



Shri Sairaj Shikshan Pratishthan's

Reg. No. ID No. PU/NS/CS/139/2009

# ***Vishwalata Arts, Commerce & Science College***

AISHE ID : C- 41471  
College Code : 892

BHATGAON, Tal. Yeola, 423401 Dist. Nasik

Mob. 9545126722

\* Affiliated to Savitribai Phule Pune University. \* NAAC Accredited C Grade (1st Cycle 2022) \* ISO 9001:2015

## **Criteria No-06**

### **Governance, Leadership and Management**

6.3.1 The institution has effective welfare measures for teaching and non- teaching staff

Sr.No.	Document
1	Table
2	Medical Leave
3	Salary advance
4	Duty Leave
5	Accidental Insurance for teaching and non-teaching staff



Shri Sairaj Shikshan Pratishthan's

Reg. No. ID No. PU/NS/CS/139/2009

# Vishwalata Arts, Commerce & Science College

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6.3.1 The institution has effective welfare measures for teaching and non-teaching staff.

		No of the Beneficiary
Sr.No.	Name of the Scheme	A.Y.2022-2023
1	Duty Leave	245
2	Medical Leave	17
3	Maternity Leave	00
4	Salary advance facility	03
5	Medical Reimbursement	00
6	Residential quarters for teaching and non-teaching staff	00
7	Accidental Insurance for teaching and non-teaching staff	39

## Teaching / Non-Teaching Staff Leave Application

Date: - 08/12/2022

1. Casual Leave / Duty Leave : C.L. Dept. Geography
2. Name : prof. Pawar. G.M.
3. Days 1 1/2 Date 08/12/2022 Date 09/12/2022
4. Reason : Health issue.

**A) Only For Teaching Staff :**

Period	Time	Subject Name	Class	Period hand over to Prof.	Sign. of hand over to Prof.
1	10:30	Atmosphere & Hydrosphere	F.Y. Bsc	prof. pangewhane A.D.	
2	1:20	E.V.S.	S.Y. B.com	prof. pangewhane A.D.	
3					
4					
5					

**B) Only For Non-Teaching Staff :**

S.N.	Hand Over's To	Hand Over's Sign & Date
1		
2		

**Applicant Signature :-**

Balance leave : ----- Clerk Sign. ----- Dt. -----

Course Name	Name of H. O. D.	H.O.D. Signature & Date
B.Com. & M. Com.	Kadam D.K.	
B.B.A. & B.B.M.		
B.C.A.		
B.Sc.	J.P. (HOD)	
B.Sc. (Comp. Sci.) & M.Sc.(Comp. Sci.)		
Peon/Driver etc. H.O.D.		

Vice Principal	Principal	Director	Secretary

टिप:- मा. सचिव किंवा संचालक उपस्थित नसल्यास भ्रमणघ्वनीवर संपर्क करून माहिती घावी.

1CL W81

### Teaching /Non-Teaching Staff Leave Application

Date: - 6 / 3 / 23.

1. Casual Leave / Duty Leave : CL Dept. chemistry  
2. Name : Shelar Nikita Bhagwat  
3. Days : 2 days Date 27/2/23 + 28/2/23  
4. Reason : Medical  
A] Only For Teaching Staff :

Period	Time	Subject Name	Class	Period hand over to Prof.	Sign. of hand over to Prof.
1		-			
2					
3					
4					
5					

B] Only For Non-Teaching Staff :

S.N.	Hand Over's To	Hand Over's Sign & Date
1		
2		

Applicant Signature :- Shelar Nikita

Balance leave : ----- Clerk Sign. ----- Dt. -----

Department Name	Name of H. O. D.	H.O.D. Signature & Date
Commerce	Prof.Kadam D.K.	
Manegment	Prof.Khairnar A.S.	
Computer	Prof.Wagh T.B.	
Science/Chemistry	Prof.Gadekar V.S.	<u>Shelar Nikita</u> 06/03/2023
Math/Physics/Geo//Botany	Prof.Awankar R.E.	
Non-Teaching H.O.D.	Mrs.Bhalerao A.R.	
Peon & Driver	Prof.Igole K.D.	

Vice Principal	Principal	Director	Secretary
<u>Shelar</u>	<u>Shelar</u> 6/3/2023	<u>Shelar</u> 6/3/23	

टिप:- मा. सचिव किंवा संचालक उपस्थित नसल्यास प्रमणघ्वनीवर संपर्क करून माहिती घावी.





॥ श्री ॥

# पवार हॉस्पिटल व पॉलिक्लिनिक

मनमाडरोड बस स्टैंड समोर येवला फोन- 265313

डॉ. आर बी. पवार

फॅमिली फिजीशियन

डॉ. सागर आर. पवार

एम. डी. (आयु.)

डॉ. डी. एस. मुळे

हृदयरोग तज्ञ

डॉ. शितल मोगल

बालरोग तज्ञ

डॉ. जगन्नाथ मोगल

बालरोग तज्ञ

Date 25/2/23

Nikita  
Shelar

R  
AN  
R

- P omg 200

- P matter

- P 1PC  
शितल

- P D & R  
R

## Teaching /Non-Teaching Staff Leave Application

Date: 5/12/2023

1. Casual Leave / Duty Leave : D.L Dept. Commerce

2. Name : Prof. Balk A.P.

3. Days : Friday & Saturday Date 06 & 07 Jan 2023

4. Reason : External Examiner - SyBcom - part I subject

A) Only For Teaching Staff:

@ HAL College Nashik - Ozar.

Period	Time	Subject Name	Class	Period hand over to Prof.	Sign. of hand over to Prof.
1					
2					
3					
4					
5					

B) Only For Non-Teaching Staff:

S.N.	Hand Over's To	Hand Over's Sign & Date
1		
2		

Applicant Signature :-

Balk A.P.  
5/12/2023

Balance leave : \_\_\_\_\_ Clerk Sign. \_\_\_\_\_ Dt. \_\_\_\_\_

Course Name	Name of H. O. D.	H.O.D. Signature & Date
B.Com. & M. Com.	<u>Prof. Kadam G.K.</u>	<u>[Signature]</u> 5/12/23
B.B.A. & B.B.M.	<u>Prof. Kheirnas A.S.</u>	<u>[Signature]</u> 5/12/23
B.C.A.		
B.Sc.		
B.Sc. (Comp. Sci.) & M.Sc.(Comp. Sci.)		
Peon/Driver etc. H.O.D.		

Vice Principal	Principal	Director	Secretary
<u>[Signature]</u> 5/12/23	<u>[Signature]</u> 5/12/23	<u>[Signature]</u> 5/12/23	

टिप:- मा. सचिव किंवा संचालक उपस्थित नसल्यास भ्रमणधनीवर संपर्क करून माहिती घावी.

उचल रक्कम मिळणेसाठी अर्ज

दि. 20/07/22

प्रति ,  
श्री साईराज शिक्षण प्रतिष्ठानचे ,  
विश्वलता शैक्षणिक संकुल , भाटगांव

मा. महोदय,

मी स्नातकार सलिम वाळुमार आपल्या  
महाविद्यालयात डॉक्टर पदावर कार्यरत असून मला रूपये

20,000/- उचल रकमेची नितांत आवश्यकता आहे. सदर रकमेची  
परतफेड माझ्या पुढील मासिक वेतनातून 1000/- 2000/- प्रतिमास  
अशा पध्दतीने करण्यास माझी काही हरकत नाही.

उचल रकमेसाठी असलेले कारण आपल्या माहितीसाठी व पढील  
कार्यवाहीसाठी -

मेडिकल

तरी माझ्या अर्जाचा सहानुभूतीपूर्वक विचार करून मला उचल रक्कम देण्यात  
यावी हि नम्र विनंती.

धन्यवाद !

AS  
आपला विश्वासु

मा.एच.ओ.डी.	मा.उपप्रचार्य	मा.प्राचार्य	मा.संचालक	मा.सचिव
<u>[Signature]</u> 20/7/22	<u>[Signature]</u> 20/7/22	<u>[Signature]</u> 20/07/2022	<u>[Signature]</u> 20/7/22	<u>[Signature]</u> 22/07/2022

July-2022 to April-2023  
Rs 1000 per month

उचल रक्कम मिळणेसाठी अर्ज

प्रति ,  
श्री साईराज शिक्षण प्रतिष्ठानचे ,  
विश्वलता शैक्षणिक संकुल ,भाटगांव

दि. ०७/११/२०२२

मा. महोदय,

मी प्रा. अक्षय पानगळे आपल्या  
महाविद्यालयात Lecturer. पदावर कार्यरत असून मला रूपये  
३५०००/- उचल रकमेची नितांत आवश्यकता आहे. सदर रकमेची  
परतफेड माझ्या पुढील मासिक वेतनावून ₹१०००/- प्रति महिना  
अशा पध्दतीने करण्यास माझी काही हरकत नाही.

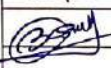


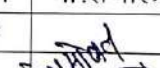
उचल रकमेसाठी असलेले कारण आपल्या माहितीसाठी व पढील  
कार्यवाहीसाठी -

वैश्विक कारणामुळे (medical)

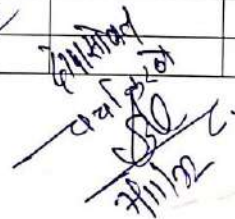
तरी माझ्या अर्जाचा सहानुभूतीपूर्वक विचार करून मला उचल रक्कम देण्यात  
यावी हि नम्र विनंती.

धन्यवाद !

  
आपला विश्वासु

मा.एच.ओ.डी.	मा.उपप्रचार्य	मा.प्राचार्य	मा.संचालक	मा.सचिव
				

NOV-2022 TO MARCH-2023  
₹- 7000/- per monthly cutting  
8/11/22  
online for 07-8/11/22

  
7/11/22



उचल रक्कम मिळणेसाठी अर्ज

प्रति ,  
श्री साईराज शिक्षण प्रतिष्ठानचे ,  
विश्वलता शैक्षणिक संकुल , भाटगांव

दि. 23/01/2023

मा. महोदय,

मी Khairnar A.S. आपल्या  
महाविद्यालयात Lecturer. पदावर कार्यरत असून मला रूपये  
50,000/-

उचल रकमेची नितांत आवश्यकता आहे. सदर रकमेची  
परतफेड माझ्या पुढील मासिक वेतनातून 5,000/-

अशा पध्दतीने करण्यास माझी काही हरकत नाही.

उचल रकमेसाठी असलेले कारण आपल्या माहितीसाठी व पढील  
कार्यवाहीसाठी -

तरी माझ्या अर्जाचा सहानुभूतीपूर्वक विचार करून मला उचल रक्कम देण्यात  
यावी हि नम्र विनंती.

धन्यवाद !

आपला विश्वासु

मा.एच.ओ.डी.	मा.उपप्रचार्य	मा.प्रचार्य	मा.संचालक	मा.सचिव

2021-22 Oct-21 Salary Rs - 98461-

25000/- अडवणस देणे व Feb 2023 पासून कपात  
करणे  
Total during smooth Feb-23 TO June-23 40000/-  
5000 x 1101 -

Feb

उचल रक्कम मिळणेसाठी अर्ज

प्रति ,  
श्री साईराज शिक्षण प्रतिष्ठानचे ,  
विश्वलता शैक्षणिक संकुल ,भाटगांव

दि. २५/०५/२०२३.

मा. महोदय,

मी ~~पानसेरे मधुर बाळासाहेब~~ आपल्या  
महाविद्यालयात ~~कॉम्प्युटर लॅव्ह असिस्टंट~~ पदावर कार्यरत असून मला रूपये

~~३०००/-~~ उचल रकमेची नितांत आवश्यकता आहे.सदर रकमेची  
परतफेड माझ्या पुढील मासिक वेतनातून ~~मे २०२३च्या वेतनातून कपात~~  
अशा पध्दतीने करण्यास माझी काही हरकत नाही.

उचल रकमेसाठी असलेले कारण आपल्या माहितीसाठी व पढील  
कार्यवाहीसाठी -

~~घरभुती अडचणी व कामासाठी~~

तरी माझ्या अर्जाचा सहानुभूतीपूर्वक विचार करून मला उचल रक्कम देण्यात  
यावी हि नम्र विनंती.

धन्यवाद !

~~मान्यपणाने~~  
~~२५/०५/२३~~  
आपला विश्वासु

मा.एच.ओ.डी.	मा.उपप्रचार्य	मा.प्राचार्य	मा.संचालक	मा.सचिव
<del>२५/०५/२३</del>	<del>२५/०५/२३</del>	<del>२५/०५/२३</del>	<del>२५/०५/२३</del>	

Shri Sairaj Shikshan Pratishthans  
VISHWALATA COLLEGE OF ARTS COMMERC  
A/P BHATGAON, BHATGAON YEOLA NASHIK  
Accidental Insurance Staff List 2022-23

Sr.	Date	Name	Payment Transfar Histry	Rs. Tr .To Emp. Ac.	Policy No
1	12-May-23	Mr. Awankar Raju Eknath	TO TRANSFER-INB For accidental postal INS--	396	OG24203464010000138
2	12-May-23	Mr. Kiran Dadarao Ingole	TO TRANSFER-INB For accidental postal INS--	396	OG24203464010000175
3	12-May-23	Deshmukh Pallavi Vishwasrao	TO TRANSFER-INB NEFT UTR NO: SBIN223132051015	396	OG24203464010000139
4	12-May-23	Nagpure Mayur Nandkumar	TO TRANSFER-INB NEFT UTR NO: SBIN223132050363--Na	396	OG24203464010000115
5	12-May-23	Patil Mayuri Devidas	TO TRANSFER-INB NEFT UTR NO: SBIN223132052532--Pat	396	
6	12-May-23	Pawar Gorakhnath Madhav	TO TRANSFER-INB NEFT UTR NO: SBIN223132052868--Pay	396	OG24203464010000199
7	12-May-23	Mr. Akshay Dilip Pangavane	TO TRANSFER-INB For accidental postal INS--	396	OG24203464010000103
8	12-May-23	Mr. Khairnar Ajit shantilal	TO TRANSFER-INB For accidental postal INS--	396	OG24203464010000115
9	12-May-23	Ghoderao P Jagannth	TO TRANSFER-INB NEFT UTR NO: SBIN223132056125--Gh	396	
10	12-May-23	Sonawane Changdeo Shankar	TO TRANSFER-INB NEFT UTR NO: SBIN223132055454--Sor	396	OG24203464010000111
11	12-May-23	Mr. Dhole Santosh Balnath	TO TRANSFER-INB For accidental postal INS--	396	OG24203464010000071
12	12-May-23	Wagh Tai Baburao	TO TRANSFER-INB NEFT UTR NO: SBIN223132056847--Wa	396	
13	12-May-23	Mr. Baviskar Rahul Ramlal	TO TRANSFER-INB For accidental postal INS--	396	OG24202346401000259
14	12-May-23	Renuka Bhosale	TO TRANSFER-INB NEFT UTR NO: SBIN223132057464--Re	396	OG24202346401000260
15	12-May-23	Mahale Nirmala Ashok	TO TRANSFER-INB NEFT UTR NO: SBIN223132059305--Ma	396	OG24203464010000117
16	12-May-23	Kadam Varsha Balasaheb	TO TRANSFER-INB NEFT UTR NO: SBIN223132065526--Kad	396	OG24203464010000126
17	12-May-23	Jadhav Priyanka Haribhau	TO TRANSFER-INB NEFT UTR NO: SBIN223132064828--Jad	396	OG24203464010000054
18	12-May-23	Kardile Monali Balasaheb	TO TRANSFER-INB NEFT UTR NO: SBIN223132066751--Kar	396	OG24203464010000132
19	12-May-23	Pawar Jyoti Prabhakar	TO TRANSFER-INB NEFT UTR NO: SBIN223132068649--Pav	396	OG242034640100000131
20	12-May-23	Pansare Mayur Balasheb	TO TRANSFER-INB NEFT UTR NO: SBIN223132068956--Par	396	OG24203464010000130
21	12-May-23	Dharaskar Girish Vishnupant	TO TRANSFER-INB NEFT UTR NO: SBIN223132070292--Dh	396	OG24203464010000279
22	12-May-23	Gadekar Vrushali Sanjay	TO TRANSFER-INB NEFT UTR NO: SBIN223132072176--Ga	396	OG24202346401000114
23	12-May-23	Fartale Kiran Ramdas	TO TRANSFER-INB NEFT UTR NO: SBIN223132072692--Far	396	OG24203464010000134
24	12-May-23	Mr. Somase Umesh Vitthal	TO TRANSFER-INB For accidental postal INS--	396	OG 2420346401000134
25	12-May-23	Shelar Nikita Bhagwat	TO TRANSFER-INB NEFT UTR NO: SBIN223132074479--She	396	OG24203464010000126
26	12-May-23	Gaikwad Vidya Dilip	TO TRANSFER-INB NEFT UTR NO: SBIN223132079024--Ga	396	OG24203464010000205
27	12-May-23	Mr.Chavan Hemantkumar Chandrs	TO TRANSFER-INB For accidental postal INS--	396	OG24203464010000053





Sr.	Date	Name	Payment Histroy	Amt. Tr To Emp. Ac.	Policy No
28	12-May-23	Mr.Kawade Dnyaneshwar Machhindra	TO TRANSFER-INB For accidental postal INS--	396	OG24203464010000039
29	12-May-23	Ms. Jayshri Murlidhar RAJGURU	TO TRANSFER-INB For accidental postal INS--	396	OG24203464010000052
30	12-May-23	Kharat Ujwala M	TO TRANSFER-INB NEFT UTR NO: SBIN223132081912--Kha	396	OG24203464010000056
31	12-May-23	Bale Akshay Prakash	TO TRANSFER-INB NEFT UTR NO: SBIN223132083646--Bal	396	OG24203400000000140
32	12-May-23	Mr. Dnyndeo Kashinath Kadam	TO TRANSFER-INB For accidental postal INS--	396	OG-2420346401000135
33	12-May-23	Kotame Pratibha Hanumat	TO TRANSFER-INB NEFT UTR NO: SBIN223132134713--Ko	396	OG24203464010000102
34	12-May-23	Pande Payal Rajeshkumar	TO TRANSFER-INB NEFT UTR NO: SBIN223132137290--Pa	396	OG24203464010000110
35	12-May-23	Mr.Kiram Balasaheb Dhamale	TO TRANSFER-INB For accidental postal INS--	396	
36	12-May-23	More Amol Prakash	TO TRANSFER-INB NEFT UTR NO: SBIN223132145796--Mo	396	OG242034640100000129
37	12-May-23	Ahire Amrapali Laxman	TO TRANSFER-INB NEFT UTR NO: SBIN223132147360--Ah	396	OG24203464010000100
38	12-May-23	Inamdar Salim Babubhai	TO TRANSFER-INB NEFT UTR NO: SBIN223132150647--Ina	396	OG24203464010000107
39	12-May-23	Mahale Ashok Bhagwant	TO TRANSFER-INB NEFT UTR NO: SBIN223132153062--Ma	396	OG24203464010000118
40	12-May-23	Mr.Petraaj Madhukar Agham	TO TRANSFER-INB For accidental postal INS--	396	Nil
41	12-May-23	Bhil Sanjay Kaysing	TO TRANSFER-INB NEFT UTR NO: SBIN223132162545--Bh	396	OG24203464010000108
42	12-May-23	Laghave Bhushan Kishor	TO TRANSFER-INB NEFT UTR NO: SBIN223132163333--Lag	396	OG24203464010000261
43	12-May-23	Bhalerao Ashwini Raju	TO TRANSFER-INB For accidental postal INS--	396	OG24203464010000038
44	12-May-23	Mr. Ahire Vivek Ramdas	TO TRANSFER-INB For accidental postal INS--	396	OG24203464010000261



Principal  
Vishwaleela Arts Commerce &  
Science College Bhatgaon,  
Tal. Yeola, Dist. Nashik.





# 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)

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

## GROUP PERSONAL ACCIDENT POLICY SCHEDULE POLICY SCHEDULE UIN : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14

Policy Issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc. :	2nd Floor, Sumangal Business Court, Plot no-39, Yeolekar Mala, Near Shradha Petrol Pump, Nashik, NASHIK-422005, Phone No : 02536611043
Insured Name	MR CHANGDEO SHANKAR SONAWANE
Child Certificate Number	OG-24-2034-6401-00000111

INSURED DETAILS		POLICY DETAILS	
Insured Address	KANCHANWADI KOKAMATHAN, KANCHANWADI KOKAMATHAN, Kampni vasti, AHMED NAGAR - 423601, MAHARASHTRA	Policy Issued on	19-MAY-2023
Customer ID	383589203	Period of Insurance	From: 19-MAY-2023 00:00 To : 17-MAY-2024 Midnight
Policy Status	ISSUED	Endorsement	NA
Invoice No :	382240908/1	Previous Policy Number	NA
Master Policy Number	OG-21-9999-9960-00000050	GSTIN / UIN	NA
		STATE CODE / NAME	27 - Maharashtra
		Company GST No :	27AABCBS730G12X
		Company PAN :	AABCBS730G
		Plan Chosen	Group Personal Accident for Account Holder of IPPB Plan B

PLAN	RISK COVERED	RATES/SUM INSURED
Group Personal Accident	Wider Cover + Accidental Hospitalization + Accidental OPD + Accident Hospital Cash Benefit (with 1 day deductible) + Cremation charges + Family Transportation + Children Education Bonus	NO OF PERSONS :- Self SUM_INSURED:-Rs.10,00,000 AGE :- 37

Premium Details		
Final Premium Rupees Three Hundred and Ninty Six only.	Discounts ( If Any )	Rs.0
	Net Premium.	Rs.336
	State GST (9%)	Rs.30
	Central GST (9%)	Rs.30
	Gross Premium.	Rs.396

Family Member Details							
Insured Name	Relation	Gender	DOB	Rate(%)	Nominee Name	Nominee Relation	Pre Existing Diseases
CHANGDEO SHANKAR SONAWANE	Self	Male	08-FEB-1986		Rohini changdeo sonawane	Spouse	N

Other Details	
Scope of coverage 1	WIDER COVER (ACCIDENTAL DEATH + PERMANENT TOTAL DISABILITY + PERMANENT PARTIAL DISABILITY) FOR INR 1,000,000 SI + ACCIDENTAL HOSPITALIZATION UP TO INR 60,000 OR ACTUAL WHICHEVER IS LOWER + ACCIDENTAL OPD ONLY UP TO INR 30,000 OR ACTUAL WHICHEVER IS LOWER + ACCIDENT HOSPITAL CASH BENEFIT (WITH 1 DAY DEDUCTIBLE) INR 1000 PER DAY FOR 10 DAYS + CREMATION CHARGES UP TO INR 5,000 OR ACTUAL WHICHEVER IS LOWER + FAMILY TRANSPORTATION UP TO INR 25,000 OR ACTUAL WHICHEVER IS LOWER + CHILDREN EDUCATION BONUS 10% OF SI OR 1 LAC WHICHEVER IS LESS, MAX FOR 2 CHILD
Scope of coverage 2	ALL OTHER TERMS; CONDITIONS AND EXCLUSIONS AS PER THE STANDARD GROUP PERSONAL ACCIDENT POLICY.
Gross Monthly Income	8333
Special Terms and conditions	NA
Bank Reference No. 2	AGZFMRB7M7IK
BAGIC. RM. Code	1251236
BAGIC RM Name	KAMLAKAR
IMD RM. Code	4545
IMD RM Name	PYTUY
Customer Consent	YES
Electronic Insurance Account Number (EIA No)	
Remarks	
S P Code	

Premium Details	Receipt Number:2034-00004466   Date:19-MAY-23   Premium Payer ID:383589203   Float: CF ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.
Financial Institution Ref. No.	20057128

Agency Code & Name	10088019,INDIA POST PAYMENTS BANK	Contact No.	01123362147,0112336214 7
		E-Mail ID.	

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



Dear GIRISH VISHNUPANT DHARASKAR,

Policy No. : OG-24-2034-6401-00000279

Customer Name: GIRISH VISHNUPANT DHARASKAR

Thank you for availing our services. Please find attached policy copy.

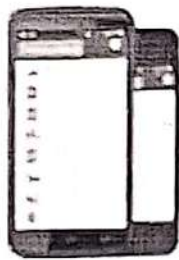
Now you can also manage your policy at the click of your fingertips by using our Caringly Yours Mobile app or by registering at our customer portal by clicking [here](#)

Download policy document, get renewal alerts, intimate claims, buy & renew policy and much more. Click <http://bit.ly/33f7sga> to download now.



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App Features >>



Product Info



Help and Support



Renewal



Policy Copy



Locate Us



Value Added Services



My E-Cards



Claims

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To unsubscribe [click here](#)

If you prefer to Opt out of our Privacy Policy, Please unsubscribe hint or SMS CC=Space+NO=Space+Policy No+ to 9773500500.

Visit us on 

Amol - Bajaj Allianz

< VM-BJAZGI



Saturday, 20 May

Dear AMOL, Your BAJAJ ALLIANZ policy no is OG-24-2034-6401-00000129. Now carry your policy document on your mobile. Click here <http://onelink.to/v9zp7c> to download.

11:15 pm





**Bajaj Allianz General Insurance Company Ltd**  
**[Corporate Identity Number (CIN) : U66010PN2000PLC015329]**  
**Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14**  
**Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune**  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MR KHAIRNAR AJITKUMAR SHANTILAL,

We, Bajaj Allianz General Insurance Company Limited [Company] 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 within a period of 15 days from the date of your receipt of this document (but in case of short term policies, your revert shall reach us before the activities/risks covered by policies are started). 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, 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. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we 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.

Personal Information of Insured				
First Name	KHAIRNAR		Last Name	SHANTILAL
Middle Name	AJITKUMAR		Mobile Number	7387030470
Email Address	JKHAIRNAR77@GMAIL.COM		Nationality	INDIAN
Date of Birth	17-NOV-83		Unique Identity (Aadhaar No.)	
Pan No			Occupation	NA
Salary			Family Monthly Income	
Marital Status	NA		Mailing Address	
Permanent Address		House No/ Building No/ Flat No		
House No/ Building No/ Flat No		YEOLA NANDGAON ROAD KHAIRNAR VASTI NAGARSUL		
Street/ Locality/ Landmark		YEOLA NANDGAON ROAD KHAIRNAR VASTI NAGARSUL		
State		State		
MAHARASHTRA				
City		City		
NASHIK				
Area		Area		
Pincode		Pincode		
423403				

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MR KHAIRNAR AJITKUMAR SHANTILAL	Self	Male	17-NOV-1983	1000000	Smita Ajitkumar Khairnar	Spouse	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 19-MAY-23 to 17-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. 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

C. 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.

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

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in), Website [www.bajajallianz.com](http://www.bajajallianz.com)

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

<http://twitter.com/BajajAllianz>



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



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

Corporate Identification Number: U66010PN2000PLC015329





**Bajaj Allianz General Insurance Company Ltd**  
**[Corporate Identity Number (CIN) : U66010PN2000PLC015329]**  
**Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14**  
**Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune**  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MR RAHUL RAMLAL BAVISKAR,

We, Bajaj Allianz General Insurance Company Limited [Company] wish to inform you that the your contract will be 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 within a period of 15 days from the date of your receipt of this document [but in case of short term policies, your revert shall reach us before the activities/risks covered by policies are started]. 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, 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. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we 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.

Personal Information of Insured			
First Name	RAHUL	Last Name	BAVISKAR
Middle Name	RAMLAL	Mobile Number	9730976928
Email Address	BAVISKAR,RAHUL@REDIFFMAIL.COM	Nationality	INDIAN
Date of Birth	18-JUN-86	Unique Identity (Aadhaar No.)	
Pan No		Occupation	NA
Salary		Family Monthly Income	
Marital Status	NA	Permanent Address	Mailing Address
House No/ Building No/ Flat No	BHATGAON	House No/ Building No/ Flat No	
Street/ Locality/ Landmark	BHATGAON	Street/ Locality/ Landmark	
State	MAHARASHTRA	State	
City	NASHIK	City	
Area		Area	
Pincode	423401	Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MR RAHUL RAMLAL BAVISKAR	Self	Male	18-JUN-1986	1000000	Rahul Rahul Baviskar	Spouse	NA		NO

**A. Coverage Details :**

1. Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
2. Period of Insurance : 03-JUN-23 to 01-JUN-24
3. Previous Insurance Provider : NA
4. Previous Policy number : NA
5. Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. 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

C. 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.

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

**DECLARATION:**

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: [bagi@bajajallianz.co.in](mailto:bagi@bajajallianz.co.in), Website: [www.bajajallianz.com](http://www.bajajallianz.com)

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

<http://twitter.com/BajajAllianz>

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

Corporate Identification Number: U66010PN2000PLC015329

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



**Bajaj Allianz General Insurance Company Ltd**  
**[Corporate Identity Number (CIN) : U66010PN2000PLC015329]**  
**Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14**  
**Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune**  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MRS JYOTI PRABHAKAR PAWAR,

We, Bajaj Allianz General Insurance Company Limited [Company] wish to inform you that the your contract will be 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:

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Personal Information of Insured			
First Name	JYOTI	Last Name	PAWAR
Middle Name	PRABHAKAR	Mobile Number	9172073395
Email Address	JYOTIP200598@GMAIL.COM	Nationality	INDIAN
Date of Birth	20-MAY-98	Unique Identity (Aadhaar No.)	
Pan No		Occupation	NA
Salary		Family Monthly Income	
Marital Status	NA	Permanent Address	Mailing Address
House No/ Building No/ Flat No	CHANDWAD	House No/ Building No/ Flat No	
Street/ Locality/ Landmark	CHANDWAD	Street/ Locality/ Landmark	
State	MAHARASHTRA	State	
City	NASHIK	City	
Area		Area	
Pincode	423101	Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MRS JYOTI PRABHAKAR PAWAR	Self	Female	20-MAY-1998	1000000	Ramesh Rajendra Kotwal	Spouse	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 20-MAY-23 to 18-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green Initiative, send policy copy link on registered mobile number / email id :

**B. 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

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Email: [Bagichelp@bajajallianz.co.in](mailto:Bagichelp@bajajallianz.co.in), Website [www.bajajallianz.com](http://www.bajajallianz.com)

<http://www.facebook.com/BajajAllianz> <http://twitter.com/BajajAllianz> [www.bit.do/bjzagl](http://www.bit.do/bjzagl) Demystify Insurance <http://support.bajajallianz.com>

Corporate Identification Number: U66010PN2000PLC015329



**Bajaj Allianz General Insurance Company Ltd**  
**[Corporate Identity Number (CIN) : U66010PN2000PLC015329]**  
**Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14**  
**Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune**  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MR MAYUR BALASAHEB PANSARE,

We, Bajaj Allianz General Insurance Company Limited [Company] wish to inform you that the your contract will be 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:

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Personal Information of Insured			
First Name	MAYUR	Last Name	PANSARE
Middle Name	BALASAHEB	Mobile Number	7028199022
Email Address	MPD2398@GMAIL.COM	Nationality	INDIAN
Date of Birth	02-MAR-98	Unique Identity (Aadhaar No.)	
Pan No		Occupation	NA
Salary		Family Monthly Income	
Marital Status	NA	Permanent Address	Mailing Address
House No/ Building No/ Flat No	MAHEGAON DESHMUKH	House No/ Building No/ Flat No	
Street/ Locality/ Landmark	MAHEGAON DESHMUKH	Street/ Locality/ Landmark	
State	MAHARASHTRA	State	
City	AHMED NAGAR	City	
Area		Area	
Pincode	423602	Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MR MAYUR BALASAHEB PANSARE	Self	Male	02-MAR-1998	1000000	Asha Balasaheb Pansare	Spouse	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 20-MAY-23 to 18-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. 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

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Email: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in), Website [www.bajajallianz.com](http://www.bajajallianz.com)

<http://www.facebook.com/BajajAllianz> <http://twitter.com/BajajAllianz> [www.bit.do/bjazgi](http://www.bit.do/bjazgi) Demystify Insurance <http://support.bajajallianz.com>



Kadam Varsha

**Bajaj Allianz General Insurance Company Ltd**  
 [Corporate Identity Number (CIN) : U66010PN2000PLC015329]  
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 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MS VARSHA BALASAHEB KADAM,

We, Bajaj Allianz General Insurance Company Limited [Company] wish to inform you that the your contract will be 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:

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Personal Information of Insured			
First Name	VARSHA		
Middle Name	BALASAHEB	Last Name	KADAM
Email Address	KADMMCS2000@GMAIL.COM	Mobile Number	9284363585
Date of Birth	25-JUL-00	Nationality	INDIAN
Pan No		Unique Identity (Aadhaar No.)	
Salary		Occupation	NA
Marital Status	NA	Family Monthly Income	
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	BHARAM KOLAM KH	House No/ Building No/ Flat No	
Street/ Locality/ Landmark	BHARAM KOLAM KH	Street/ Locality/ Landmark	
State	MAHARASHTRA	State	
City	NASHIK	City	
Area		Area	
Pincode	423401	Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MS VARSHA BALASAHEB KADAM	Self	Female	25-JUL-2000	1000000	Ujjwala Balasaheb Kadam	Mother	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 20-MAY-23 to 18-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. 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

C. 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.

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







# Transaction Successful

Date: 19 May 2023 6:2 PM

Merchant Name

**BAGIC**

Policy Name

**BAGIC Group Personal  
Accident**

Policy Holder Name

**Salim Babubhai Inamdar**

Amount Paid

**₹396.00**

Policy No./Application No.

**OG-24-2034-6401-00000107**

**Ref No:-S50256084**

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Recent Transactions

6 Nov 2023 -11.80 ₹

SMS Charges from 01-JAN-22 to 31-MAR-22

6 Nov 2023 -11.80 ₹

SMS Charges from 01-OCT-22 to 31-DEC-22

6 Nov 2023 -11.80 ₹

SMS Charges from 01-APR-22 to 30-JUN-22

6 Nov 2023 -11.80 ₹

SMS Charges from 01-JAN-23 to 31-MAR-23

4 Nov 2023 -396.00 ₹

TRTR/BAGIC/DR~000893422233~AH4QDWNEBZ5~1

4 Nov 2023 +500.00 ₹

CD-CASH-DEP/000893281396

3 Jan 2022 -11.80 ₹

SMS Charges from 01-OCT-21 to 31-DEC-21

Passbook



8/12/24 10:14

**Bajaj Allianz General Insurance Company Ltd**  
 [Corporate Identity Number (CIN) : U66010PN2000PLC015329]  
 Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14  
 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MR VIVEK RAMDAS AHIRE,

We, Bajaj Allianz General Insurance Company Limited [Company] 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:

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Personal Information of Insured			
First Name	VIVEK		
Middle Name	RAMDAS	Last Name	AHIRE
Email Address	AHIREVIVEK7@GMAIL.COM	Mobile Number	8446647246
Date of Birth	20-JUL-89	Nationality	INDIAN
Pan No		Unique Identity (Aadhaar No.)	
Salary		Occupation	NA
Marital Status	NA	Family Monthly Income	
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	SWAMI PRASAD HOUSE PRASHANT SHINDE NAGAR	House No/ Building No/ Flat No	
Street/ Locality/ Landmark	SWAMI PRASAD HOUSE PRASHANT SHINDE NAGAR	Street/ Locality/ Landmark	
State	MAHARASHTRA	State	
City	NASHIK	City	
Area		Area	
Pincode	423401	Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MR VIVEK RAMDAS AHIRE	Self	Male	20-JUL-1989	1000000	Jaya Vivek Ahire	Spouse	NA		NO

**A. Coverage Details :**

1. Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
2. Period of Insurance : 05-JUN-23 to 03-JUN-24
3. Previous Insurance Provider : NA
4. Previous Policy number : NA
5. Previous Policy expiry Date : NA

To Support Go Green Initiative, send policy copy link on registered mobile number / email id :

**B. 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

C. 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.

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

**DECLARATION:**

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: [Bagichelp@bajajallianz.co.in](mailto:Bagichelp@bajajallianz.co.in), Website [www.bajajallianz.com](http://www.bajajallianz.com)

<http://www.facebook.com/BajajAllianz> <http://twitter.com/BajajAllianz> [www.bit.do/bjazgl](http://www.bit.do/bjazgl) Demystify Insurance <http://support.bajajallianz.com>

Corporate Identification Number: U66010PN2000PLC015329



6/5/23, 2:07 PM

Fwd: Insurance Success Transaction - vrushaligadekar95@gmail.com - Gmail

*Sanjay Mamee*

☰ Gmail

🔍 Search mail

Compose

Inbox

541

Starred

Snoozed

Sent

Drafts

234

More

Labels

Fwd: Insurance Success Transaction Inbox x



Vidya Gaikwad  
to me

Forwarded message  
From: <noreply@ippbonline.co.in>  
Date: Sat, May 20, 2023, 1:41 PM  
Subject: Insurance Success Transaction  
To: <VIDYADILIP2@gmail.com>

*GAIKWAD VIDHYA*  
*IS - No - 011BT*

Dear Customer, Your A/c XXXXXXXX1871 has been debited with INR 396.000000 on 20-05-2023 11:27:43 towards Insurance/BAI

Reply Forward



# Transaction Successful

Date: 19 May 2023 6:25 PM

Merchant Name

**BAGIC**

Policy Name

**BAGIC Group Personal  
Accident**

Policy Holder Name

**Sanju Kayasing Bhil**

Amount Paid

**₹396.00**

Policy No./Application No.

**OG-24-2034-6401-00000108**

**Ref No:-S50485013**

Go To Home





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raama

**Bajaj Allianz General Insurance Company Ltd**  
**[Corporate Identity Number (CIN) : U66010PN2000PLC015329]**  
**Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14**  
**Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune**  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MR ASHOK BHAGWANT MAHALE,

We, Bajaj Allianz General Insurance Company Limited [Company] 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 within a period of 15 days from the date of your receipt of this document [but in case of short term policies, your revert shall reach us before the activities/risks covered by policies are started]. 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, 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. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we 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.

Personal Information of Insured			
First Name	ASHOK		
Middle Name	BHAGWANT	Last Name	MAHALE
Email Address	NIRMALAMAHALE38@GMAIL.COM	Mobile Number	7387233292
Date of Birth	09-JUL-77	Nationality	INDIAN
Pan No		Unique Identity (Aadhaar No.)	
Salary		Occupation	NA
Marital Status	NA	Family Monthly Income	
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	YEOLA	House No/ Building No/ Flat No	
Street/ Locality/ Landmark	YEOLA	Street/ Locality/ Landmark	
State	MAHARASHTRA	State	
City	NASHIK	City	
Area		Area	
Pincode	423401	Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly INcome	Pre Existing Diseases
MR ASHOK BHAGWANT MAHALE	Self	Male	09-JUL-1977	1000000	Malati Ashok Mahale	Spouse	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 20-MAY-23 to 18-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. 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

C. 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.

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



Nirmala  
Mahale

**Bajaj Allianz General Insurance Company Ltd**  
[Corporate Identity Number (CIN) : U66010PN2000PLC015329]  
Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14  
Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MS NIRMALA ASHOK MAHALE,

We, Bajaj Allianz General Insurance Company Limited [Company] 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:

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Personal Information of Insured				
First Name	NIRMALA		Last Name	MAHALE
Middle Name	ASHOK		Mobile Number	8149927057
Email Address	NIRMALAMAHALE38@GMAIL.COM		Nationality	INDIAN
Date of Birth	23-DEC-00		Unique Identity (Aadhaar No.)	
Pan No			Occupation	NA
Salary			Family Monthly Income	
Marital Status	NA			
Permanent Address		Mailing Address		
House No/ Building No/ Flat No	YEOLA	House No/ Building No/ Flat No		
Street/ Locality/ Landmark	YEOLA	Street/ Locality/ Landmark		
State	MAHARASHTRA	State		
City	NASHIK	City		
Area		Area		
Pincode	423401	Pincode		

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MS NIRMALA ASHOK MAHALE	Self	Female	23-DEC-2000	1000000	Malati Ashok Mahale	Mother	NA		NO

**A. Coverage Details :**

- 1. Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- 2. Period of Insurance : 20-MAY-23 to 18-MAY-24
- 3. Previous Insurance Provider : NA
- 4. Previous Policy number : NA
- 5. Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. 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

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

**DECLARATION:**



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**Bajaj Allianz General Insurance Company Ltd**  
**[Corporate Identity Number (CIN) : U66010PN2000PLC015329]**  
**Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14**  
**Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune**  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MR MAYUR NANDKUMAR NAGPURE,

We, Bajaj Allianz General Insurance Company Limited [Company] 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:

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**Personal Information of Insured**

First Name	MAYUR	Last Name	NAGPURE
Middle Name	NANDKUMAR	Mobile Number	7276125789
Email Address	MAYURNAGPURE2@GMAIL.COM	Nationality	INDIAN
Date of Birth	29-APR-96	Unique Identity (Aadhaar No.)	
Pan No		Occupation	NA
Salary		Family Monthly Income	
Marital Status	NA	Permanent Address	
House No/ Building No/ Flat No		Mailing Address	
Street/ Locality/ Landmark		House No/ Building No/ Flat No	
State		Street/ Locality/ Landmark	
City		State	
Area		City	
Pincode		Area	
		Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MR MAYUR NANDKUMAR NAGPURE	Self	Male	29-APR-1996	1000000	Nandkumar Baburao Nagpure	Father	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 20 MAY-23 to 18-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. 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

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For help and more information:

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Email: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in), Website [www.bajajallianz.com](http://www.bajajallianz.com)

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

<http://twitter.com/BajajAllianz>

[www.hit.do/bajaj](http://www.hit.do/bajaj)

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

Corporate Identification Number: U66010PN2000PLC015329



Fartale K

**Bajaj Allianz General Insurance Company Ltd**  
 [Corporate Identity Number (CIN) : U66010PN2000PLC015329]  
 Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14  
 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MR KIRAN RAMDAS FARTALE,

We, Bajaj Allianz General Insurance Company Limited [Company] 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 or other means which would be considered as the final proposal, the transcript of which is as follows:

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Personal Information of Insured			
First Name	KIRAN		
Middle Name	RAMDAS	Last Name	FARTALE
Email Address	KIRANFARTALE2552@GMAIL.COM	Mobile Number	9130513224
Date of Birth	25-FEB-93	Nationality	INDIAN
Pan No		Unique Identity (Aadhaar No.)	
Salary		Occupation	NA
Marital Status	NA	Family Monthly Income	
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	WADALI	House No/ Building No/ Flat No	
Street/ Locality/ Landmark	WADALI	Street/ Locality/ Landmark	
State	MAHARASHTRA	State	
City	NASHIK	City	
Area		Area	
Pincode	423106	Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MR KIRAN RAMDAS FARTALE	Self	Male	25-FEB-1993	1000000	Lilabai Ramdas Fartale	Mother	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 20-MAY-23 to 18-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. 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

C. 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.

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

**DECLARATION:**

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

Email: [bagicholp@bajajallianz.com](mailto:bagicholp@bajajallianz.com), Website: [www.bajajallianz.com](http://www.bajajallianz.com)

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

<http://twitter.com/BajajAllianz>

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

Corporate Identification Number: U66010PN2000PLC015329  
 Demystify Insurance <http://support.bajajallianz.com>







Awankar Raju

**Bajaj Allianz General Insurance Company Ltd**  
 [Corporate Identity Number (CIN) : U66010PN2000PLC015329]  
 Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14  
 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MR AWANKAR RAJU EKNATH,

We, Bajaj Allianz General Insurance Company Limited [Company] 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 within a period of 15 days from the date of your receipt of this document [but in case of short term policies, your revert shall reach us before the activities/risks covered by policies are started]. 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, 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. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we 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.

Personal Information of Insured			
First Name	AWANKAR	Last Name	EKNATH
Middle Name	RAJU	Mobile Number	9326961010
Email Address	AWANKARRAJU@GMAIL.COM	Nationality	INDIAN
Date of Birth	25-OCT-68	Unique Identity (Aadhaar No.)	
Pan No		Occupation	NA
Salary		Family Monthly Income	
Marital Status	NA	Permanent Address	Mailing Address
House No/ Building No/ Flat No	VITTHAL NAGAR AT POST YEOLA TAL YEOLA	House No/ Building No/ Flat No	
Street/ Locality/ Landmark	VITTHAL NAGAR AT POST YEOLA TAL YEOLA	Street/ Locality/ Landmark	
State	MAHARASHTRA	State	
City	NASHIK	City	
Area		Area	
Pincode	423401	Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MR AWANKAR RAJU EKNATH	Self	Male	25-OCT-1968	1000000	Sushma Raju Awankar	Spouse	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 22-MAY-23 to 20-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green Initiative, send policy copy link on registered mobile number / email id :

**B. 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

C. 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.

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

**DECLARATION:**

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

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

Facebook: <http://www.facebook.com/BajajAllianz> Twitter: <http://twitter.com/BajajAllianz> Bit.do: [www.bit.do/bajaj](http://www.bit.do/bajaj) Demystify Insurance <http://support.bajajallianz.com>

← VM-BJAZGI



Dear

DNYANDEO,

Your BAJAJ

ALLIANZ

policy no is

OG-24-2034-6

401-00000135.

Now carry your  
policy document  
on your mobile.

Click here

<http://onelink>

[.to/v9zp7c](http://onelink.to/v9zp7c) to

download.





Shelar  
mom

**Bajaj Allianz General Insurance Company Ltd**  
**[Corporate Identity Number (CIN) : U66010PN2000PLC015329]**  
**Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14**  
**Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune**  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MS NIKITA BHAGWAT SHELAR,

We, Bajaj Allianz General Insurance Company Limited [Company] 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:

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Personal Information of Insured			
First Name	NIKITA		
Middle Name	BHAGWAT	Last Name	SHELAR
Email Address	SHELARNIKITASS@GMAIL.COM	Mobile Number	9075563789
Date of Birth	05-MAY-98	Nationality	INDIAN
Pan No		Unique Identity (Aadhaar No.)	
Salary		Occupation	NA
Marital Status	NA	Family Monthly Income	
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	SAI BUILDER PAREGOAN ROAD YEOLA	House No/ Building No/ Flat No	
Street/ Locality/ Landmark	SAI BUILDER PAREGOAN ROAD YEOLA	Street/ Locality/ Landmark	
State	MAHARASHTRA	State	
City	NASHIK	City	
Area		Area	
Pincode	423401	Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MS NIKITA BHAGWAT SHELAR	Self	Female	05-MAY-1998	1000000	Bhagwat punja shelar	Father	NA		NO

**A. Coverage Details :**

- 1. Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- 2. Period of Insurance : 20-MAY-23 to 18-MAY-24
- 3. Previous Insurance Provider : NA
- 4. Previous Policy number : NA
- 5. Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. 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

C. 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.

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

**DECLARATION:**

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Email: [Bagichelp@bajajallianz.co.in](mailto:Bagichelp@bajajallianz.co.in), Website [www.bajajallianz.com](http://www.bajajallianz.com)

<http://www.facebook.com/BajajAllianz> <http://twitter.com/BajajAllianz> [www.blt.do/bajagi](http://www.blt.do/bajagi) Demystify Insurance <http://support.bajajallianz.com>

Corporate Identification Number: U66010PN2000PLC015329



*Sanjay Gadekar V.*

**Bajaj Allianz General Insurance Company Ltd**  
 [Corporate Identity Number (CIN) : U66010PN2000PLC015329]  
 Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14  
 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune  
 Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule

Dear MS VRUSHALI SANJAY GADEKAR,

We, Bajaj Allianz General Insurance Company Limited [Company] 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:

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Personal Information of Insured			
First Name	VRUSHALI		
Middle Name	SANJAY	Last Name	GADEKAR
Email Address	VRUSHALIGADEKAR95@GMAIL.COM	Mobile Number	9356110753
Date of Birth	08-JUN-95	Nationality	INDIAN
Pan No		Unique Identity (Aadhaar No.)	
Salary		Occupation	NA
Marital Status	NA	Family Monthly Income	
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	MANORI BK	House No/ Building No/ Flat No	
Street/ Locality/ Landmark	MANORI BK	Street/ Locality/ Landmark	
State	MAHARASHTRA	State	
City	NASHIK	City	
Area		Area	
Pincode	423401	Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MS VRUSHALI SANJAY GADEKAR	Self	Female	08-JUN-1995	1000000	Shashikala Sanjay Gadekar	Mother	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 20-MAY-23 to 18-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. 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

C. 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.

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

**DECLARATION:**

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Facebook.com/BajajAllianz, Twitter: BajajAllianz, LinkedIn: BajajAllianz



Bale Sir

**Bajaj Allianz General Insurance Company Ltd**  
 [Corporate Identity Number (CIN) : U66010PN2000PLC015329]  
 Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14  
 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MR AKSHAY PRAKASH BALE,

We, Bajaj Allianz General Insurance Company Limited [Company] 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:

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Personal Information of Insured			
First Name	AKSHAY	Last Name	BALE
Middle Name	PRAKASH	Mobile Number	9762130933
Email Address	AKSHAYBALE123@GMAIL.COM	Nationality	INDIAN
Date of Birth	24-APR-93	Unique Identity (Aadhaar No.)	
Pan No		Occupation	NA
Salary		Family Monthly Income	
Marital Status	NA	Mailing Address	
Permanent Address		House No/ Building No/ Flat No	
House No/ Building No/ Flat No	LATE WASTI	Street/ Locality/ Landmark	
Street/ Locality/ Landmark	LATE WASTI	State	
State	MAHARASHTRA	City	
City	AHMED NAGAR	Area	
Area		Pincode	
Pincode	413717		

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MR AKSHAY PRAKASH BALE	Self	Male	24-APR-1993	1000000	Aboli Akshay Bale	Spouse	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 22-MAY-23 to 20-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green Initiative, send policy copy link on registered mobile number / email id ;

**B. 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

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Email: [bagrhelp@bajajallianz.co.in](mailto:bagrhelp@bajajallianz.co.in), Website [www.bajajallianz.com](http://www.bajajallianz.com)

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

<http://twitter.com/bajajAllianz>

[www.lit.do/bajaj](http://www.lit.do/bajaj)

Corporate Identification Number: U66010PN2000PLC015329  
 Demystify Insurance <http://support.bajajallianz.com>



Shamdar

**Bajaj Allianz General Insurance Company Ltd**  
 [Corporate Identity Number (CIN) : U66010PN2000PLC015329]  
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 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune  
 Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule

Dear MR SALIM BABUBHAI INAMDAR,

We, Bajaj Allianz General Insurance Company Limited [Company] 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:

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Personal Information of Insured			
First Name	SALIM	Last Name	INAMDAR
Middle Name	BABUBHAI	Mobile Number	9049132033
Email Address	SALIMENAMDAR643@GMAIL.COM	Nationality	INDIAN
Date of Birth	21-MAY-80	Unique Identity (Aadhaar No.)	
Pan No		Occupation	NA
Salary		Family Monthly Income	
Marital Status	NA	Mailing Address	
Permanent Address		House No/ Building No/ Flat No	
House No/ Building No/ Flat No		VADNER BHAIRAV TAL CHANDWAD	
Street/ Locality/ Landmark		Street/ Locality/ Landmark	
VADNER BHAIRAV TAL CHANDWAD			
State		State	
MAHARASHTRA			
City		City	
NASHIK			
Area		Area	
Pincode		Pincode	
423111			

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MR SALIM BABUBHAI INAMDAR	Self	Male	21-MAY-1980	1000000	Anjum Salim Inamdar	Spouse	NA		NO

- A. Coverage Details :**
- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
  - Period of Insurance : 19 MAY-23 to 17-MAY-24
  - Previous Insurance Provider : NA
  - Previous Policy number : NA
  - Previous Policy expiry Date : NA

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- B. 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
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**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MS PRATIBHA HANUMANT KOTAME,

We, Bajaj Allianz General Insurance Company Limited [Company] 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:

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Personal Information of Insured			
First Name	PRATIBHA		
Middle Name	HANUMANT	Last Name	KOTAME
Email Address	PRATIBHA123KOTAME@GMAIL.COM	Mobile Number	9607312636
Date of Birth	22-APR-98	Nationality	INDIAN
Pan No		Unique Identity (Aadhaar No.)	
Salary		Occupation	NA
Marital Status	NA	Family Monthly Income	
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	AT POST KOTAMGAON TAL YEOLA	House No/ Building No/ Flat No	
Street/ Locality/ Landmark	AT POST KOTAMGAON TAL YEOLA	Street/ Locality/ Landmark	
State	MAHARASHTRA	State	
City	NASHIK	City	
Area		Area	
Pincode	423401	Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MS PRATIBHA HANUMANT KOTAME	Self	Female	22-APR-1998	1000000	Hanumant Dashrath Kotame	Father	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 19-MAY-23 to 17-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. 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

C. 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.

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

For help and more information:

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)

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

Corporate Identification Number: U66010PN2000PLC015329

<http://www.facebook.com/BajajAllianz> <http://twitter.com/BajajAllianz> [www.bit.do/bjzajl](http://www.bit.do/bjzajl) Demystify Insurance <http://support.bajajallianz.com>



**Bajaj Allianz General Insurance Company Ltd**  
**[Corporate Identity Number (CIN) : U66010PN2000PLC015329]**  
**Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14**  
**Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune**  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MR BHUSHAN KISHOR LAGHAVE,

We, Bajaj Allianz General Insurance Company Limited [Company] 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:

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Personal Information of Insured			
First Name	BHUSHAN	Last Name	LAGHAVE
Middle Name	KISHOR	Mobile Number	9923310858
Email Address	BHUSHANLAGHAVE3@GMAIL.COM	Nationality	INDIAN
Date of Birth	24-MAY-89	Unique Identity (Aadhaar No.)	
Pan No		Occupation	NA
Salary		Family Monthly Income	
Marital Status	NA	Permanent Address	Mailing Address
House No/ Building No/ Flat No	LODHANAGAR	House No/ Building No/ Flat No	
Street/ Locality/ Landmark	LODHANAGAR	Street/ Locality/ Landmark	
State	MAHARASHTRA	State	
City	NASHIK	City	
Area		Area	
Pincode	423401	Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MR BHUSHAN KISHOR LAGHAVE	Self	Male	24-MAY-1989	1000000	Ruchita bhushan laghave	Spouse	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 11-MAY-23 to 09-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green Initiative, send policy copy link on registered mobile number / email id :

**B. 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

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**DECLARATION:**

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<http://www.facebook.com/BajajAllianz> <http://twitter.com/BajajAllianz> [www.bit.do/bjzgj](http://www.bit.do/bjzgj) Demystify Insurance <http://support.bajajallianz.com>

Corporate Identification Number: U66010PN2000PLC015329



**Bajaj Allianz General Insurance Company Ltd**  
 [Corporate Identity Number (CIN) : U66010PN2000PLC015329]  
 Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14  
 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune  
 Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule

Dear MRS ASHWINI RAJU BHALERAO,

We, Bajaj Allianz General Insurance Company Limited [Company] 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 within a period of 15 days from the date of your receipt of this document [but in case of short term policies, your revert shall reach us before the activities/risks covered by policies are started]. 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, 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. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we 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.

Personal Information of Insured			
First Name	ASHWINI	Last Name	BHALERAO
Middle Name	RAJU	Mobile Number	9970518922
Email Address	BHALERAOASHWINI482@GMAIL.COM	Nationality	INDIAN
Date of Birth	18-NOV-81	Unique Identity (Aadhaar No.)	
Pan No		Occupation	NA
Salary		Family Monthly Income	
Marital Status	NA	Permanent Address	Mailing Address
House No/ Building No/ Flat No	SHREE RAM COLONY	House No/ Building No/ Flat No	
Street/ Locality/ Landmark	SHREE RAM COLONY	Street/ Locality/ Landmark	
State	MAHARASHTRA	State	
City	NASHIK	City	
Area		Area	
Pincode	423401	Pincode	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MRS ASHWINI RAJU BHALERAO	Self	Female	18-NOV-1981	1000000	Raju madhav bhalerao	Spouse	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 11-MAY-23 to 09-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. 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

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Corporate Identification Number: U66010PN2000PLC015329



**Bajaj Allianz General Insurance Company Ltd**  
 [Corporate Identity Number (CIN) : U66010PN2000PLC015329]  
 Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14  
 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune  
 Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule

Dear MR HEMANTKUMAR BHIKA CHAVAN,

We, Bajaj Allianz General Insurance Company Limited [Company] 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:

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Personal Information of Insured				
First Name	HEMANTKUMAR		Last Name	CHAVAN
Middle Name	BHIKA		Mobile Number	9890500948
Email Address	HEMANTKUMARCHAVAN3@GMAIL.COM		Nationality	INDIAN
Date of Birth	12-MAY-74		Unique Identity (Aadhaar No.)	
Pan No			Occupation	NA
Salary			Family Monthly Income	
Marital Status	NA		Mailing Address	
Permanent Address		House No/ Building No/ Flat No		
House No/ Building No/ Flat No		PLOT NO 8 ADARSH NAGAR CAMP NO1 MANMAD		
Street/ Locality/ Landmark		PLOT NO 8 ADARSH NAGAR CAMP NO1 MANMAD		
State		State		
MAHARASHTRA				
City		City		
NASHIK				
Area		Area		
Pincode		Pincode		
423104				

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MR HEMANTKUMAR BHIKA CHAVAN	Self	Male	12-MAY-1974	1000000	Ratnamala	Spouse	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 13-MAY-23 to 11-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. 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 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

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Corporate Identification Number: U66010PN2000PLC015329



**Bajaj Allianz General Insurance Company Ltd**  
 [Corporate Identity Number (CIN) : U66010PN2000PLC015329]  
 Unique Identification Number (UIN) : IRDA/NL-HLT/BAGI/P-P/V.I/151/13-14  
 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MR JAYASHRI MURLIDHAR RAJGURU,

We, Bajaj Allianz General Insurance Company Limited [Company] 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 or other means which would be considered as the final proposal, the transcript of which is as follows:

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Personal Information of Insured			
First Name	JAYASHRI	Last Name	RAJGURU
Middle Name	MURLIDHAR	Mobile Number	8806941962
Email Address	JAYASHRIRAJGURU123@GMAIL.COM	Nationality	INDIAN
Date of Birth	17-AUG-95	Unique Identity (Aadhaar No.)	
Pan No		Occupation	NA
Salary		Family Monthly Income	
Marital Status	NA	Mailing Address	
Permanent Address		House No/ Building No/ Flat No	
House No/ Building No/ Flat No	AT POST PATODA TAL YEOLA DIST NASHIK	Street/ Locality/ Landmark	
Street/ Locality/ Landmark	AT POST PATODA TAL YEOLA DIST NASHIK	State	
State	MAHARASHTRA	City	
City	NASHIK	Area	
Area		Pincode	
Pincode	423401		

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MR JAYASHRI MURLIDHAR RAJGURU	Self	Female	17-AUG-1995	1000000	Meera Murlidhar Rajguru	Mother	NA		NO

**A. Coverage Details :**

- Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
- Period of Insurance : 13-MAY-23 to 11-MAY-24
- Previous Insurance Provider : NA
- Previous Policy number : NA
- Previous Policy expiry Date : NA

To Support Go Green initiative, send policy copy link on registered mobile number / email id :

**B. EXCLUSIONS AND TERMS AND CONDITIONS:**

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P.R. Pande

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 Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune  
**Transcript of Proposal for Group Personal Accident Policy Schedule Policy Schedule**

Dear MR PANDE PAYAL RAJESHKUMAR,

We, Bajaj Allianz General Insurance Company Limited [Company] wish to inform you that the your contract will be 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:

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**Personal Information of Insured**

<b>First Name</b>	PANDE	<b>Last Name</b>	RAJESHKUMAR
<b>Middle Name</b>	PAYAL	<b>Mobile Number</b>	9763661621
<b>Email Address</b>	PAYALPANDE70@GMAIL.COM	<b>Nationality</b>	INDIAN
<b>Date of Birth</b>	11-MAR-97	<b>Unique Identity (Aadhaar No.)</b>	
<b>Pan No</b>		<b>Occupation</b>	NA
<b>Salary</b>		<b>Family Monthly Income</b>	
<b>Marital Status</b>	NA	<b>Mailing Address</b>	
<b>Permanent Address</b>			
<b>House No/ Building No/ Flat No</b>	AT POST PATODA TAL YEOLA DIST NASHIK	<b>House No/ Building No/ Flat No</b>	
<b>Street/ Locality/ Landmark</b>	AT POST PATODA TAL YEOLA DIST NASHIK	<b>Street/ Locality/ Landmark</b>	
<b>State</b>	MAHARASHTRA	<b>State</b>	
<b>City</b>	NASHIK	<b>City</b>	
<b>Area</b>		<b>Area</b>	
<b>Pincode</b>	423401	<b>Pincode</b>	

Q1. Do you or any of the family members to be covered have/had any health complaints/disability/met with any accident in the past and/or have been taking treatment/hospitalization? Please provide the details & duration of illness along with treatment taken in below table. NO

Insured/Beneficiary Name	Relation with Insured	Gender	Date of Birth	Sum Insured (Individual Basis)	Nominee Name	Nominee Relation with Beneficiary	Add On Cover Details	Total Monthly Income	Pre Existing Diseases
MR PANDE PAYAL RAJESHKUMAR	Self	Female	11-MAR-1997	1000000	Pande rajeshkumar prabhunath	Father	NA		NO

**A. Coverage Details :**

1. Plan Name : Group Personal Accident for Account Holder of IPPB\_Plan B
2. Period of Insurance : 19-MAY-23 to 17-MAY-24
3. Previous Insurance Provider : NA
4. Previous Policy number : NA
5. Previous Policy expiry Date : NA

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**B. EXCLUSIONS AND TERMS AND CONDITIONS:**

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Dear SANTOSH BALNATH DHOLE,

Policy No :: OG-24-2034-6401-00000077

Customer Name: SANTOSH BALNATH DHOLE

Thank you for availing our services. Please find attached policy copy.

Now you can also manage your policy at the click of your fingertips by using our Caringly Yours Mobile app or by registering at our customer portal by clicking here

Download policy document, get renewal alerts, intimate claims, buy & renew policy and much more. Click <http://bit.ly/33f7sga> to download now.



Dear AHIRE, Your BAJAJ ALLIANZ policy no is OG-24-2034-6401-00000100. Now carry your policy document on your mobile. Click here <http://onelink.to/v9zp7c> to download.

Bajajallianz (<http://onelink.to/v9zp7c>)

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# Transaction Successful

Chavan  
S/R

Date: 13 May 2023 2:23 PM

Merchant Name

**BAGIC**

Policy Name

**BAGIC Group Personal  
Accident**

Policy Holder Name

**Hemantkumar Bhika Chavan**

Amount Paid

**₹396.00**

Policy No./Application No.

**OG-24-2034-6401-00000053**

Ref No:-S1996232

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# Transaction Successful

Date: 13 May 2023 2:51 PM

Merchant Name

**BAGIC**

Policy Name

**BAGIC Group Personal  
Accident**

Policy Holder Name

**Ujwala Hitesh CHAVAN**

Amount Paid

**₹396.00**

Policy No /Application No

**OG-24-2034-6401-00000056**

Ref No:-S2193332

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VM-BJAZGI

Today 15:00

Dear UJWALA, Your BAJAJ  
ALLIANZ policy no is  
OG-24-2034-6401-00000056.  
Now carry your policy document  
on your mobile. Click here [http://  
onelink.to/v9zp7c](http://onelink.to/v9zp7c) to download.



Send Document







# Transaction Successful

Date: 13 May 2023 2:5 PM

Merchant Name

**BAGIC**

Policy Name

**BAGIC Group Personal  
Accident**

Policy Holder Name

**Jayashri Murlidhar Rajguru**

Amount Paid

**₹396.00**

Policy No./Application No.

**OG-24-2034-6401-00000052**

**Ref No:-S1868668**





# Transaction Successful

Date: 13 May 2023 2:38 PM

Merchant Name

**BAGIC**

Policy Name

**BAGIC Group Personal  
Accident**

Policy Holder Name

**Priyanka haribhau jadhav**

Amount Paid

**₹396.00**

Policy No./Application No.

**OG-24-2034-6401-00000054**

Ref No:-S2103556





VM-BJAZGI

Thu, 11/05/2023 7:08 p.m.

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Thu, 11/05/2023 10:00 p.m.

Dear DNYANESHWAR, Your  
BAJAJ ALLIANZ policy no is  
OG-24-2034-6401-00000040.  
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on your mobile. Click here [http://  
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Bhalerao

# Transaction Successful

Date: 11 May, 2023 6:17 PM

Merchant Name

**BAGIC**

Policy Name

**BAGIC Group Personal  
Accident**

Policy Holder Name

**Ashwini raju bhalerao**

Amount Paid

**₹396.00**

Policy No. Application No.

**OG-24-2034-6401-000000038**

**Ref No:-S88282412**

