for your Insurance needs. We are one of India's leading general insurance companies with iAAA rating from ICRA for the last ten consecutive years indicating the company's high claims paying ability and fundamentally strong position in the industry. Please be assured that you have made right choice by choosing us and we will stand by you in your hour of need.

Please find enclosed the policy schedule. We wish to inform you that the policy issued is based on the information submitted in the proposal form as well as the acceptance of the terms and conditions, and this will be verified at the time of filing of claim. Request you to kindly go through the same once again and in case of any disagreement, discrepancy or clarifications – write to us at bagichelp@bajajallianz.co.in within 15 days of the letter date. For policy wordings containing detailed terms, conditions and exclusions of your insurance coverage, you will receive a hard copy on your correspondence address.

Once again, we welcome you to the Bajaj Allianz family and look forward to a long association with you.

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

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:21:42 IST

**Bajaj Allianz General Insurance Co.**

Bajaj Allianz House,Airport Road,Yerwada,Pune - 411 006. Reg. No.: 113 CIN: U66010PN2000PLC015329

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**Transcript of Proposal for ([11-8428-0000822975-00] GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)) [(UIN):IRDAI/HLT/BAGI/P-P/V.I/30/14-15]**

Caringly yours

BAJAJ | Allianz

Dear Sudam Ugale,

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### Proposer Details

Proposer Name	Sudam Ugale		
Are you an Existing Bajaj Allianz Customer: Yes/No	If Yes, please mention the policy No		
Gender	Male	Date of Birth	06/05/1978
PAN No		UID/Unique ID	NA
Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee			
Marital Status	Married	No of children	NA
Occupation	Other Class 2		

### Address

Permanent/ Residential Address		Correspondence Address (All the communications will be sent to the below address)	
Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune	Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune
Address Line 2		Address Line 2	
Address Line 3		Address Line 3	
City/District	PUNE	City/District	Pune
State	27 - MAHARASHTRA	State	Maharashtra
Pin Code	412105	Pin Code	412105
Telephone	9326689009	Telephone	9326689009
Mobile	9326689009	Mobile	9326689009
Email	sujitlolage@gmail.com	Email	sujitlolage@gmail.com
Educational Qualification	NA		
Family Monthly Income	20000		
In case of any offer, you would prefer to be contacted by	9326689009,sujitlolage@gmail.com		
Nationality	Indian		
Policy Period	1 Year		

### Details of the Persons to be Insured

Sr No	Name	Relationship with Proposer	DOB (dd/mm/yy)	Age	Gender (M/F)	Gross Monthly Income	Nominee	Relationship of Nominee with Insured
1	Sudam Ugale	Self	06/05/1978	43	Male	20000	1. Manisha	1. Spouse

### Base Cover Details

Member Name	Occupation	Any Existing Disability/ Infirmary	Death	Permanent Total Disability	Permanent Partial
			Sum Insured	Sum Insured	Sum Insured
Sudam Ugale	Other Class 2	No	500000	500000	500000

### Optional Cover Details

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Sudam Ugale	300000	NA	NA	NA	NA	NA	NA

Member Name	Fracture Care	Hospital Cash Benefit	Loan Protector Cover****	Loss of Income due to Disability from Accident	Road Ambulance Cover	Travel Expenses Benefit
	Sum Insured	Per Day Benefit	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Sudam Ugale	NA	1000(60 days)	NA	100000	NA	NA

### Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
SUDAM UGALE	No

### Loan Account Details (Please fill in details in case of Loan Protector cover and EMI Payment)

Bank Name	NA		
Address	NA		
Type of Loan	NA	Loan Account Number	NA
Sanctioned Loan Amount	0	Loan Period	NA
EMI (Rs)	0		

Note:

\*\*"Adventure Sports Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*"Children's Education Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*\*"EMI Payment Cover" can be opted only if the proposer has opted for Section 3- Permanent Partial Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Loan Protector Cover" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Travel Expenses Benefit" can be opted only if the Proposer has opted for Accidental Hospitalization under optional Covers.

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.

## Disclaimer

### A. EXCLUSIONS AND TERMS AND CONDITIONS:

The detailed list of exclusions, standard terms and conditions, including the exclusion of pre-existing ailments/diseases, 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.

B. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to him and you have fully understood the significance of the proposed contract basis which you have confirmed for policy issuance.

C. 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 within a period of 15 days from date of your receipt of this transcript along with Policy.

## 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 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 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 of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted 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 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.

## 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 transcript is authorized by you through OTP from your registered mobile no 9326689009 on

Contact our Policy servicing branch at: PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune,Maharashtra,INDIA,411042

\*\* This is print of electronic records maintained by us in accordance with law and hence does not require signature.

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

Policy issuing office and Correspondence address	PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor, Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune, Maharashtra,INDIA,411042
--	---

## Proposer Details

Proposer Name	Sudam Ugale		
Proposer Address	MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105		
Phone No	9326689009	Email ID	sujitolage@gmail.com
Customer ID	PI21429764	Previous Policy No	NA

## Policy Details

Policy Number	12-8428-0000125702-00	Endorsement No	
Policy Issued on	22/03/2022	Policy Status	ACTIVE
Period of Insurance	From 22/03/2022 00:00 Hrs To 21/03/2023 Midnight	Expiry Date	21/03/2023

GSTIN / UIN	Unregistered	Place of Supply/State Code/Name	27 - MAHARASHTRA
Company GST No:	27AABC5730G1ZX		
Company PAN	AABC5730G	Invoice No:	SYS-21-000002654704

## Insured Member Details

Member Name	Customer ID	Gender	Date of Birth	Age	Relation	Occupation	Nominee Name & Relation	First Policy Inception Date
Sudam Ugale	PI21429764	Male	06/05/1978	43	Self	Other Class 2	Manisha-Spouse	22/03/2022
Insured Address		MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105						

## Cover Details

Member Name	Premium	Death		Permanent Total Disability		Permanent Partial Disability	
		Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )
Sudam Ugale	1586	500000	0 (0%)	500000	0 (0%)	500000	0 (0%)

## Optional Cover

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Sudam Ugale	300000	NA	NA	0	0	0	0

Member Name	Fracture Care	Hospital Cash Benefit		Loan Protector Cover	Loss of Income due to Disability from Accident		Road Ambulance Cover	Travel Expenses Benefit
		Per Day Benefit	Number of Days		Weekly Benefit Amt.	Sum Insured		
	Sum Insured			Sum Insured			Sum Insured	Sum Insured
Sudam Ugale	0	1000	60	0	1000	100000	0	0

## Add on Cover

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
SUDAM UGALE	No

## Premium Details

Description	Amount(INR)	Description	Amount(INR)
Base Premium	525	Family Discount	0
Premium on Add-on Cover	819	Long Term Policy Discount	0
Premium on Health Prime Rider	0	Employee Discount	0
Discount on Health Prime Rider	0	Online Discount/Direct Customer	0
Gross Premium: One Thousand Five Hundred Eighty-Six Rupees	Net Premium		1344
	State GST(9%)		121
	Central GST(9%)		121
	IGST		0
	UTGST		0
	CESS		
	Gross Premium		1586

"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E"

"In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken."

## Exclusions

Member Name	Exclusion
Sudam Ugale	NA

Special Exclusion at Policy Level	NA
Loan Details	NA
Assignment Details	NA
Type of Assignment	NA
Assignment Wordings	NA
Additional Remarks	NA
80 D Certificate	This is to certify that Sudam Ugale has paid Rs.842 towards Health Insurance premium for Period and Policy Number as mentioned on the Policy Schedule and is eligible for Deduction under Section 80-D of Income Tax (Amendment) Act, 1986 Notes: 1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time. 2. This certificate must be surrendered to the company in case of cancellation of this policy. 3. In event of incorrect representation of this declaration the liability shall be upon the policy holder. 4. This certificate will not be valid if premium payment has been made in cash.
Premium Details	Receipt Number: SYS-21-000002654647, SYS-21-000002654681 Date: 22/03/2022, 22/03/2022 Premium Payer ID: PI21429764 Float: NA; Payment Frequency: Single Premium ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque
Financial Institution Ref. No.	NA

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

AGENCY CODE	10039446	CONTACT NO	09326689009
AGENCY NAME	Sagarprakashmaid Prakash	EMAIL ID	SALES@DKPOLICYHUB.COM

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Consolidated Stamp Duty of Rs. 1/- paid towards Insurance Premium Stamps  
Vide Challan No. MH001915407201819M defaced number 0001369763201819/order  
no.CSD/45/2018/2156/18 dated 08-JUN-18 timing 17:49:13 of General Stamp of India.

Stamp Duty  
Rs.1/-

This document is digitally signed,hence counter signature / stamp is not required

Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666 |  
Services Accounting Code : 997133 Accident and health insurance services.  
No reverse charge is payable on these services.

Authorized Signatory

SUB 10039446 / NA

Signature Not Verified  
Digitally signed by DS BAJAJ ALLIANZ  
GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:24:41 IST

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Available on



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Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Demystify Insurance <http://support.bajajallianz.com>

# RECEIPT

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune,Maharashtra,INDIA,411042

Proposer Name

Sudam Ugale

Policy Number

12-8428-0000125702-00

Receipt Number

SYS-21-000002654647, SYS-21-

Receipt Date

22/03/2022, 22/03/2022

Business Channel

BACKOFFICE

Received with thanks from: Sudam Ugale

Customer ID: PI21429764 a total sum of Rupees One Thousand Five Hundred Eighty-Six Rupees Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
CD-Customer	NA	NA	NA	NA	866.00
CD-Customer	NA	NA	NA	NA	720.00

Total Amount: 1586

Note: Issuance of this receipt does not amount of 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

For & on the behalf

**Bajaj Allianz General Insurance Company Ltd.**

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:21:44 IST

Authorized Signatory

Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Demystify Insurance <http://support.bajajallianz.com>

## Certificate for the purpose of deduction under Section 80-D of Income Tax Amendment Act, 1986

This is to certify that **Sudam Ugale** has paid Rs. **842** towards Health Insurance premium for **GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)** for the period from **22/03/2022** to midnight of **21/03/2023** under Policy no **12-8428-0000125702-00**

FINANCIAL YEAR	AMOUNT(RS)
2021-2022	421.00
2022-2023	421.00

Issue Date: **22/03/2022**

Place: **PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman**

For & on the behalf of

**Bajaj Allianz General Insurance Company Ltd.**

Authorized Signatory

**This certificate must be surrendered to the company for issuance of fresh certificate in case of cancellation of the Policy or any alteration in the insurance affecting premium.**

Notes:

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.
2. This certificate must be surrendered to the company in case of cancellation of this policy.
3. In event of incorrect representation of this declaration the liability shall be upon the policy holder.
4. This certificate will not be valid if premium payment has been made in cash.

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:21:38 IST

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Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



**Bajaj Allianz General Insurance Co.Ltd.** Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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# TAX INVOICE

(Customer Copy)

Caringly yours

BAJAJ Allianz

Invoice Number	SYS-21-000002654704	Customer ID	PI21429764
Invoice Date	22/03/2022	Policy No.	12-8428-0000125702-00
Recipient/ Details of Insured		Supplier/ Details of Insurer	
GSTIN	Unregistered	GSTIN	27AABC5730G1ZX
PAN	NA	PAN	AABC5730G
Name (Proposer)	Sudam Ugale	Name	Bajaj Allianz General Insurance Company Ltd.
Address-1	Mit Academy Of Engineering Alandi Dehu Pune	Address-1	Bajaj Allianz General Insurance Co Ltd
Address-2		Address-2	Vardhaman - 3rd Floor
Address-3		Address-3	Vardhaman Building,7 Loves Chowk,Shankar Sheth
Pin Code	412105	Pin Code	411042
City	PUNE	City	PUNE
State	MAHARASHTRA	State	MAHARASHTRA
Client Category	NON HNI	Place of Supply	27 - MAHARASHTRA

## Premium

Description	Amount(INR)	Description	Amount(INR)
Net Premium	1344	State GST(9%)	121
Receipt Number: SYS-21-000002654647, SYS-21-000002654681 Date: 22/03/2022, 22/03/2022 Premium Payer ID: PI21429764 Float: NA; ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque		Central GST(9%)	121
		IGST(18%)	0
		Gross Premium	1586

Total Invoice Value (In figures) : 1586

Total Invoice Value (In Words) : One Thousand Five Hundred Eighty-Six Rupees

Amount of Tax Subject to Reverse Charge: No reverse charge is payable on these services.

Services Accounting Code: 997133 Accident and health insurance services.

Principal Location: Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:21:44 IST

Authorized Signatory

Important Notes:

\* The invoice is issued as per Section 31 of the CGST Act

\* In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

\* As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E

This is a digitally signed document and hence no physical signature is required

Bajaj Allianz General Insurance Co.

Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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# Welcome to Bajaj Allianz Family

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road, Pune,Maharashtra,INDIA,411042

Insured Name

Vishnu Ganpatrao Karad

Policy number

12-8428-0000125718-00

Name: Vishnu Ganpatrao Karad

Address:

Line1: Mit Academy Of Engineering Alandi Dehu Pune

Line2:

City: PUNE State: 27 - MAHARASHTRA

Post Code: 412105

Customer ID: PI21429837

Dear Vishnu Ganpatrao Karad,

It is our privilege to welcome you to the Bajaj Allianz General Insurance family.

We thank you for choosing Bajaj Allianz for your Insurance needs. We are one of India's leading general insurance companies with iAAA rating from ICRA for the last ten consecutive years indicating the company's high claims paying ability and fundamentally strong position in the industry. Please be assured that you have made right choice by choosing us and we will stand by you in your hour of need.

Please find enclosed the policy schedule. We wish to inform you that the policy issued is based on the information submitted in the proposal form as well as the acceptance of the terms and conditions, and this will be verified at the time of filing of claim. Request you to kindly go through the same once again and in case of any disagreement, discrepancy or clarifications – write to us at bagichelp@bajajallianz.co.in within 15 days of the letter date. For policy wordings containing detailed terms, conditions and exclusions of your insurance coverage, you will receive a hard copy on your correspondence address.

Once again, we welcome you to the Bajaj Allianz family and look forward to a long association with you.

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

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:37:38 IST

**Bajaj Allianz General Insurance Co.**

Bajaj Allianz House,Airport Road,Yerwada,Pune - 411 006. Reg. No.: 113 CIN: U66010PN2000PLC015329

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**Transcript of Proposal for ([11-8428-0000823397-00] GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)) [(UIN):IRDAI/HLT/BAGI/P-P/V.I/30/14-15]**

Caringly yours

BAJAJ | Allianz

Dear Vishnu Ganpatrao Karad,

We wish to inform you that your contract will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB /CSC Centers 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 within a period of 15 days from the date of your receipt of this document. 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 the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, you 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.

### Proposer Details

Proposer Name	Vishnu Ganpatrao Karad		
Are you an Existing Bajaj Allianz Customer: Yes/No	If Yes, please mention the policy No		
Gender	Male	Date of Birth	10/06/1982
PAN No		UID/Unique ID	NA
Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee			
Marital Status		No of children	NA
Occupation	Other Class 2		

### Address

Permanent/ Residential Address		Correspondence Address (All the communications will be sent to the below address)	
Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune	Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune
Address Line 2		Address Line 2	
Address Line 3		Address Line 3	
City/District	PUNE	City/District	Pune
State	27 - MAHARASHTRA	State	Maharashtra
Pin Code	412105	Pin Code	412105
Telephone	9834763421	Telephone	9834763421
Mobile	9834763421	Mobile	9834763421
Email	vishnu.karad@gmail.com	Email	vishnu.karad@gmail.com
Educational Qualification	NA		
Family Monthly Income	20000		
In case of any offer, you would prefer to be contacted by	9834763421,vishnu.karad@gmail.com		
Nationality	Indian		
Policy Period	1 Year		

### Details of the Persons to be Insured

Sr No	Name	Relationship with Proposer	DOB (dd/mm/yy)	Age	Gender (M/F)	Gross Monthly Income	Nominee	Relationship of Nominee with Insured
1	Vishnu Ganpatrao Karad	Self	10/06/1982	39	Male	20000	1. Jayashrei	1. Spouse

### Base Cover Details

Member Name	Occupation	Any Existing Disability/ Infirmary	Death	Permanent Total Disability	Permanent Partial
			Sum Insured	Sum Insured	Sum Insured
Vishnu Ganpatrao Karad	Other Class 2	No	500000	500000	500000

### Optional Cover Details

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Vishnu Ganpatrao Karad	300000	NA	NA	NA	NA	NA	NA

Member Name	Fracture Care	Hospital Cash Benefit	Loan Protector Cover****	Loss of Income due to Disability from Accident	Road Ambulance Cover	Travel Expenses Benefit
	Sum Insured	Per Day Benefit	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Vishnu Ganpatrao Karad	NA	1000(60 days)	NA	100000	NA	NA

### Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
VISHNU GANPATRAO KARAD	No

### Loan Account Details (Please fill in details in case of Loan Protector cover and EMI Payment)

Bank Name	NA		
Address	NA		
Type of Loan	NA	Loan Account Number	NA
Sanctioned Loan Amount	0	Loan Period	NA
EMI (Rs)	0		

**Note:**

\*\*"Adventure Sports Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*"Children's Education Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*\*"EMI Payment Cover" can be opted only if the proposer has opted for Sectio3- Permanent Partial Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Loan Protector Cover" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Travel Expenses Benefit" can be opted only if the Proposer has opted for Accidental Hospitalization under optional Covers.

## Disclaimer

### A. EXCLUSIONS AND TERMS AND CONDITIONS:

The detailed list of exclusions, standard terms and conditions, including the exclusion of pre-existing ailments/diseases, 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.

B. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to him and you have fully understood the significance of the proposed contract basis which you have confirmed for policy issuance.

C. 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 within a period of 15 days from date of your receipt of this transcript along with Policy.

## 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 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 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 of the premium chargeable.

3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted 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 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.

## 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 transcript is authorized by you through OTP from your registered mobile no 9834763421 on

Contact our Policy servicing branch at: PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune,Maharashtra,INDIA,411042

\*\* This is print of electronic records maintained by us in accordance with law and hence does not require signature.

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

Policy issuing office and Correspondence address	PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor, Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune, Maharashtra,INDIA,411042
--	---

## Proposer Details

Proposer Name	Vishnu Ganpatrao Karad		
Proposer Address	MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105		
Phone No	9834763421	Email ID	vishnu.karad@gmail.com
Customer ID	PI21429837	Previous Policy No	NA

## Policy Details

Policy Number	12-8428-0000125718-00	Endorsement No	
Policy Issued on	22/03/2022	Policy Status	ACTIVE
Period of Insurance	From 22/03/2022 00:00 Hrs To 21/03/2023 Midnight	Expiry Date	21/03/2023

GSTIN / UIN	Unregistered	Place of Supply/State Code/Name	27 - MAHARASHTRA
Company GST No:	27AABCB5730G1ZX	Invoice No:	SYS-21-000002655079
Company PAN	AABCB5730G		

## Insured Member Details

Member Name	Customer ID	Gender	Date of Birth	Age	Relation	Occupation	Nominee Name & Relation	First Policy Inception Date
Vishnu Ganpatrao Karad	PI21429837	Male	10/06/1982	39	Self	Other Class 2	Jayashrei-Spouse	22/03/2022
Insured Address	MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105							

## Cover Details

Member Name	Premium	Death		Permanent Total Disability		Permanent Partial Disability	
		Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )
Vishnu Ganpatrao Karad	1586	500000	0 (0%)	500000	0 (0%)	500000	0 (0%)

## Optional Cover

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Vishnu Ganpatrao Karad	300000	NA	NA	0	0	0	0

Member Name	Fracture Care	Hospital Cash Benefit		Loan Protector Cover	Loss of Income due to Disability from Accident		Road Ambulance Cover	Travel Expenses Benefit
		Per Day Benefit	Number of Days		Weekly Benefit Amt.	Sum Insured		
	Sum Insured	Per Day Benefit	Number of Days	Sum Insured	Weekly Benefit Amt.	Sum Insured	Sum Insured	Sum Insured
Vishnu Ganpatrao Karad	0	1000	60	0	1000	100000	0	0

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

## Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
VISHNU GANPATRAO KARAD	No

## Premium Details

Description	Amount(INR)	Description	Amount(INR)
Base Premium	525	Family Discount	0
Premium on Add-on Cover	819	Long Term Policy Discount	0
Premium on Health Prime Rider	0	Employee Discount	0
Discount on Health Prime Rider	0	Online Discount/Direct Customer	0
Gross Premium: One Thousand Five Hundred Eighty-Six Rupees	Net Premium		1344
	State GST(9%)		121
	Central GST(9%)		121
	IGST		0
	UTGST		0
	CESS		
	Gross Premium		1586

"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E"

"In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken."

## Exclusions

Member Name	Exclusion
Vishnu Ganpatrao Karad	NA

Special Exclusion at Policy Level	NA
Loan Details	NA
Assignment Details	NA
Type of Assignment	NA
Assignment Wordings	NA
Additional Remarks	NA
80 D Certificate	This is to certify that Vishnu Ganpatrao Karad has paid Rs.842 towards Health Insurance premium for Period and Policy Number as mentioned on the Policy Schedule and is eligible for Deduction under Section 80-D of Income Tax (Amendment) Act, 1986 Notes: 1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time. 2. This certificate must be surrendered to the company in case of cancellation of this policy. 3. In event of incorrect representation of this declaration the liability shall be upon the policy holder. 4. This certificate will not be valid if premium payment has been made in cash.
Premium Details	Receipt Number: SYS-21-000002655069 Date: 22/03/2022 Premium Payer ID: PI21429837 Float: NA; Payment Frequency: Single Premium ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

BAJAJ | Allianz

Financial Institution Ref. No. | NA

AGENCY CODE	10039446	CONTACT NO	09326689009
AGENCY NAME	Sagarprakashmaid Prakash	EMAIL ID	SALES@DKPOLICYHUB.COM

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

Consolidated Stamp Duty of Rs. 1/- paid towards Insurance Premium Stamps  
Vide Challan No. MH001915407201819M defaced number 0001369763201819/order  
no.CSD/45/2018/2156/18 dated 08-JUN-18 timing 17:49:13 of General Stamp of India.

Stamp Duty  
Rs.1/-

This document is digitally signed, hence counter signature / stamp is not required  
Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666 |  
Services Accounting Code : 997133 Accident and health insurance services.  
No reverse charge is payable on these services.

Authorized Signatory

SUB 10039446 / NA

Signature Not Verified  
Digitally signed by DS BAJAJ ALLIANZ  
GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:37:37 IST

Caringly Yours App  
Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

Give a Missed Call on 8080945060, SMS "WORRY" to 575758

Contact our 24-Hour Call Center at 1800-209-5858

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Demystify Insurance <http://support.bajajallianz.com>

# RECEIPT

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman -  
3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth  
Road,Pune,Maharashtra,INDIA,411042

Proposer Name

Vishnu Ganpatrao Karad

Policy Number

12-8428-0000125718-00

Receipt Number

SYS-21-000002655069

Receipt Date

22/03/2022

Business Channel

BACKOFFICE

Received with thanks from: Vishnu Ganpatrao Karad

Customer ID: PI21429837 a total sum of Rupees One Thousand Five Hundred Eighty-Six Rupees Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
CD-Customer	NA	NA	NA	NA	1,586.00

**Total Amount: 1586**

Note: Issuance of this receipt does not amount of 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

For & on the behalf

**Bajaj Allianz General Insurance Company Ltd.**

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:37:40 IST

**Authorized Signatory**

**Bajaj Allianz General Insurance Co.Ltd.** Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

Give a Missed Call on **8080945060**, SMS 'WORRY' to **575758**

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Demystify Insurance <http://support.bajajallianz.com>

## Certificate for the purpose of deduction under Section 80-D of Income Tax Amendment Act, 1986

This is to certify that **Vishnu Ganpatrao Karad** has paid Rs. **842** towards Health Insurance premium for **GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)** for the period from **22/03/2022** to midnight of **21/03/2023** under Policy no **12-8428-0000125718-00**

FINANCIAL YEAR	AMOUNT(RS)
2021-2022	421.00
2022-2023	421.00

Issue Date: **22/03/2022**

Place: **PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman**

For & on the behalf of

**Bajaj Allianz General Insurance Company Ltd.**

Authorized Signatory

**This certificate must be surrendered to the company for issuance of fresh certificate in case of cancellation of the Policy or any alteration in the insurance affecting premium.**

Notes:

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.
2. This certificate must be surrendered to the company in case of cancellation of this policy.
3. In event of incorrect representation of this declaration the liability shall be upon the policy holder.
4. This certificate will not be valid if premium payment has been made in cash.

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:37:35 IST

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Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



**Bajaj Allianz General Insurance Co.Ltd.** Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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[www.bit.do/bjazgi](http://www.bit.do/bjazgi)

Demystify Insurance <http://support.bajajallianz.com>

# TAX INVOICE

(Customer Copy)

Caringly yours

BAJAJ Allianz

Invoice Number	SYS-21-000002655079	Customer ID	PI21429837
Invoice Date	22/03/2022	Policy No.	12-8428-0000125718-00
Recipient/ Details of Insured		Supplier/ Details of Insurer	
GSTIN	Unregistered	GSTIN	27AABC5730G1ZX
PAN	NA	PAN	AABC5730G
Name (Proposer)	Vishnu Ganpatrao Karad	Name	Bajaj Allianz General Insurance Company Ltd.
Address-1	Mit Academy Of Engineering Alandi Dehu Pune	Address-1	Bajaj Allianz General Insurance Co Ltd
Address-2		Address-2	Vardhaman - 3rd Floor
Address-3		Address-3	Vardhaman Building,7 Loves Chowk,Shankar Sheth
Pin Code	412105	Pin Code	411042
City	PUNE	City	PUNE
State	MAHARASHTRA	State	MAHARASHTRA
Client Category	NON HNI	Place of Supply	27 - MAHARASHTRA

## Premium

Description	Amount(INR)	Description	Amount(INR)
Net Premium	1344	State GST(9%)	121
Receipt Number: SYS-21-000002655069 Date: 22/03/2022 Premium Payer ID: PI21429837 Float: NA; ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque		Central GST(9%)	121
		IGST(18%)	0
		Gross Premium	1586

Total Invoice Value (In figures) : 1586

Total Invoice Value (In Words) : One Thousand Five Hundred Eighty-Six Rupees

Amount of Tax Subject to Reverse Charge: No reverse charge is payable on these services.

Services Accounting Code: 997133 Accident and health insurance services.

Principal Location: Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:37:40 IST

Authorized Signatory

### Important Notes:

\* The invoice is issued as per Section 31 of the CGST Act

\* In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

\* As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E

This is a digitally signed document and hence no physical signature is required

Bajaj Allianz General Insurance Co.

Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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# Welcome to Bajaj Allianz Family

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road, Pune,Maharashtra,INDIA,411042

Insured Name

Yeshwant Vasant Mungase

Policy number

12-8428-0000125677-00

Name: Yeshwant Vasant Mungase

Address:

Line1: Mit Academy Of Engineering Alandi Dehu Pune

Line2:

City: PUNE State: 27 - MAHARASHTRA

Post Code: 412105

Customer ID: PI21429796

Dear Yeshwant Vasant Mungase,

It is our privilege to welcome you to the Bajaj Allianz General Insurance family.

We thank you for choosing Bajaj Allianz for your Insurance needs. We are one of India's leading general insurance companies with iAAA rating from ICRA for the last ten consecutive years indicating the company's high claims paying ability and fundamentally strong position in the industry. Please be assured that you have made right choice by choosing us and we will stand by you in your hour of need.

Please find enclosed the policy schedule. We wish to inform you that the policy issued is based on the information submitted in the proposal form as well as the acceptance of the terms and conditions, and this will be verified at the time of filing of claim. Request you to kindly go through the same once again and in case of any disagreement, discrepancy or clarifications – write to us at bagichelp@bajajallianz.co.in within 15 days of the letter date. For policy wordings containing detailed terms, conditions and exclusions of your insurance coverage, you will receive a hard copy on your correspondence address.

Once again, we welcome you to the Bajaj Allianz family and look forward to a long association with you.

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

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL  
INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 15:59:40 IST

**Bajaj Allianz General Insurance Co.**

Bajaj Allianz House,Airport Road,Yerwada,Pune - 411 006. Reg. No.: 113 CIN: U66010PN2000PLC015329

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**Transcript of Proposal for ([11-8428-0000823265-00] GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)) [(UIN):IRDAI/HLT/BAGI/P-P/V.I/30/14-15]**

Caringly yours

BAJAJ | Allianz

Dear Yeshwant Vasant Mungase,

We wish to inform you that your contract will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB /CSC Centers 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 within a period of 15 days from the date of your receipt of this document. 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 the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, you 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.

### Proposer Details

Proposer Name	Yeshwant Vasant Mungase		
Are you an Existing Bajaj Allianz Customer: Yes/No	If Yes, please mention the policy No		
Gender	Male	Date of Birth	30/08/1984
PAN No		UID/Unique ID	NA
Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee			
Marital Status		No of children	NA
Occupation	Other Class 2		

### Address

Permanent/ Residential Address		Correspondence Address (All the communications will be sent to the below address)	
Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune	Address Line 1	Mit Academy Of Engineering Alandi Dehu Pune
Address Line 2		Address Line 2	
Address Line 3		Address Line 3	
City/District	PUNE	City/District	Pune
State	27 - MAHARASHTRA	State	Maharashtra
Pin Code	412105	Pin Code	412105
Telephone	9326689009	Telephone	9326689009
Mobile	9326689009	Mobile	9326689009
Email	sujitlorage@gmail.com	Email	sujitlorage@gmail.com
Educational Qualification	NA		
Family Monthly Income	20000		
In case of any offer, you would prefer to be contacted by	9326689009,sujitlorage@gmail.com		
Nationality	Indian		
Policy Period	1 Year		

### Details of the Persons to be Insured

Sr No	Name	Relationship with Proposer	DOB (dd/mm/yy)	Age	Gender (M/F)	Gross Monthly Income	Nominee	Relationship of Nominee with Insured
1	Yeshwant Vasant Mungase	Self	30/08/1984	37	Male	20000	1. Rajashree	1. Spouse

### Base Cover Details

Member Name	Occupation	Any Existing Disability/ Infirmary	Death	Permanent Total Disability	Permanent Partial
			Sum Insured	Sum Insured	Sum Insured
Yeshwant Vasant Mungase	Other Class 2	No	500000	500000	500000

### Optional Cover Details

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Yeshwant Vasant Mungase	300000	NA	NA	NA	NA	NA	NA

Member Name	Fracture Care	Hospital Cash Benefit	Loan Protector Cover****	Loss of Income due to Disability from Accident	Road Ambulance Cover	Travel Expenses Benefit
	Sum Insured	Per Day Benefit	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Yeshwant Vasant Mungase	NA	1000(60 days)	NA	100000	NA	NA

### Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
YESHWANT VASANT MUNGASE	No

### Loan Account Details (Please fill in details in case of Loan Protector cover and EMI Payment)

Bank Name	NA		
Address	NA		
Type of Loan	NA	Loan Account Number	NA
Sanctioned Loan Amount	0	Loan Period	NA
EMI (Rs)	0		

**Note:**

\*\*"Adventure Sports Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*"Children's Education Benefit" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability

\*\*\*\*"EMI Payment Cover" can be opted only if the proposer has opted for Section III- Permanent Partial Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Loan Protector Cover" can be opted only if the proposer has opted for Section I: Death Cover AND/ OR Section II: Permanent Total Disability (Loan sanction letter to be submitted mandatorily)

\*\*\*\*\*"Travel Expenses Benefit" can be opted only if the Proposer has opted for Accidental Hospitalization under optional Covers.

## Disclaimer

### A. EXCLUSIONS AND TERMS AND CONDITIONS:

The detailed list of exclusions, standard terms and conditions, including the exclusion of pre-existing ailments/diseases, 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.

B. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to him and you have fully understood the significance of the proposed contract basis which you have confirmed for policy issuance.

C. 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 within a period of 15 days from date of your receipt of this transcript along with Policy.

## 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 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 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 of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted 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 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.

## 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 transcript is authorized by you through OTP from your registered mobile no 9326689009 on

Contact our Policy servicing branch at: PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune,Maharashtra,INDIA,411042

\*\* This is print of electronic records maintained by us in accordance with law and hence does not require signature.

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

Policy issuing office and Correspondence address	PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor, Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune, Maharashtra,INDIA,411042
--	---

## Proposer Details

Proposer Name	Yeshwant Vasant Mungase		
Proposer Address	MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105		
Phone No	9326689009	Email ID	sujitlolage@gmail.com
Customer ID	PI21429796	Previous Policy No	NA

## Policy Details

Policy Number	12-8428-0000125677-00	Endorsement No	
Policy Issued on	22/03/2022	Policy Status	ACTIVE
Period of Insurance	From 22/03/2022 00:00 Hrs To 21/03/2023 Midnight	Expiry Date	21/03/2023

GSTIN / UIN	Unregistered	Place of Supply/State Code/Name	27 - MAHARASHTRA
Company GST No:	27AABCB5730G1ZX		
Company PAN	AABCB5730G	Invoice No:	SYS-21-000002654248

## Insured Member Details

Member Name	Customer ID	Gender	Date of Birth	Age	Relation	Occupation	Nominee Name & Relation	First Policy Inception Date
Yeshwant Vasant Mungase	PI21429796	Male	30/08/1984	37	Self	Other Class 2	Rajashree-Spouse	22/03/2022
Insured Address		MIT ACADENY OF ENGINEERING ALANDI DEHU PUNE,,PUNE,MAHARASHTRA,412105						

## Cover Details

Member Name	Premium	Death		Permanent Total Disability		Permanent Partial Disability	
		Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )	Sum Insured	Cumulative Bonus ( % )
Yeshwant Vasant Mungase	1586	500000	0 (0%)	500000	0 (0%)	500000	0 (0%)

## Optional Cover

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Yeshwant Vasant Mungase	300000	NA	NA	0	0	0	0

Member Name	Fracture Care	Hospital Cash Benefit		Loan Protector Cover	Loss of Income due to Disability from Accident		Road Ambulance Cover	Travel Expenses Benefit
		Per Day Benefit	Number of Days		Weekly Benefit Amt.	Sum Insured		
	Sum Insured			Sum Insured			Sum Insured	Sum Insured
Yeshwant Vasant Mungase	0	1000	60	0	1000	100000	0	0

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

## Add on Cover

Member Name	Health Prime Rider UIN: BAJHLIA22169V012122
YESHWANT VASANT MUNGASE	No

## Premium Details

Description	Amount(INR)	Description	Amount(INR)
Base Premium	525	Family Discount	0
Premium on Add-on Cover	819	Long Term Policy Discount	0
Premium on Health Prime Rider	0	Employee Discount	0
Discount on Health Prime Rider	0	Online Discount/Direct Customer	0
Gross Premium: One Thousand Five Hundred Eighty-Six Rupees	Net Premium		1344
	State GST(9%)		121
	Central GST(9%)		121
	IGST		0
	UTGST		0
	CESS		
	Gross Premium		1586

"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E"

"In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken."

## Exclusions

Member Name	Exclusion
Yeshwant Vasant Mungase	NA

Special Exclusion at Policy Level	NA
Loan Details	NA
Assignment Details	NA
Type of Assignment	NA
Assignment Wordings	NA
Additional Remarks	NA
80 D Certificate	This is to certify that Yeshwant Vasant Mungase has paid Rs.842 towards Health Insurance premium for Period and Policy Number as mentioned on the Policy Schedule and is eligible for Deduction under Section 80-D of Income Tax (Amendment) Act, 1986 Notes: 1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time. 2. This certificate must be surrendered to the company in case of cancellation of this policy. 3. In event of incorrect representation of this declaration the liability shall be upon the policy holder. 4. This certificate will not be valid if premium payment has been made in cash.
Premium Details	Receipt Number: SYS-21-000002654245 Date: 22/03/2022 Premium Payer ID: PI21429796 Float: NA; Payment Frequency: Single Premium ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

# GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)- POLICY SCHEDULE

Caringly yours

UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

BAJAJ | Allianz

Financial Institution Ref. No. | NA

AGENCY CODE	10039446	CONTACT NO	09326689009
AGENCY NAME	Sagarprakashmaid Prakash	EMAIL ID	SALES@DKPOLICYHUB.COM

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

Consolidated Stamp Duty of Rs. 1/- paid towards Insurance Premium Stamps  
Vide Challan No. MH001915407201819M defaced number 0001369763201819/order  
no.CSD/45/2018/2156/18 dated 08-JUN-18 timing 17:49:13 of General Stamp of India.

Stamp Duty  
Rs.1/-

This document is digitally signed,hence counter signature / stamp is not required  
Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666 |  
Services Accounting Code : 997133 Accident and health insurance services.  
No reverse charge is payable on these services.

Authorized Signatory

SUB 10039446 / NA

Signature Not Verified  
Digitally signed by DS BAJAJ ALLIANZ  
GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 16:59:39 IST

Caringly Yours App  
Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

Give a Missed Call on 8080945060, SMS "WORRY" to 575758

Contact our 24-Hour Call Center at 1800-209-5858

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[www.bit.do/bjazgi](http://www.bit.do/bjazgi)

Demystify Insurance <http://support.bajajallianz.com>

# RECEIPT

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address

PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman - 3rd Floor,Vardhaman Building,7 Loves Chowk,Shankar Sheth Road,Pune,Maharashtra,INDIA,411042

Proposer Name

Yeshwant Vasant Mungase

Policy Number

12-8428-0000125677-00

Receipt Number

SYS-21-000002654245

Receipt Date

22/03/2022

Business Channel

BACKOFFICE

Received with thanks from: Yeshwant Vasant Mungase

Customer ID: PI21429796 a total sum of Rupees One Thousand Five Hundred Eighty-Six Rupees Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
CD-Customer	NA	NA	NA	NA	1,586.00

Total Amount: 1586

Note: Issuance of this receipt does not amount of 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

For & on the behalf

**Bajaj Allianz General Insurance Company Ltd.**

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 15:59:42 IST

Authorized Signatory

Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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Demystify Insurance <http://support.bajajallianz.com>

## Certificate for the purpose of deduction under Section 80-D of Income Tax Amendment Act, 1986

This is to certify that **Yeshwant Vasant Mungase** has paid Rs. **842** towards Health Insurance premium for **GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)** for the period from **22/03/2022** to midnight of **21/03/2023** under Policy no **12-8428-0000125677-00**

FINANCIAL YEAR	AMOUNT(RS)
2021-2022	421.00
2022-2023	421.00

Issue Date: **22/03/2022**

Place: **PUNE-Bajaj Allianz General Insurance Co Ltd,Vardhaman**

For & on the behalf of

**Bajaj Allianz General Insurance Company Ltd.**

Authorized Signatory

**This certificate must be surrendered to the company for issuance of fresh certificate in case of cancellation of the Policy or any alteration in the insurance affecting premium.**

Notes:

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.
2. This certificate must be surrendered to the company in case of cancellation of this policy.
3. In event of incorrect representation of this declaration the liability shall be upon the policy holder.
4. This certificate will not be valid if premium payment has been made in cash.

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 15:59:37 IST

Caringly Yours App  
Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



**Bajaj Allianz General Insurance Co.Ltd.** Bajaj Allianz House,Airport Road,Yerwada,Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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# TAX INVOICE

(Customer Copy)

Caringly yours

BAJAJ Allianz

Invoice Number	SYS-21-000002654248	Customer ID	PI21429796
Invoice Date	22/03/2022	Policy No.	12-8428-0000125677-00
Recipient/ Details of Insured		Supplier/ Details of Insurer	
GSTIN	Unregistered	GSTIN	27AABC5730G1ZX
PAN	NA	PAN	AABC5730G
Name (Proposer)	Yeshwant Vasant Mungase	Name	Bajaj Allianz General Insurance Company Ltd.
Address-1	Mit Academy Of Engineering Alandi Dehu Pune	Address-1	Bajaj Allianz General Insurance Co Ltd
Address-2		Address-2	Vardhaman - 3rd Floor
Address-3		Address-3	Vardhaman Building,7 Loves Chowk,Shankar Sheth
Pin Code	412105	Pin Code	411042
City	PUNE	City	PUNE
State	MAHARASHTRA	State	MAHARASHTRA
Client Category	NON HNI	Place of Supply	27 - MAHARASHTRA

## Premium

Description	Amount(INR)	Description	Amount(INR)
Net Premium	1344	State GST(9%)	121
Receipt Number: SYS-21-000002654245 Date: 22/03/2022 Premium Payer ID: PI21429796 Float: NA; ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque		Central GST(9%)	121
		IGST(18%)	0
		Gross Premium	1586

**Total Invoice Value (In figures) :** 1586

**Total Invoice Value (In Words) :** One Thousand Five Hundred Eighty-Six Rupees

**Amount of Tax Subject to Reverse Charge:** No reverse charge is payable on these services.

**Services Accounting Code:** 997133 Accident and health insurance services.

**Principal Location:** Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666

**For & on the behalf**

**Bajaj Allianz General Insurance Company Ltd.**

Signature Not Verified

Digitally signed by DS BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED 01  
Date: 2022.03.22 15:59:42 IST

Authorized Signatory

**Important Notes:**

\* The invoice is issued as per Section 31 of the CGST Act

\* In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

\* As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E

This is a digitally signed document and hence no physical signature is required

**Bajaj Allianz General Insurance Co.**

Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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