



12-9910-0006384387-00

Bajaj Allianz General Insurance Company Limited



Welcome to Bajaj Allianz Family

Prasun Jodhani

No 6/1, Ngef Layout, Sanjaynagar Rmv Extension, 2nd Stage ,
, Bangalore, Bangalore, 560094

Karnataka

Mobile No.: 8095697013

e-mail : NA

Customer ID : PI32685027

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

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 Prasun Jodhani,

Policy No. 12-9910-0006384387-00

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	Prasun		
Middle Name		Last Name	Jodhani
Email Address	NA	Mobile Number	8095697013
Date of Birth	06/01/1994	Nationality	Indian
Passport No.	Z8061896		

Permanent Address		Mailing Address	
House No/ Building No/ Flat No	No 6/1, Ngef Layout, Sanjaynagar Rmv Extension,2nd Stage	House No/ Building No/ Flat No	No 6/1, Ngef Layout, Sanjaynagar Rmv Extension,2nd Stage
Street/ Locality/ Landmark		Street/ Locality/ Landmark	
State	Karnataka	State	Karnataka
City	Bangalore	City	Bangalore
Area	Bangalore	Area	Bangalore
Pincode	560094	Pincode	560094



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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	Prasun Jodhani	06/01/1994	Male	Z8061896	Legal Heir

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 : 10-JAN-25
4. Return Date : 09-JAN-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
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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: +91 7507245858
Email address: travel@bajajallianz.co.in
Website: www.bajajallianz.com

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

For Bajaj Allianz General Insurance Company Ltd,

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



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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 : PI32685027		Policy No.	12-9910-0006384387-00
Proposer Name: Prasun Jodhani		Issued on	09/01/2025 Policy Status: ACTIVE POLICY
Corresp. Address: No 6/1, Ngef Layout, Sanjaynagar Rmv Extension, 2nd Stage Bangalore Bangalore Karnataka PIN-560094		Period of Insurance	From: 10/01/2025 00:00 Hrs. To : 09/01/2026 Midnight
Mobile No.: 8095697013 e-mail id: NA		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
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Member Name	Date of Birth	Age	Gender	Passport Number	Nominee Name	Relation
Prasun Jodhani	06/01/1994	31	Male	Z8061896	Legal Heir	Legal Heir

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 Prasun Jodhani: 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. 7876	Premium Details: Receipt No: SYS-24-000011545448/1 Date: 09/01/2025 Instrument No: NA Bank & Branch name receipt Amount Rs. 9294 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 @ % CGST @ % IGST @ 18% Cess @ %	Rs. 1418	
Total Premium	Rs. 9294	

Total Premium in words: Rupees Nine Thousand Two Hundred Ninety-Four Only



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**Bajaj Allianz General Insurance Company Limited****Proposer GSTIN/UIN:** | **Place of Supply:** 29 - KARNATAKA | **Company GST.No.:** 24AABC5730G123 | **Invoice Number:** 292501I000396112 | **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 - +91 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: NA Expiry Dt. NA**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**
₹ .5

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

**Policy Wording**

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

Corporate Identification Number: U66010PN2000PLC015329 | **Service Tax Regd. Number** 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

Principal Location: 2202 | **Service Accounting Code:** 997134 .No reverse charge is payable on these services.

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

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

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:
Tel: +91 7507245858
[e-mail: travel@bajajallianz.co.in](mailto: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



12-9910-0006384387-00

Bajaj Allianz General Insurance Company Limited



UnitedHealthcare®



Allianz

Caringly yours

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

UnitedHealthcare Member ID: **642101653422**

UnitedHealthcare Group Number: **76570076**

Member:

MR PRASUN JODHANI

Group Name: **AzP INDIA**

Medical Payer ID: **USN01**

Eff Dt: **10/01/2025**

Member DOB:

06/01/1994

To: **09/01/2026**

UnitedHealthcare Options PPO

Insurance Information:

Policy No.: 12-9910-0006384387-00

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