


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.

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1 HR Manual

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


20/7/17

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.
Hohen
6/7/18

OK

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. Pawar. | | | |
| 3 | Vijay S. Dighe | | | |
| 4 | Swapnil D. Daphal | | | |
| 5 | S. S. Kabra | | | |
| 6 | Dr. S.S. Kulkarni | | | |
| 7 | Rajeshwari Kulkarni | | | |
| 8 | Rupali Patil | | | |
| 9 | Mane A.B. | | | |
| 10 | Faihana P. Shaikh | | | |
| 11 | Snehal D. Pagay | | | |
| 12 | G.R. Vyawahare | | | |
| 13 | Ajit M. Sawade | | | |
| 14 | Dhakane U.R. | | | |
| 15 | Sudhis Kulkarni | | | |
| 16 | Sunil M. Jadhav | | | |
| 17 | Sanjay S. Waghmare | | | |
| 18 | Nilesh S. Mhaske | | | |
| 19 | Shashikant Naikade | | | |
| 20 | Dr. S.S. Kulkarni | | | |
| 20 | Shaikh Hussain | | | |
| 21 | Vipul Chitnis | | | |
| 22 | Venkatesh Karad. | | | |
| 23 | Katkhede G.U. | | | |
| 24 | Panchal S.T. | | | |
| 25 | Sanjay Dahiwadkar | | | |
| 26 | Sutar N.D. | | | |
| 27 | Raghwan M. Adhau | | | |
| 28 | Ghughe N.R. | | | |
| 29 | Mr. Kargade U.S. | | | |
| 30 | P. Pradip V. Chavhan | | | |

MIT Academy of Engineering

Department of Central Library

Organize Three Days

“Heart Fullness Meditation Session”

| Sr. No. | Name of the Staff Faculty. | Signature | | |
|---------|---|--------------------|--------------------|--------------------|
| | | 23 July 2018 | 24 July 2018 | 25 July 2018 |
| 1. | Abhimanyu K. Chandgude | <u>Abhim</u> | <u>Abhim</u> | <u>Abhim</u> |
| 2. | Rahul Ashok Patil | <u>Rahul</u> | | |
| 3. | Amit Vaidya | <u>Amit</u> | | |
| 4. | Snehal D. Pagay | <u>Snehal</u> | | |
| 5. | Farhana J. Shaikh | <u>Farhana</u> | <u>Farhana</u> | <u>Farhana</u> |
| 6. | Bhimagoud R. Patil | <u>Bhim</u> | | |
| 7. | Dilip B. Pancher | <u>Dilip</u> | | |
| 8. | Priya Venna | <u>Priya</u> | <u>Priya</u> | |
| 9. | Bhavana M.M. | | <u>Bhava</u> | |
| 10. | Sonwara G.R. | | | <u>Sonwara</u> |
| 11. | Pankaj S. Suresh Hirmathi | | | <u>Suresh</u> |
| 12. | Shashikant Naikade | | | <u>Shash</u> |
| 13. | Tapro Patil | — | — | <u>Tapro</u> |
| 14. | Sanjeev D. Ranjanekar | — | — | <u>Sanjeev</u> |
| 15. | Ankita Pashine (Student) | | | <u>Ankita</u> |
| 16. | N.S. Sahu | <u>N.S. Sahu</u> | <u>N.S. Sahu</u> | <u>N.S. Sahu</u> |
| 17. | V.T. Mungar | <u>V.T. Mungar</u> | <u>V.T. Mungar</u> | <u>V.T. Mungar</u> |
| 18. | Vandana Khandelwal | <u>Vandana</u> | <u>Vandana</u> | <u>Vandana</u> |

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, EGC, 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 |

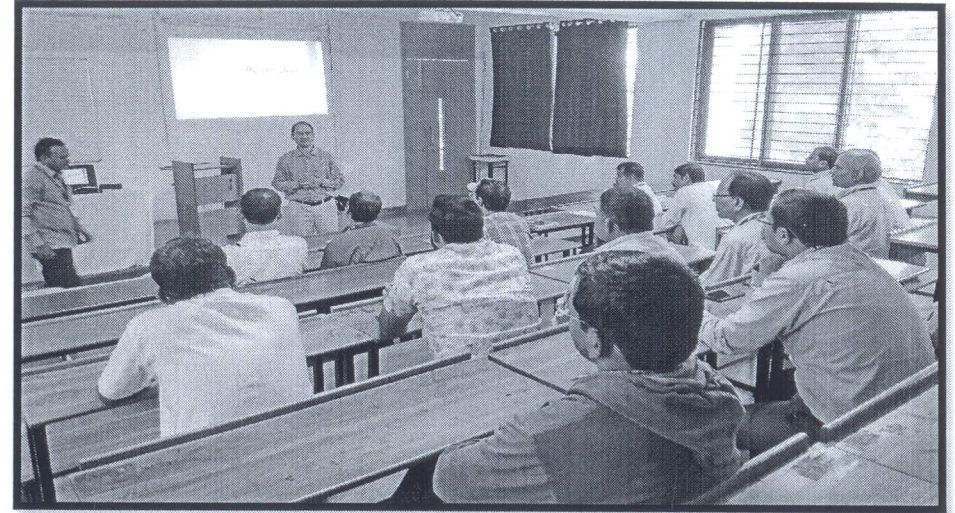
With warm regards


(U. R. Dhakane)
Chief Rector

approved
Dept. Fund.
2018/07/09


(Ms. Vandana Khandelwal)
Librarian

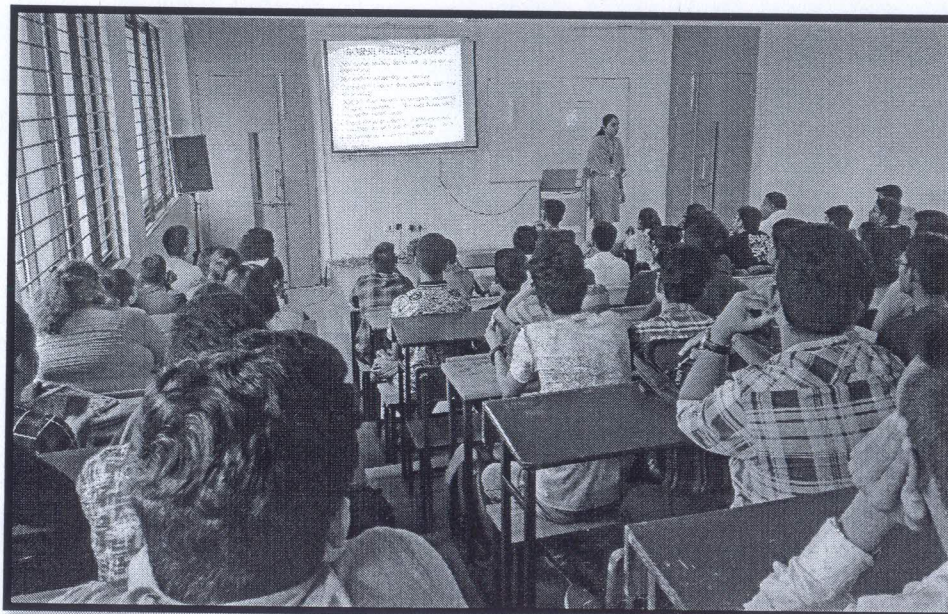
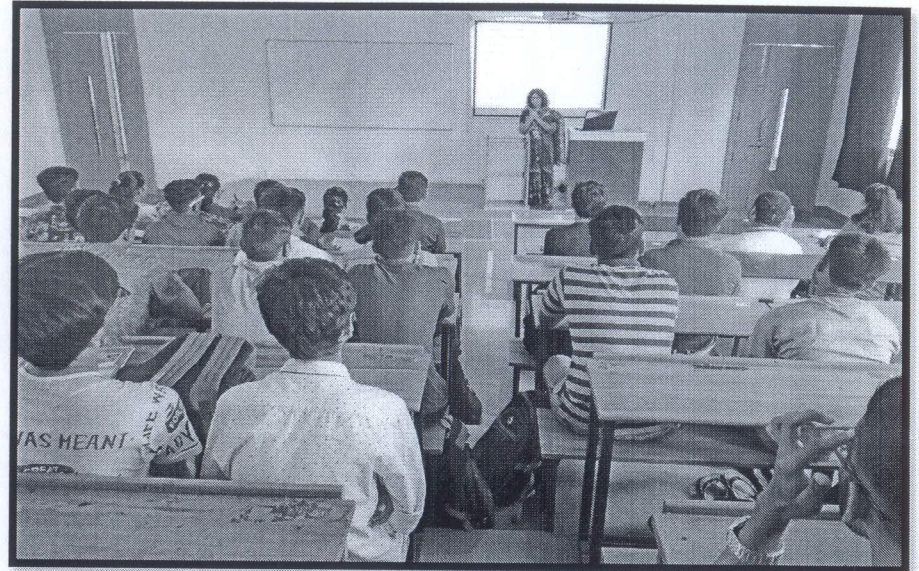
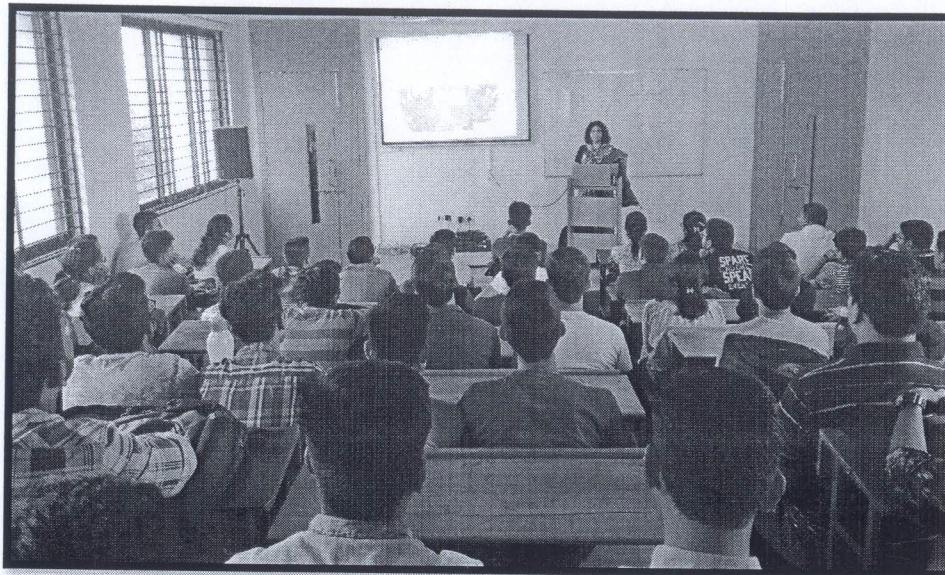
HEARTFULNESS MEDITATION 23, 24 & 25 JUL 2018



NPTEL AWARENESS 29 NOV 2018



ORIENTATION PROGRAMME 02 & 03 AUG 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 27th August 2019 from 10.00 am to 4.00 pm **on the auspicious occasion of 20th 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.

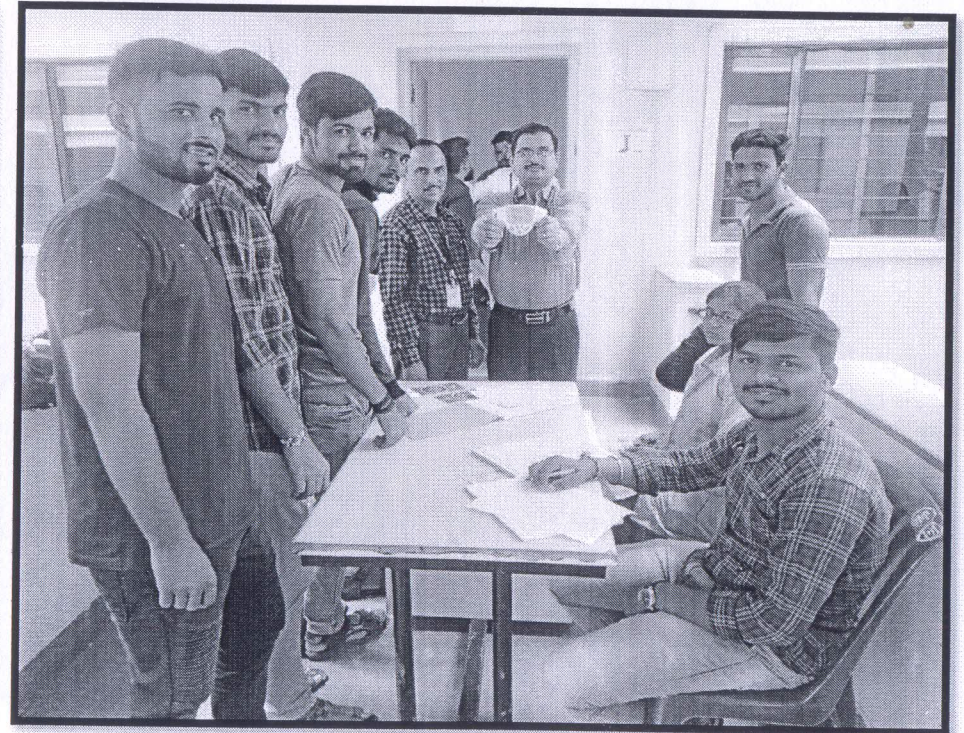
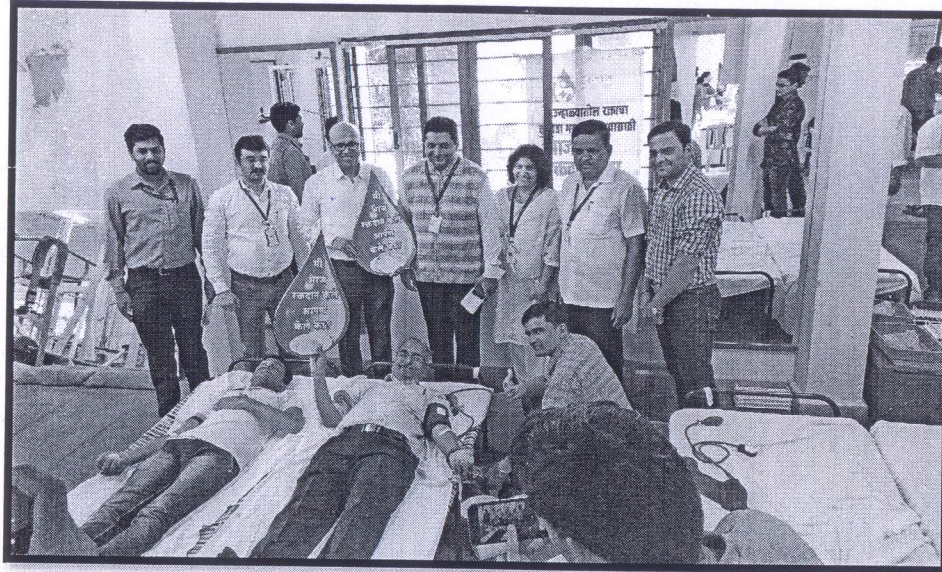
All the Faculty, Staff and Student of MIT, Alandi are cordially invited and requested to avail this facility and make optimal use of the same. All School Deans are requested to instruct their class teacher to read out this notice in the class room for giving awareness about the same to the students.

Please make optimal utilization of this opportunity.


Director 26-8-19

MITAOE

BLOOD DONATION AND MEDICAL CAMP 27 AUG 2019



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Gmail from:(vbkhandelwal@lib.maepune.ac.in) to:(dean.faculty@mitaoe.ac.in) dean.fa X

MIT Academy of Engineering V

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Important

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Start a meeting

Join a meeting

Hangouts

Vandana +

No recent chats

Start a new one

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 Samanvay 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.

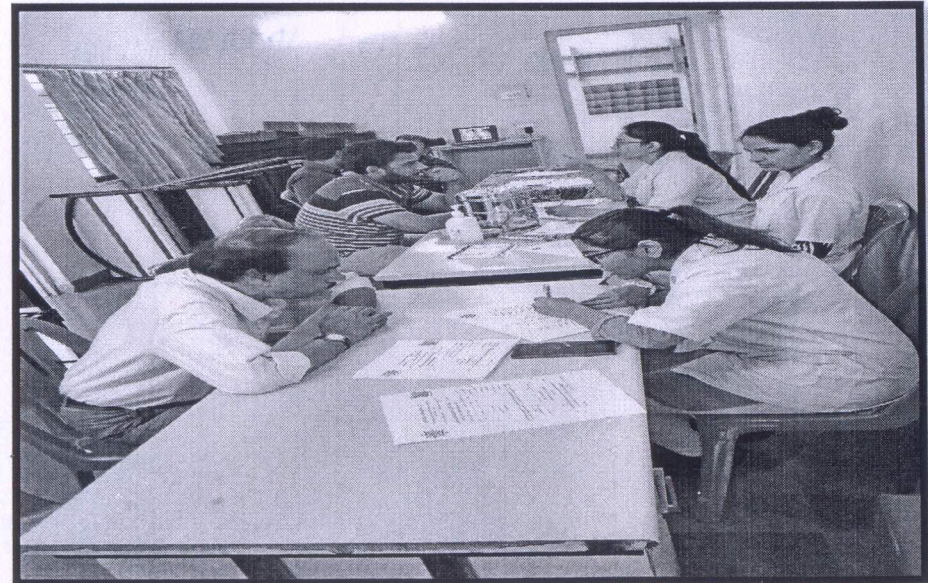
Event Coordinators

Ms. Vandana Khandelwal

Mrs. Usha Verma, Dean FSA

2:07 PM 12/Aug/2020

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 https://attendee.gotowebinar.com/register/5366272467871510800 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 : https://forms.gle/pN8SvC1WbZQAKqNH9 | 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 : https://forms.gle/pN8SvC1WbZQAKqNH9 | 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, Uttanaasana, Trikonasana, Shashankasana, Bhujangasana, Pawanmuktasana 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 Shushrut
Official Pune District Yoga Promoter

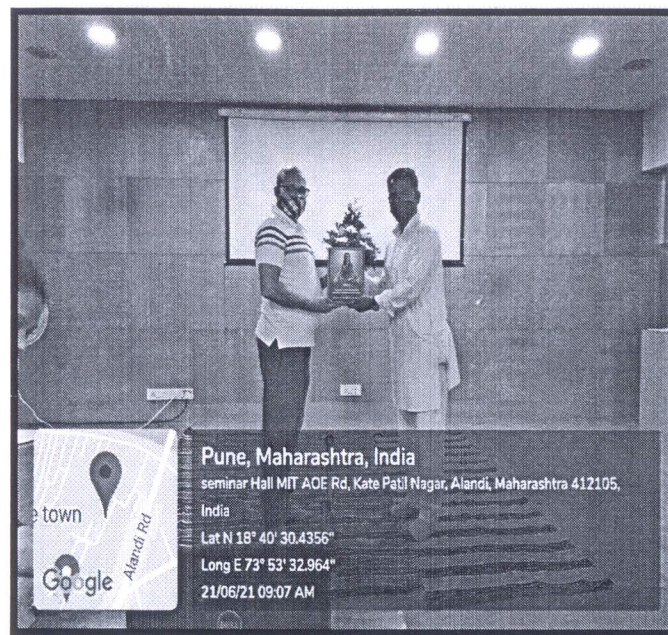


Register Now

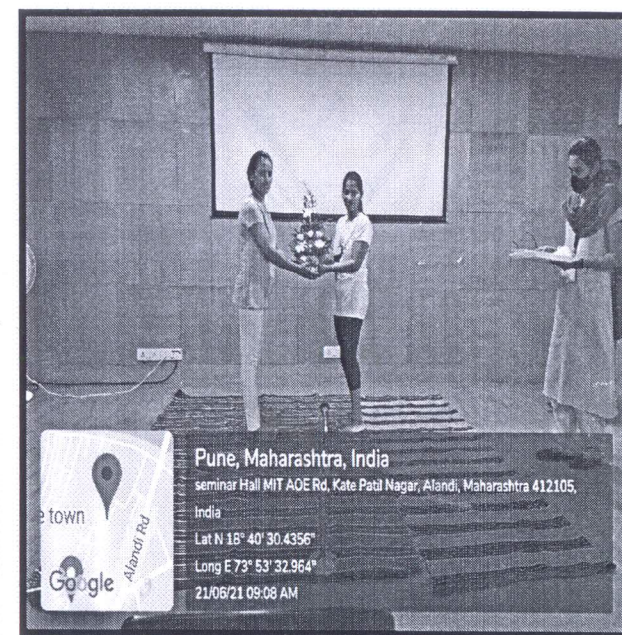
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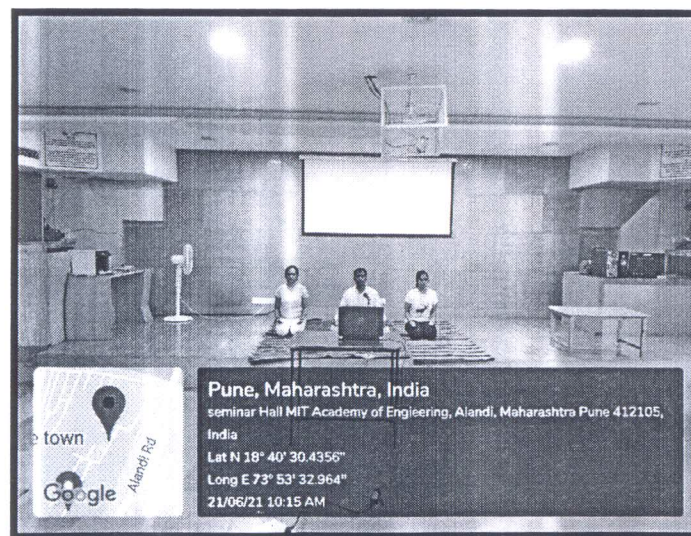
International Yoga Day Flyer



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 21st 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



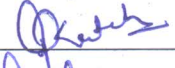



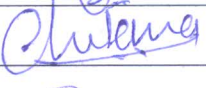

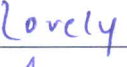

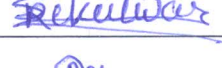

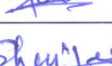


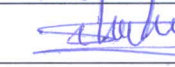
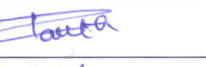

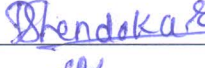

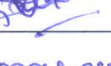
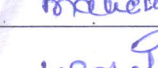



Ms. Vandana Khandelwal
Librarian

✓
Approved
Please raise budget (M.Y).
SLP.

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 | Chitanga Thakre (Asst. Prof) | Design |  |
| 08 | Sanita Mungose | Library |  |
| 09 | | | |
| 10 | Lovely Kumari | ENTC |  |
| 11 | Vaibhavi Vek | ENTC |  |
| 12 | Samiksha Rekulwar | 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 Devchand Chavhan | computer |  |
| 19 | Pooth 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

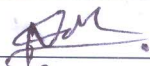

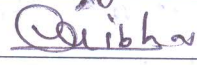

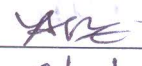
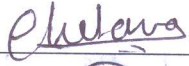

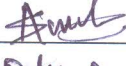
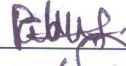

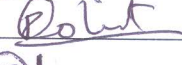

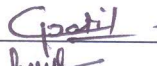

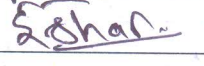
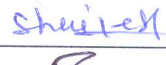


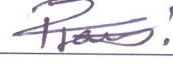
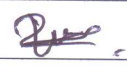






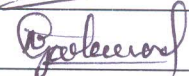
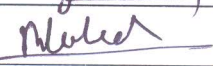
| S. No. | Name of the Participant | Department | Signature |
|--------|----------------------------|------------|----------------------|
| 1. | Sejal Sushant Shinde | SY Comp | Sejal-S-Shinde |
| 2. | Vaishnavi Sulekar | SY Comp | Signature |
| 3. | Sakshi Ugale | SY Comp | Sakshi |
| 4. | Sharada falone | SY Comp | Signature |
| 5. | Bhagyashri Kadam | SY comp | Signature |
| 6. | Amol Kalle | mech | Signature |
| 7. | Prem Lohar | 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 Gailwad | 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. | Danesh Jaiswal | SY-ENTC | Danesh |
| 23. | Vinay Ingale | TY-ENTC | Vinay |
| 24. | Pooja Kumar | SY-ENTC | Signature |
| 25. | Bhamez S.B | Store | Bhamez |
| 26. | Asst. Prof. Chetana Thakre | Design | Chetana |
| 27. | Asst. Prof. Apoorva Gijare | Design | Apoorva |
| 28. | Aniket Bachhav | Mktg | Aniket |

[illegible]

MIT Academy of Engineering

21 Days Yoga Session
Attendance on Day 14

14 JUN 2022

| S. No. | Name of the Participant | Department | Signature |
|--------|----------------------------|------------|---|
| 1 | Niraj Kadam | DSY ENTC |  |
| 2 | Amel 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 | Dumish Shendekar | SY ENTC |  |
| 19 | Jayesh Rajput | SY ENTC |  |
| 20 | Anand Rode | SY chem |  |
| 21 | Pranav Nahe | SY IT |  |
| 22 | Rohan Survase | SY IT |  |
| 23 | Devash Jaiswal | SY-ENTC |  |
| 24 | Swapnil Kendre | DSY-ETX |  |
| 25 | Aditya Mukund | TY-ENTC |  |
| 26 | Pawan Kolke | DSY-ETX |  |
| 27 | Aditya Gaitwad | SY-IT |  |
| 28 | Rushikesh Kokade | DSY-ETX |  |

| S. No. | Name of the Participant | Department | Signature |
|--------|-------------------------|------------|------------------------|
| 29 | Krishna Gite | SY Civil | <u>Pete</u> |
| 30 | Parth Kumar | SV ENTC | <u>P</u> |
| 31 | Sahil Talpade | SY IT | <u>Talpade</u> |
| 32 | Parth Kavnale | SY Comp | <u>KMP</u> |
| 33 | Aditya Bodekar | DSY ETX | <u>Aditya</u> |
| 34 | Akash Kachgunde | SY-Civil | <u>Ak</u> |
| 35 | Gautam Gawhar | DSY ENTC | <u>Gautam</u> |
| 36 | Vidya Dhage | DSY MECH | <u>Dhage</u> |
| 37 | Madhuri Pujari | DSY ETX | <u>Pujari</u> |
| 38 | Gunjan Khandelote | DSY mech | <u>Gunjan</u> |
| 39 | Dakshita Kolgane | DSY ETX | <u>Dakshita</u> |
| 40 | Vaishnavi Surkate | SY comp | <u>MS</u> |
| 41 | Sejal Shinde | SY Comp | <u>Sejal S. Shinde</u> |
| 42 | S.M. Naikade | Systems | <u>S.M.</u> |
| 43 | S.D. Mungase | Library | <u>S.D. Mungase</u> |
| 44 | Mallesh N. Marab | Library | <u>mallesh.n.m</u> |
| 45 | ATUL N. PATIL | LIBRARY | <u>A</u> |
| 46 | Sanjay Y. Waghade | Library | <u>Waghade</u> |
| 47 | Chavan B D | ESTAT | <u>Chavan</u> |
| 48 | Rajeshwari Kulkarni | Library | <u>Kulkarni</u> |

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 | <i>P. Hatte</i> |
| 3. | Vaishali Kulkar | Asst. prof | <i>Vaishali</i> |
| 4. | Dr. Maya chorde | Assoc. Prof & WS | <i>Maya</i> |
| 5. | | | |
| 6. | Malge. A. M. | Mechanical | <i>Malge</i> |
| 7. | S. M. Haikade | Systems | <i>S. M. Haikade</i> |
| 8. | Rushikesh Kakade | DSY-ETX | <i>Rushikesh</i> |
| 9. | Supnil Kenbe | DSY-ETX | <i>Supnil</i> |
| 10. | Aditya Bodekar | DSY-ETX | <i>Aditya</i> |
| 11. | Ramam Kolte | DSY-ETX | <i>Ramam</i> |
| 12. | Gautam Gaurkar | DSY-ENTC | <i>Gautam</i> |
| 13. | Aarti mandhone | DSY-ETX | <i>Aarti</i> |
| 14. | Akshaya chivhane | DSY-ETX | <i>Akshaya</i> |
| 15. | Swarali Tumale | DSY-ETX | <i>Swarali</i> |
| 16. | Rohini Sontakke | DSY-EntC | <i>Rohini</i> |
| 17. | Rajeshwari Kalitkar | Library | <i>Rajeshwari</i> |
| 18. | Arjun Dhodade | DSY-Civil | <i>Arjun</i> |
| 19. | Aditya Mukund | TY-ENTC | <i>Aditya</i> |
| 20. | Abhishek Sandhan | TY-ENTC | <i>Abhishek</i> |
| 21. | Vaishnavi Ganeshkar | DSY comp | <i>Vaishnavi</i> |
| 22. | Pooja Pradip Patil | DSY Civil | <i>Pooja Patil</i> |
| 23. | Neha ingale | SY. chem | <i>Neha</i> |
| 24. | Madhuri pujari | DSY-ETX | <i>Madhuri</i> |
| 25. | Shreya Ajari | DSY COMP | <i>Shreya</i> |
| 26. | Bhagyashri Bhosale | DSY comp | <i>Bhagyashri</i> |
| 27. | Dakshita Kolgare | DSY ETX | <i>Dakshita</i> |
| 28. | Sanskriti Pamphattin | DSY COMP | <i>Sanskriti</i> |

[illegible]

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

bagichelp@bajajallianz.co.in

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

<http://twitter.com/BajajAllianz>

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 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 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: | 27AABCB5730G1ZX | | |
| Company PAN | AABCB5730G | 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 |
|------------------------------|---------------|-----------------------|-------------------|----------------------------|---|-------------|----------------------------|-------------------------------|
| | Sum Insured | Per Day Benefit | Number of Days | Sum Insured | Weekly Benefit Amt. | 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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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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Caringly yours

BAJAJ | Allianz

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



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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



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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 | 27AABCB5730G1ZX |
| PAN | NA | PAN | AABCB5730G |
| 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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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

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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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 | sujitlorage@gmail.com | Email | sujitlorage@gmail.com |
| Educational Qualification | NA | | |
| Family Monthly Income | 15000 | | |
| 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 | 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 | | |
| Company PAN | AABCB5730G | Invoice No: | SYS-21-000002654367 |

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 | | |
| 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 16:03:44 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

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

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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Caringly yours

BAJAJ | Allianz

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



Caringly Yours App
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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://twitter.com/BajajAllianz>



www.bit.do/bjazgi



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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 | 27AABCB5730G1ZX |
| PAN | NA | PAN | AABCB5730G |
| 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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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

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**

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Transcript of Proposal for ([11-8428-0000823455-00] GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)) [(UIN):IRDAI/HLT/BAGI/P-P/V.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 | 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 | 9850967130,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 | 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

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: | 27AABCB5730G1ZX | | |
| Company PAN | AABCB5730G | 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 |
| 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 |
|---------------------------|---------------|-----------------------|----------------|----------------------|--|-------------|----------------------|-------------------------|
| | 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

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

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

www.bajajallianz.com

bagichelp@bajajallianz.co.in

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<http://twitter.com/BajajAllianz>

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 | 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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Caringly yours

BAJAJ | Allianz

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



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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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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 | 27AABCB5730G1ZX |
| PAN | NA | PAN | AABCB5730G |
| 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



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

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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

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: | 27AABCB5730G1ZX | | |
| Company PAN | AABCB5730G | 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 |
|----------------------------|---------------|-----------------------|----------------|----------------------|--|-------------|----------------------|-------------------------|
| | 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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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

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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

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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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 | 27AABCB5730G1ZX |
| PAN | NA | PAN | AABCB5730G |
| 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



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,

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 | 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 | 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 | 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 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.

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 | sujitlolage@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: | 27AABCB5730G1ZX | | |
| Company PAN | AABCB5730G | 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 |
|----------------|---------------|-----------------------|-------------------|----------------------------|---|-------------|----------------------------|-------------------------------|
| | Sum Insured | Per Day Benefit | Number of Days | | Weekly Benefit Amt. | 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

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

BAJAJ | Allianz

| | | | |
|-------------|--------------------------|------------|-----------------------|
| 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.

Stamp Duty
Rs.1/-

Consolidated Stamp Duty of Rs. 1/- paid towards 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.

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

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

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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

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

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

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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 **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

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-21-000002654704 | 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 | 27AABCB5730G1ZX |
| PAN | NA | PAN | AABCB5730G |
| 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



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

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 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 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 | | |
| Company PAN | AABCB5730G | Invoice No: | SYS-21-000002655079 |

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 | | |
| 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

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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 | 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

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

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



Caringly yours

BAJAJ | Allianz

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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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-21-000002655079 | 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 | 27AABCB5730G1ZX |
| PAN | NA | PAN | AABCB5730G |
| 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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www.bit.do/bjazgi

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



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

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

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

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www.bit.do/bjazgi

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

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 |
|-------------------------|---------------|-----------------------|----------------|----------------------|--|-------------|----------------------|-------------------------|
| | Sum Insured | Per Day Benefit | Number of Days | Sum Insured | Weekly Benefit Amt. | 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 15:59:39 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

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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

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

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

www.bajajallianz.com

bagichelp@bajajallianz.co.in

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

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



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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 **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



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Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



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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 | 27AABCB5730G1ZX |
| PAN | NA | PAN | AABCB5730G |
| 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.

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