



12-9910-0007446297-00

Bajaj Allianz General Insurance Company Limited



Welcome to Bajaj Allianz Family

Nitin Chunilal Gajera

67, Adarsh Nagar Society Athwalines ,,
, Surat, Surat, 395001

Gujarat

Mobile No.: 9925804222

e-mail : NA

Customer ID : PI34361232

Dear Customer,

Thank you for choosing Bajaj Allianz General Insurer as your preferred insurer. Bajaj Allianz General Insurance Company Limited, a consistently profitable insurer enjoys a reputation of expertise, stability and strength. We are a customer focused market leader present in over 200 locations across India. As an organization we strive to understand the risk management needs of our consumers and translate it into affordable products and services of global quality that deliver value for money. Bajaj Allianz has an ISO Certified claims process and has received iAAA rating for the last three consecutive years from ICRA Limited, an associate of Moody's Investors Service, for claims paying ability. The rating indicates highest claims paying ability and a fundamentally strong position in the industry.

We request you to kindly go through the contents of the policy schedule and the terms and conditions. In case of any clarification or disagreement, please write to us at **travel@bajajallianz.co.in** within fifteen days of receipt of this policy.

We assure you the best of our services and look forward to a continual patronage and association with you.

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: SURAT BRANCH-202-206, 2nd Floor, The Citadel, Opposite Star Bazaar, Adajan, Surat, Gujarat, INDIA, 395009, 9999999999

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

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



WhatsApp Number: +91 7507245858



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Bajaj Allianz General Insurance Company Limited**Bajaj Allianz General Insurance Company Ltd****[Corporate Identity Number (CIN): U66010PN2000PLC015329]****[Unique Identification Number (UIN):BAJT1OP24007V042324]****Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune****Transcript of Proposal for INDIVIDUAL TRAVEL**

Dear Nitin Chunilal Gajera,

Policy No. 12-9910-0007446297-00

We wish to inform you that the your contract will based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB or other means which would be considered as the final proposal, the transcript of which is as follows:

You are requested to yourself reconfirm the same at your end. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back immediately and before start of your journey. In case of our non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed that you have positively confirmed to us the correctness of the below mentioned transcript and declaration.

Where you disagree to any of information/contents of this transcript, standard Terms or conditions, you have the option to return, immediately before start of your travel, the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, shall be entitled to a refund of the premium paid, subject only to there being no claim made under the Policy and also subject to a deduction of the expenses incurred by us and the stamp duty charges.

| Personal Information of Proposer | | | |
|----------------------------------|------------|---------------|------------|
| First Name | Nitin | | |
| Middle Name | Chunilal | Last Name | Gajera |
| Email Address | NA | Mobile Number | 9925804222 |
| Date of Birth | 11/06/1984 | Nationality | Indian |
| Passport No. | Z6068536 | | |

| Permanent Address | | Mailing Address | |
|--------------------------------|---------------------------------------|--------------------------------|---------------------------------------|
| House No/ Building No/ Flat No | 67, Adarsh Nagar Society Athwalines , | House No/ Building No/ Flat No | 67, ADARSH NAGAR SOCIETY ATHWALINES , |
| Street/ Locality/ Landmark | | Street/ Locality/ Landmark | |
| State | Gujarat | State | GUJARAT |
| City | Surat | City | SURAT |
| Area | Surat | Area | SURAT |
| Pincode | 395001 | Pincode | 395001 |



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Bajaj Allianz General Insurance Company Limited**Insured / Beneficiary Details**

| Serial No. | Insured/ Beneficiary Name | Date of Birth | Gender | Passport No. | Nominee |
|------------|---------------------------|---------------|--------|--------------|---------|
| 1 | Nitin Chunilal Gajera | 11/06/1984 | Male | Z6068536 | Rashmi |

Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we are issuing / have issued the Policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab-initio if material facts are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

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

A. Coverage Details:

1. Plan Name : Travel Prime Corporate Maximum
2. Geographical Coverage : Worldwide Including USA and Canada
3. Departure Date : 22-JUN-25
4. Return Date : 21-JUN-26
5. No of Journey Days : 365 Days
6. Rider Details:

| Rider Name | Rider Sum Insured |
|-----------------------------|-------------------|
| Track a Baggage Service | NIL |
| Loss of Personal belongings | USD 1000 |
| Trip Delay Delight | USD 60 |

7. Medical Declaration

Is the proposed insured's ever been diagnosed with or advised to seek treatment for any illness/ disease / ailment up to the date of making this proposal or suffer from physical defect or deformity?.

YES

☐

NO

☒

If Yes Please provide the details in the below table

(*) Applicable in case of family plan.

| | |
|------------------------|---------------------------|
| Medical Declaration of | Member 1 - No Declaration |
|------------------------|---------------------------|

B. EXCLUSIONS AND TERMS AND CONDITIONS:



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**Bajaj Allianz General Insurance Company Limited**

The detailed list of exclusions, standard terms and conditions, including the exclusion of pre-existing ailments/diseases, as mentioned in this transcript were fully explained to you and for full details thereof please refer to the Policy wordings:

Answer given by You: Yes, I/we have been explained in full the details of exclusions, standard terms and conditions including the exclusion of pre-existing ailments/diseases and knowing the same I/we have opted and proposed for this Policy.

- C. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to you and you have fully understood the significance of the proposed contract basis which you have confirmed for policy issuance.
- D. In case of Disagreement or objection or any changes with respect to information, declarations, Terms and Conditions, exclusions and contents mentioned hereinabove, please contact our toll free number & register your objections / changes / disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details immediately and before start of your journey.

DECLARATION:

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me as in this transcript are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
2. I understand that the information provided by me, as in this transcript, will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment and realisation of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in general health of me and other persons to be insured/proposer after the proposal has been submitted [as in this transcript] but before communication of the risk acceptance by the company.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal [as in this transcript] including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

NOTE: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

WhatsApp Number: 7507245858
Email address: travel@bajajallianz.co.in
Website: www.bajajallianz.com

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

For Bajaj Allianz General Insurance Company Ltd,

**** This is print of electronic records maintained by us in accordance with law and hence does not require signature.**
Scrutiny No:



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Bajaj Allianz General Insurance Company Limited



(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113)

Travel Prime Policy Certificate cum Policy Schedule UIN. BAJTIOP24007V042324

| PROPOSER DETAILS | | POLICY DETAILS | |
|---|---------------------|---|--|
| Customer ID : PI34361232 Proposer Name: Nitin Chunilal Gajera Corresp. Address: 67, ADARSH NAGAR SOCIETY ATHWALINES, SURAT SURAT GUJARAT PIN-395001 Mobile No.: 9925804222 e-mail id: NA | Policy No. | 12-9910-0007446297-00 | |
| | Issued on | 22/06/2025 Policy Status: ACTIVE POLICY | |
| | Period of Insurance | From: 22/06/2025 18:43 Hrs. To : 21/06/2026 Midnight | |
| | Endorsement | Dt. NA Wef. NA | |



IMPORTANT Note: For intimation of Hospitalization please use our miss call facility by dialing +91 124 6174720 this will help us to assist you better. You can also write an email to travel@bajajallianz.co.in. Planned hospitalization to be notified at least 7 days in advance before admission and emergency hospitalization within 24 hours or as soon as possible before discharge.

| Plan Chosen | Travel Prime Corporate Maximum | Geographical Coverage | Worldwide Including USA and Canada |
|-------------|--------------------------------|-----------------------|------------------------------------|
|-------------|--------------------------------|-----------------------|------------------------------------|

| Member Name | Date of Birth | Age | Gender | Passport Number | Nominee Name | Relation |
|-----------------------|---------------|-----|--------|-----------------|--------------|----------|
| Nitin Chunilal Gajera | 11/06/1984 | 41 | Male | Z6068536 | Rashmi | Spouse |

| Basic Benefits | Max Limit | Deductible | Basic Benefits | Max Limit | Deductible |
|--|---|------------|---------------------------------|--|------------|
| Personal Accident *** | USD 25000 | Nil | Delay of Checked Baggage | USD 100 | 12 Hrs. |
| Medical Expense and Evacuation | USD 1000000 | USD 100 | Emergency Cash Benefit | USD 1000 | Nil |
| Emergency Dental Pain Relief | USD 500 | USD 100 | Golfer's Hole-in-one | USD 500 | Nil |
| Repatriation | USD 6500 | Nil | Home Burglary Insurance | INR 250000 | Nil |
| Loss of Checked Baggage ** | USD 1000 | Nil | Hospitalization Daily Allowance | USD 25 per 24 Hrs delay period up to USD 150 | Nil |
| Accidental Death and Disability (Common Carrier) | USD 5000 | Nil | Trip Cancellation | USD 1000 | Nil |
| Loss of Passport | USD 300 | USD 25 | Trip Curtailment | USD 500 | Nil |
| Personal Liability | USD 350000 | USD 100 | | | |
| Hijack Cover | USD 100 per 24 Hrs delay period up to USD 500 | Nil | | | |
| Trip Delay | USD 30 per 12 Hrs delay period up to USD 180 | 12 Hrs. | | | |

Total Trip duration: Per Trip Duration 45 Days and Total coverage during the year Maximum 180 Days.

| Add-on Cover/ Rider | Limits (Max for entire policy period) | Deductible | Premium |
|--|---------------------------------------|------------------------------------|-----------|
| Track a Baggage Service UIN. BAJTGBA24058V012324 | Included | Nil | INR 32 |
| Loss of Personal belongings UIN. IRDA/NL-HLT/BAGI/P-T/V.I/67/14-15 | USD 1000 | 10% Subj. to min USD 50 Co payment | INR 730 |
| Trip Delay Delight UIN. BAJHLIA19077VO11819 | USD 60 | 4 Hrs. | INR 765.9 |

| | |
|---------------------------|--|
| Remarks | Please Note: INR indicates Indian National Rupees * Travel Prime Corporate Maximum USD 1000000: ** For benefit of Loss of Baggage- Per Baggage maximum of 50% and per item in the baggage 10% *** For benefit of Personal Accident- Proposer and earning spouse 100 % of sum assured. For Non-earning spouse and every additional adult 50% of Sum Assured. For Child 25% of Sum Assured **** For benefit of Emergency Cash Advance - Cash Advance would include delivery charges |
| Important Note: | This policy does not cover any pre-existing medical condition/injury/illness/deformity and complications arising out from them that are declared or undeclared. You will not be travelling against the advice of a physician for the purpose of obtaining medical treatment and will consent to Bajaj Allianz seeking medical information from any doctor in respect of any matter relating to my physical or mental health and you authorize and consent to him giving such information to Bajaj Allianz and / or to the claims administrator or medical advisors. However this policy covers emergency medical treatment for life-threatening conditions arising out of any pre-existing medical condition upto USD 3000. |
| Pre-existing disease | Mr Nitin Chunilal Gajera: No Declaration |
| Special terms & condition | This policy covers Medical Expenses arising out of Covid-19 outside India, including Medical Expenses incurred during Quarantine period subject to the policy terms and conditions. Accommodation and non-medical incidental expenses arising during Quarantine period stand excluded. |
| Declaration by Insured | We understand that this policy has been issued based on the information provided by us/our representative and the policy is not valid if any of the information provided is incorrect. We also understand that this policy does not cover pre-existing illnesses or disability or conditions arising there from as per terms and conditions mentioned in the policy. |
| Geographical Exclusion | Note: Declined country list includes- Pakistan, Afghanistan, DR Congo, Iran, Iraq, Yemen, Syria, N Korea, and similar terror prone and politically unstable countries. Additionally Haj and Manasarovar Yatra are not covered. |

| | | |
|---|-----------------|---|
| Premium before tax | Rs. 8046 | Premium Details: Receipt No: SYS-25-000004492545/1 Date: 22/06/2025 Instrument No: NA Bank & Branch name receipt Amount Rs. 9494 Premium Payer ID: 399981621 Payment Mode: Notional Float If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque. |
| SGST @Rs.9% CGST @Rs.9% IGST @ % Cess @ % | Rs. 1448 | |
| Total Premium | Rs. 9494 | |



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**Bajaj Allianz General Insurance Company Limited****Total Premium in words:** Rupees Nine Thousand Four Hundred Ninety-Four Only**Proposer GSTIN/UIN:** | **Place of Supply:** 24 - GUJARAT | **Company GST.No.:** 24AABC5730G1Z3 | **Invoice Number:** 242506I001604018 | **Company PAN:** AABC5730G |

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through [Caringly yours App](#), WhatsApp Service { Say 'Hi' on WhatsApp - 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on – 8080945060, SMS "WORRY" to 575758, Email - bagichelp@bajajallianz.co.in, Website - www.bajajallianz.com, contact your agent or nearest branch.

I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Previous Policy No: Expiry Dt.**Code:** 42540009 | **Name:** CHOICE INSURANCE BROKING INDIA PVT. LTD | **Contact No.:** 9999999999, **E-Mail :** NA@NA.COM | |

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

Stamp Duty
₹ 0.50

Consolidated stamp duty Rs.0.50 paid for insurance policy stamps Challan
No.MH015538899202425M DEFACED NO 0008972915202425 Order
No.CSD/19/2025/816 Order Dated 20-FEB-25 Defaced Dated 01-MAR-25
having validity from 01-MAR-25 to 28-FEB-27 of General Stamp Office

**Policy Wording**

This document is system generated, hence counter signature / stamp is not required.

Corporate Identification Number: U66010PN2000PLC015329 | **Service Tax Regd. Number** AABC5730G-ST-001

Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: SURAT BRANCH-202-206, 2nd Floor, The Citadel, Opposite Star Bazaar, Adajan, Surat, Gujarat, INDIA, 395009, 9999999999

Principal Location: 2202 | **Service Accounting Code:** 997133 .No reverse charge is payable on these services.

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

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

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

**WhatsApp Number:** +91 7507245858**INDIVIDUAL TRAVEL ANNEXURE DETAILS**



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Bajaj Allianz General Insurance Company Limited**IMPORTANT NOTICE: International Contact Numbers**

| Country | Toll Free Number with Exact Dialing Pattern | Mobile | PayPhone/Landline |
|---------------|---|---|--|
| AUSTRALIA | 1800161400 | Yes | Yes |
| AUSTRIA | 0800296764 | Yes | Yes |
| BELGIUM | 080019946 | Yes | No |
| CANADA | 18339371046 | Yes | Yes |
| DENMARK | 80254114 | Yes | Yes |
| FINLAND | 0800916110 | Yes | Yes |
| | 0800916111 | | |
| FRANCE | 0800992597 | Yes | Yes |
| GERMANY | 0800801356 | Yes | Yes |
| HONG KONG | 0800938183 | Yes | Yes |
| HUNGARY | 0680080529 | Yes | Yes |
| IRELAND | 1800947246 | Yes | Yes |
| ISRAEL | 1809455174 | No access from Paltel & Jawal/Watania mobile networks. | Yes |
| ITALY | 0800729207 | ITFS mobile accessible from following mobile networks: Tim, Vodafone, Wind. | Yes |
| JAPAN | 06633814376 | Mobile networks access: NTT Docomo, Au (KDD) and Softbank. | Yes |
| | 06633814377 | | |
| | 06633814378 | | |
| | 06633814379 | | |
| MALAYSIA | 1800819860 | Yes | Yes |
| NETHERLANDS | 08000231639 | Yes | Yes |
| NEW ZEALAND | 0800497242 | Yes | Yes |
| PHILIPPINES | 180011102860 | Mobile access available from Sun Cellular & Smart Mobile networks. | No |
| PORTUGAL | 800827716 | Yes | Yes |
| SINGAPORE | 8001014293 | Accessible through Mobile1, Singtel & Starhub - airtime charged. All mobile callers need to pre-register with Singtel. UIFN not available to prepaid subscribers. | ITFS access from Payphones is available from Singtel network only, free of charge and for UIFN, there is a local charge. |
| SOUTH KOREA | 00798142030103 | Yes | Yes |
| | 00798142030103 | | |
| SPAIN | 900805804 | Yes | No |
| THAILAND | 1800014035 | Yes | Yes |
| UK | 08000314801 | Yes | No |
| UNITED STATES | 18339371059 | Yes | Yes |

Our overseas travel assistance department:
WhatsApp: 7507245858
e-mail: travel@bajajallianz.co.in

Missed Call Number:
+91 124 6174720

Contact Details
Bajaj Allianz General Insurance Co. Ltd., 2nd Floor, Bajaj Finserv Building, Survey No. 208 / B - 1, Behind Weik field IT Park, Off Nagar Road, Viman Nagar, Pune - 411014
www.bajajallianz.co.in

For any queries please contact:
Email: travel@bajajallianz.co.in



Track a Baggage Service

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

Click here
<https://bajajallianz.blueribbonbags.com>

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

Or

 **0008000502409** (Toll free Number)

 **mbr@blueribbonbags.com**

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

Authorized Signatory



12-9910-0007446297-00

Bajaj Allianz General Insurance Company Limited



UnitedHealthcare®



Allianz

Caringly yours

Health Pan (80840) **911-87601-04**

UnitedHealthcare Member ID: **642101808062**

UnitedHealthcare Group Number: **76570076**

Member:

Group Name: **AzP INDIA**

MR NITIN CHUNILAL GAJERA

Medical Payer ID: **USN01**

Eff Dt: **22/06/2025**

Member DOB:

To: **21/06/2026**

11/06/1984

UnitedHealthcare Options PPO

Insurance Information:

Policy No.: 12-9910-0007446297-00

Plan Name: Travel Prime Corporate Maximum

To verify benefits for Members call

Toll Free No. USA: 1-833-937-1059

Medical Providers: **1-844-280-9787**

www.usnetworksuhc.com

Medical Claims: UHC Global, PO Box. 30526, Salt Lake City, UT 84130-0526