

Note on Soham Modi - Insurance Policies.
20-9-20

S No.	Company	Type of Insurance	Amount insured	Policy number	Premium
1.	Bajaj Allianz	Term Insurance	Rs. 500 lakhs	0406627700	Rs. 4.70 lacs per yr – payable 27 th Aug each year.
2.	Bajaj Allianz	Accidental Death Add on: Accidental Hospitalization on Air Ambulance Cover	Rs. 387 lakhs Rs. 25 lacs Rs. 25 lacs	OG-21-1801-8428-00000579	Rs. 0.74 lacs payable ever 3 yrs – next renewal – 15 th Aug 2023
3.	Aegon Religare	Term Insurance	Rs. 110 lakhs	110913235904	Rs. 0.40 lacs per yr – payable 27 th Oct 2020. Policy expires in 2021.
4.	Star Health	Family Health Insurance Plan – all 4 covered	Rs. 7 lakhs	P/131112/01/2019/009130	Rs. 17,000 per yr – payable 30 th March each year.

IMPORTANT

31/03/2020

To,

SOHAM MODI,
Plot no. 280, Road No.25, Jubilee Hills

*

*

Hyderabad, Hyderabad, Telangana -**500033**
Mobile : 8885583001.

Dear Customer,

Re: Health Insurance Policy - P/131112/01/2020/012546

We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

Kindly note that the above request is very important and if we do not hear anything from you within 15 days, we would presume that the policy issued by us is in order and the contract is concluded.

We would like to mention that we have incorporated the name of the intermediary as indicated by you.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,



Authorised Signatory

In case of a need for hospitalization, kindly prefer our network hospital (list is available in our website) for a quick response to your claim request.

Please select the room as per your eligibility stipulated in your policy to avoid additional payment from your pocket towards the proportionate increase which would invariably be charged by the hospital for the higher room category occupied.

Sum insured of this Policy is meant for utilization till its expiry. Bearing this aspect in mind, we have no doubt, you will choose appropriate hospital, room rent and treatment charges, etc.

Should you need any assistance, our customer care will be delighted to assist you, whose toll free no. is 1800-425-2255/1800-102-4477.

However, the ultimate decision will be that of yours only.

Family Health Optima Insurance Plan
Unique Identification No. IRDAI/HLT/SHAI/P-H/V.III/129/2017-18
Policy Schedule

In consideration of payment of Rs.20077 /- towards renewal premium of **Policy number: P/131112/01/2019/009130**, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No		P/131112/01/2020/012546	
Customer Code : AA0001422522		GSTIN	: 36AAJCS4517L1ZZ
Customer Name : MODI PROPERTIES & INVESTMENTS PVT LTD		SAC Code	: 997133/Accident and Health Insurance Services
Proposer Code : 8873506		Issuing Office Code	: 131112
Proposer Name : SOHAM MODI		Issuing Office Name	: Branch Office - Tadbund
Address : Plot no. 280, Road No.25, Jubilee Hills * * Hyderabad,Hyderabad,Telangana-500033		Address	: Plot No 6-3-864/4/B,SBN Arcade,3rd Floor,Opp Green Park Hotel, Greenlands, Ameerpet,Hyderabad -500016
Tel/Mobile : */8885583001/		Tel/Mobile	: 040 - 42222120
E-mail id : admin@modiproperties.com		E-mail id	: tadbund.hyderabad@starhealth.in
Proposer GSTIN : -		Place of Supply	: Telangana / State Code : 36
Proposal date : 26/03/2012		Fulfiller Code	: SH9400
Date of Inception of first policy : 28-MAR-12		Intermediary Code : BA0000005043 Name : Mr.YERUVA. MASTAN REDDY Tel/Mobile : 040-23194477/9848204466 E-mail id : ymreddy77@gmail.com	
Renewal Year : Eighth Year			
Collection Number & Date : 1023013300 & 31/03/2020			
Premium : Rs 17015 /- CGST @9% : Rs 1,531/- SGST / UTGST @9% : Rs 1,531/- Total Premium : Rs 20077 /- Stamp Duty : Re 1 /-			
Total Premium In Words : Rupees Twenty Thousand Seventy Seven Only			

Period of insurance	From : 31/03/2020 11:09:06	To : Midnight of 30/03/2021
Basic Floater Sum Insured	: 500000	Scheme Description : 2A+2C
In words :	Rupees: Five Lakhs Only	
Bonus: Rs. 200000	Limit of Coverage : Rs. 700000	Recharge Benefit : Rs. 150000

Details of Insured Persons :

Sl. No.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Pre-existing Disease	Inception Date
1	SOHAM MODI	M	18/10/1969	50	SELF	2259717-1	NIL-waiver of 30 days waiting period and waiver of first year exclusions	28/03/2012
2	TEJAL MODI	F	19/10/1970	49	SPOUSE	2259717-2	NIL-waiver of 30 days waiting period and waiver of first year exclusions	28/03/2012

Entered By : PREMIA

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : support@starhealth.in



Authorised Signatory

Attached to and forming part of Policy No. P/131112/01/2020/012546

3	NIDHI MODI	F	07/06/1995	24	DEPENDANT CHILD	2259717-3	NIL-waiver of 30 days waiting period and waiver of first year exclusions	28/03/2012
4	NISHA MODI	F	07/06/1995	24	DEPENDANT CHILD	2259717-4	NIL-waiver of 30 days waiting period and waiver of first year exclusions	28/03/2012

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Age	Relationship with Nominee
1	TEJAL MODI	Spouse	49	100			

Sector Classification

Urban		
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Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Condition No. 3 regarding delay in payment of claim shall read as follows and not as stated in policy wordings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Condition No: 13 of the policy wordings should read as follows

"Automatic Termination: The insurance under this policy shall terminate immediately on the earlier of the following events:

* Upon the death of the Insured Person This means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.

* Upon exhaustion of the Basic Sum Insured, Basic Sum Insured plus Bonus, Basic Sum Insured plus Bonus plus Restore and / or Recharge Sum Insured."

Important

In the event of hospitalization of insured person, intimation should be given to the Company immediately, however, within 24 hrs from the time of admission.

Toll Free No : 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522 .

"Consolidated Stamp duty paid vide Proceeding No : GSO5/8332/P/2019 Dated 21/12/2019"

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Tadbund on 31st Day of March 2020.

Entered By : PREMIA

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

Policy No P/131112/01/2020/012546 **Type Of Policy :** Family Health Optima Insurance - 2017
Issue Office 131112 - Branch Office - Tadbund
Address Plot No 6-3-864/4/B,SBN Arcade,3rd
Floor,Opp Green Park Hotel,
Greenlands, Ameerpet,Hyderabad -500016
Toll Free No 040 - 42222120
Email tadbund.hyderabad@starhealth.in

This is to certify that SOHAM MODI has paid Rs 20077 (Total Premium In Words : Indian Rupees Twenty Thousand Seventy-Seven Only) towards Premium for Hospitalization Insurance vide Policy No: P/131112/01/2020/012546 for the Period 31-MAR-20 To 30-MAR-21 issued on 31-MAR-20 .
Payment received by Cheque/Credit/Debit Card vide collection No:1023013300

Note :- This Certificate must be surrendered to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Entered By : PREMIA

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No.	36L023Y20P001647	Customer ID	AA0001422522
Invoice Date	31/03/20	Policy No	P/131112/01/2020/012546
Recipient		Supplier	
GSTIN	:	GSTIN	: 36AAJCS4517L1ZZ
Proposer Name	:	NAME	: Star Health and Allied Insurance Co Ltd - Branch Office - Tadbund
Address	:	Tel/Mobile	: Plot No 6-3-864/4/B, SBN Arcade, 3rd Floor, Opp Green Park Hotel, Greenlands, Ameerpet, Hyderabad - 500016
City	:	City	: TADBUND
State	:	State	:
Pincode	:	Pincode	: 500009
Client Category	:	Place of Supply	: 36 -

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST @ 9% F = C * UTGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	17015	0	17015		1531	1531		Rs. 20077

Total Invoice Value (in Figures) : Rs. 20077
Total Invoice Value (in Words) : Rupees: Twenty thousand seventy-seven only
Amount of Tax Subject to reverse Charge : No

Important Note:

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

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

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

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered By : PREMIA

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Bajaj Allianz Life Smart Protect Goal
Regular Premium

Ref No: C02
Date: 02/09/2020
To,

Your Policy Number - 0406627700
Individual

MR SOHAM SATISH MODI
S/O SATISH MANILAL MODI
PLOT NO 280 ROAD NO 25
NEAR PEDDAMMA TEMPLE HYDERABAD,
HYDERABAD
City/District : HYDERABAD
State : TELANGANA
Pincode : 500034 INDIA
Tel.No : 9502288200
Pref Time :
Email ID : SOHAMMODI@MODIPROPERTIES.COM



Dear MR SOHAM SATISH MODI

Sub: Issuance of Policy under your application for life insurance policy **towards regular premium plan dated 14/07/2020** on the life of MR SOHAM SATISH MODI

We would like to thank you for Investing your faith in us. Your policy requires **regular premiums to be paid for 35 years.**

Please find enclosed herewith your Policy Document, a copy of the Proposal Form and documents mentioned herein below, based on which your Insurance Policy has been issued. This Policy is issued subject to Section 45 of the Insurance Act, 1938 and any amendment from time to time.

Document Type	Specification of Documents provided	Identification No.
Proposal Form	Proposal Form	6103867531
Benefit Illustration	As per your OTP confirmation dated 14/07/2020	60002959116
Age proof	Pan Card	ABMPM6725H
Identity Proof	Pan Card	ABMPM6725H
Income Proof	Income tax assessment orders or returns	0

We offer a Fifteen (15) days [thirty (30) days in case this Policy is issued under the provisions of IRDAI Guidelines on Distance Marketing of Insurance Products] for freeloop cancellation of the policy. Any application for free look cancellation made after the lapse of above referred 15/30 days (as applicable), shall not be entertained.

For any queries kindly write to us at the below mentioned address and we assure and strive to provide you the best of services.

"This is a system generated letter and no signature required on this"

Authorised Signatory

Validity unknown

Digitally signed by Kayzad Perver Hirananeek
Date: 2020.09.02 20:38:07 IST
Reason: Digitally Signed Policy Document
Location: Pune, Maharashtra

Kayzad Hirananeek
Chief-Operations & Customer Experience
FOR BAJAJ ALLIANZ LIFE INSURANCE COMPANY LTD.



522333366

10104066277003667

Bajaj Allianz Life Insurance Company Limited

Bajaj Allianz House, 5th Floor,
B Wing, Airport Road,
Yerawada, Pune,
Maharashtra - 411006
Toll Free Number: 1800-209-7272

Your Policy Servicing Branch Address :
Bajaj Allianz Life Insurance Company Limited,
NORTH EAST PLAZA, 3RD FLOOR
ERRAMANZIL, KHAIRATABAD
HYDERABAD
DISTRICT - HYDERABAD URBAN
PINCODE - 500004
TELANGANA
Toll Free Number: 1800-209-7272

*** Please read policy document, especially following clauses on**

> Regular Premium

> Decrease in Annual Premium

> Non-payment of regular premium and forfeiture

> Termination

Disclaimer: In case of dispute, English version of policy bond shall be final and binding.

Bajaj Allianz Life Smart Protect Goal
Regular Premium

Ref No: C02
Date: 02/09/2020
To,

Your Policy Number - 0406627700

Individual

MR SOHAM SATISH MODI
S/O SATISH MANILAL MODI
PLOT NO 280 ROAD NO 25
NEAR PEDDAMMA TEMPLE HYDERABAD,
HYDERABAD
City/District : HYDERABAD
State : TELANGANA
Pincode : 500034 INDIA
Tel.No : 9502288200
Pref Time :
Email ID : SOHAMMODI@MODIPROPERTIES.COM

प्रिय, MR SOHAM SATISH MODI

विषय : 14/07/2020 तारीख की लाइफ इश्योरेंस पॉलिसी के लिए आपके आवेदन के तहत जारी पॉलिसी. यह स्वतः की लाइफ पर है.

हम हमारे प्रति अपने विश्वास का निवेश करने के लिए आपको धन्यवाद देते हैं. आपकी पॉलिसी को 35 सालों तक नियमित प्रीमियम भरने होंगे.

कृपया साथ में संलग्न अपनी पॉलिसी के दस्तावेज, प्रपोजल फॉर्म की प्रति और नीचे बताए गए दस्तावेज पाएँ जिनके आधार पर आपको इश्योरेंस पॉलिसी जारी की गई है. जारी की गई यह पॉलिसी बीमा अधिनियम 1938 की धारा 45 के अधीन है.

Document Type	Specification of Documents provided	Identification No.
Proposal Form	Proposal Form	6103867531
Benefit Illustration	As per your OTP confirmation dated 14/07/2020	60002959116
Age proof	Pan Card	ABMPM6725H
Identity Proof	Pan Card	ABMPM6725H
Income Proof	Income tax assessment orders or returns	0

इस पॉलिसी के अंतर्गत फ्री लुक अवधि पर क्लॉज के अनुसार हम आपको पन्द्रह दिनों की फ्री लुक अवधि दे रहे हैं. उपरोक्त उल्लेखित 15 दिनों की फ्री लुक अवधि के बाद पॉलिसी को रद्द करने के किसी आवेदन पर ध्यान नहीं दिया जाएगा .

किसी पूछताछ के लिए कृपया हमें नीचे दिए गये पते पर लिखें. हम आपको सदैव सर्वोत्तम सेवाएं देने का वादा करते हैं.

Authorised Signatory

Validity unknown

Digitally signed by Kayzad Perver Hiranek
Date: 2020.09.02 20:38:07 IST
Reason: Digitally Signed Policy Document
Location: Pune, Maharashtra

Kayzad Hiranek
Chief-Operations & Customer Experience
FOR BAJAJ ALLIANZ LIFE INSURANCE COMPANY LTD.



522333366

10104066277003667

Bajaj Allianz Life Insurance Company Limited

Bajaj Allianz House, 5th Floor,
B Wing, Airport Road,
Yerawada, Pune.
Maharashtra - 411006
Toll Free Number: 1800-209-7272

Your Policy Servicing Branch Address :

Bajaj Allianz Life Insurance Company Limited,
NORTH EAST PLAZA, 3RD FLOOR
ERRAMANZIL, KHAIRATABAD
HYDERABAD
DISTRICT - HYDERABAD URBAN
PINCODE - 500004
TELANGANA
Toll Free Number: 1800-209-7272

- | | |
|--|------------------------------|
| * कृपया पॉलिसी दस्तावेज, खास तौर पर निम्नलिखित खंड | |
| > नियमित प्रीमियम | > वार्षिक प्रीमियम में कटौती |
| > नियमित प्रीमियम का भुगतान न होना और निरस्तीकरण | > रद्दीकरण |

अस्वीकरण : विवाद होने पर पॉलिसी बॉण्ड का अंग्रेजी संस्करण अंतिम तथा बाह्यकारी होगा.

Bajaj Allianz Life Smart Protect Goal**Regular Premium****Schedule**

The Company, has received a Proposal Form, declaration and the First Regular/ Single Premium from the Policyholder/ Life Assured as named in this Schedule. The said Proposal Form and declaration along with any Statements, Report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Policyholder as the basis of the contract of insurance, both parties to the assurance contract do hereby further accept and affirm that the Policy, in consideration of and subject to due receipt of subsequent regular premiums (if any), as set out in the Schedule with all its parts (Policy Document and Endorsements, if any) shall be subject to the terms and conditions as contained in this Policy. The Policy Documents includes Annexure (including Annexure K & Annexure II) and other documents attached herewith. This Policy is issued on the basis of the information given, declaration made by the Policyholder in the Proposal Form, which is incorporated herein and forms the basis of this Policy.

Personal Details

Name of the Life Assured	MR SOHAM SATISH MODI						
Gender	Male	Date of Birth	18/10/1969	Age at Entry	50 years	Age	Admitted on Std. Age Proof
Name of the Policyholder	MR SOHAM SATISH MODI						
Gender	Male	Date of Birth	18/10/1969	Age at Entry	50 years	Age	Admitted on Std. Age Proof
Address	PLOT NO 280 ROAD NO 25, NEAR PEDDAMMA TEMPLE HYDERABAD,, HYDERABAD, HYDERABAD, TELANGANA, INDIA-500034						

Policy Details

Policy Number	Product Name			Product Code	Product UIN
0406627700	Bajaj Allianz Life Smart Protect Goal			321	116N163V01
Policy Commencement Date		Date of commencement of risk		Frequency of Premium Payment	
28/08/2020		31/08/2020		Annual	
** Regular Premium	Goods and Services Tax			Sum Assured	Regular Premium with tax
Rs. 3,97,900	Rs. 71,622			Rs. 5,00,00,000	Rs. 4,69,522
Regular Premium Payable (In words)		Rupees Three Hundred Ninety Seven Thousand Nine Hundred And Paise Zero Only			
Policy Term		Premium Paying Term	Maturity Date		Due Date of Last Premium
35 years		35 years	27/08/2055		28/08/2054
Extra Premium (Rs.)	Rs. 1,98,950		Variant	Life Cover	
Due Dates of Premium	28 August of every Year				

Nominee Name	DOB	Relationship	% SHARE
TEJAL SOHAM MODI	19/10/1970	Wife	100

Special Conditions: This policy has been charged a premium, which is greater than the standard premium. The details regarding the extra charges are as per the Life Assured's / Policyholder's acceptance of the Counteroffer acceptance received at the time of application.

Specified Person Name		Specified Person Pan No	
Sales Representative Details: Agent Code : DIRECT		Agent Name : DIRECT	
Contact No. : 1800-209-7272	PAN NO :	Email ID : customercare@bajajallianz.co.in	
Toll Free Number: 1800-209-7272			

Details of Life Assured :

Name of the Life Assured		MR SOHAM SATISH MODI					
Address	PLOT NO 280 ROAD NO 25, NEAR PEDDAMMA TEMPLE HYDERABAD,, HYDERABAD, HYDERABAD, TELANGANA, INDIA - 500034						
Gender	Male	Date of Birth	18/10/1969	Age at Entry	50 years	Age	Admitted on Std. Age Proof
Smoker Category	N						
Death Benefit (Rs)	Rs. 5,00,00,000				Maturity Benefit (Rs)	Nil	

****Regular Premium** excludes any applicable GST or cess but includes any Extra Premium.

* (i) Add-on Cover Maturity Benefit is with respect to each Add-on Cover.

(ii) 'Total Premiums paid' and 'Annualised Premium' mentioned in the table above are those with respect to each Add-on Cover.

TOTAL PREMIUM PAYABLE AT EACH PREMIUM PAYMENT FREQUENCY:

Rs. 3,97,900

In Words: Rupees Rupees Three Hundred Ninety Seven Thousand Nine Hundred And Paise Zero Only

**Bajaj Allianz Life Smart Protect Goal
Regular Premium**

To Whom The Benefits Are Payable: The Benefits are payable to the Policyholder/ Life Assured/ Spouse of the Life Assured/ or the assignee or to the Nominee(s) where a valid nomination has been registered by the Company (in accordance with section 39 of the Insurance Act 1938), or the executors, administrators or the legal representatives who should take out representation to the estate or to such persons as directed by the court of competent jurisdiction in India, limited at all times to the monies payable under this Policy.

The Policy shall be subject to and governed by the terms of the Policy Document along with the Schedule contained herein and Endorsements if any made from time to time and all these shall together form a single agreement.

The Company does not provide any warranty or assurance that the Policyholder will be, by virtue of purchasing this Policy, eligible for any income tax or other tax rebate or relief.

"The Agreement as contained in this Policy Document / Policy Terms and Condition constitutes the entire agreement between the Company and the Policyholder and supersedes any or all prior understandings, agreements, representations or undertakings by or between the Company and the Policyholder or their representatives, written or oral. Any subsequent understandings, agreements, representations or undertakings by or between the Company and the Policyholder or their representatives, written or oral, will be subject to the provisions of this agreement as contained in the Policy Document / Policy Terms and Condition. In case of any dispute between understandings, agreements, representations or undertakings by or between the Company and the Policyholder or their representatives, written or oral, made either prior to or subsequent to the issuance of this Policy Document / Policy Terms and Condition, with the terms and conditions as mentioned in this Policy Document / Policy Terms and Condition, the terms of Policy Document / Policy Terms and Condition shall prevail."

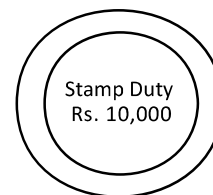
All taxes, including GST and cess if any, either existing or those that may apply in future (including enhancements of existing taxes) will be charged extra on Premium as per the applicable rates prevailing. Payment of such taxes shall be the responsibility of the Policyholder.

Special Condition:

The details regarding extra premium are as per the Life Assured's or Policyholder's acceptance of the counter-offer at the time of application.

Signed on behalf of Bajaj Allianz Life Insurance Company Ltd. for Policy No. 0406627700

Issued on date: 31/08/2020



paid by pay order

Rs. 10,000 vide receipt no CSD/50/2020/1649 dated 23/07/2020

If any of the information given above is incorrect and not consistent with the Proposal Form, we request you to kindly send back the whole set-of documents to the Company citing the error/mistake for rectification.

**Authorized Signatory
Validity unknown**

Digitally signed by Kayzad Hiranek
Date: 2020.09.02 20:38:05 IST
Reason: Digitally Signed Policy Document
Location: Pune, Maharashtra

Kayzad Hiranek
Chief-Operations & Customer Experience
"Signed and Executed at Pune"

Registered & issuing office:

Bajaj Allianz Life Insurance Co. Ltd.,

Bajaj Allianz House, Airport Road, Yerawada, Pune

PIN Code- 411006, Maharashtra.

Corporate Identity Number: U66010PN2001PLC015959

IRDAI Regn. no. 116

Tel. No. (+91 20) 66026777, Fax: (+91 20) 66026789

E-mail: customercare@bajajallianz.co.in,

Web site: www.bajajallianzlife.com

Bajaj Allianz Life Smart Protect Goal Regular Premium

First Premium Receipt Individual

BRANCH OFFICE - BRANCH OFFICE - HYDERABAD

Dear MR SOHAM SATISH MODI

Date : 02/09/2020

Your proposal for Life Insurance has been accepted by Bajaj Allianz Life Insurance Company as per details given below.

Policy No	0406627700	Sum Assured	Rs. 5,00,00,000	Frequency of Payment	Annual
Plan	Bajaj Allianz Life Smart Protect Regular Risk				
Name of Life Assured	MR SOHAM SATISH MODI				
Name of Policyholder	MR SOHAM SATISH MODI				
Regular Premium	Rs. 3,97,900	Policy Deposit, if any #	Rs. 0		
Goods & Services Tax	Rs. 71,622				
Date of birth of Life Assured	18/10/1969	Date of Commencement of Risk	31/08/2020		
Date of Commencement	28/08/2020	Term End Date	27/08/2055		

We acknowledge the receipt of payment towards the first premium on the Policy assurance for the plan and amount indicated above.

The acceptance of the payment places the Company on risk with effect from date of this Acceptance-cum-First Premium receipt or if the risk under the proposal is deferred if any from the deferred date on terms and conditions of the Policy of assurance subject however, to the realization of the Premium amount and the terms and conditions printed below. The Policy is being sent here with.

The issue of this receipt is also subject to the realization of the amount in cheque and the terms and conditions mentioned hereunder.

Amount **

Rs. 3,97,900

Applicable IT section

Section 80C

Stamp Duty
Rs. 1

Rs. 1 dated 10/02/2020

* Consolidated Stamps duty paid vide receipt no CSD/04/2020/1351/2020

Terms and Conditions of Acceptance of Risk :

Please note that if any changes in your occupation or any adverse circumstances connected with your financial position or general health of yourself or that of your family however unimportant you may consider, occur between the date of proposal and the date of this receipt or if a proposal for assurance or an application for revival of your Policy on your life to any office of the Company has since the date of this proposal been withdrawn or dropped or deferred or declined or accepted at an increased premium or subject to alteration of terms otherwise than as proposed or if you have been selected for services in any of the branches of military, naval or air force services between the date of this proposal and the date of issue of this receipt, this assurance shall be void and all monies which shall have been paid in respect are forfeited unless intimation of such events be made in writing to the Company within ten working days and the acceptance of proposal shall then be accordingly re-approved by the Company.

*Deductions shall be applicable as per the relevant provisions of Income Tax Act.

*For UL Policies Goods & Service Tax as applicable will be deducted monthly at rates applicable from time to time on Cost Of Insurance (mortality + rider premium charges) through cancellation of units.

**For your actual eligibility please refer to provisions of IT Act 1961 as modified and consult your tax consultant.

Policy Deposit will get adjusted with your next Renewal Premium, if due.

*This receipt is issued online and does not require signature.



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)

Welcome to Bajaj Allianz Family

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		Bajaj Allianz General Insurance Co Ltd 4th Floor, North East Plaza, Erramanzil X Roads, , Beside BMW Showroom, , HYDERABAD-500082 Phone No :04033122800	
Proposer Name	SOHAM SATISH MODI	Policy Number	OG-21-1801-8428-00000579

SOHAM SATISH MODI

PLOT NO 280 ROAD NO -25 NEAR
PEDDAMMA TEMPLE,
PO Area - JUBILLE HILLS,
HYDERABAD, TELANGANA,
Pin - 500034

Customer ID : 187392326



Dear Customer,

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

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

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

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory



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GLOBAL PERSONAL GUARD (INDIVIDUAL) - POLICY SCHEDULE UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		Bajaj Allianz General Insurance Co Ltd 4th Floor, North East Plaza, Erramanzil X Roads, , Beside BMW Showroom, , HYDERABAD-500082 Phone No :04033122800	
Proposer Name	SOHAM SATISH MODI	Policy Number	OG-21-1801-8428-00000579

PROPOSER DETAILS		POLICY DETAILS	
Proposer Address	PLOT NO 280 ROAD NO -25 NEAR PEDDAMMA TEMPLE, PO Area - JUBILLE HILLS, HYDERABAD, TELANGANA, Pin - 500034	Policy Issued on	18-AUG-2020
		Period of Insurance	From: 17-AUG-2020 00:01 Hrs. To : 16-AUG-2023 Midnight
		Customer ID	187392326
		Policy Status	Issued

Insured Member Details

Member Name	Customer ID	Gender	Date Of Birth	Age	Relation	Nominee Name & Relation	
SOHAM SATISH MODI	187392326	Male	18-OCT-1969	50	SELF	TEJAL, NISHA, NIDHI	OTHERS

GSTIN / UIN	Place of Supply/State Code/ Name
NA	36 - Telangana

Company GST No.:	Invoice No.:
36AABC5730G1ZY	203386704/1
Company PAN:	
AABC5730G	

Sum Insured & Cover Details

Member Name	Risk Class	Death		Permanent Total Disability		Permanent Partial Disability	
		Sum Insured	Cumulative Bonus (%)	Sum Insured	Cumulative Bonus (%)	Sum Insured	Cumulative Bonus (%)
SOHAM SATISH MODI	I	3,87,00,000.00	0.00(0%)	2,32,00,000.00	0.00(0%)	0.00	0.00(0%)

Optional Cover Details

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit		Air Ambulance Cover	Children's Education Benefit	Coma Due to Accidental Bodily Injury	EMI Payment Cover
		Death	PTD				
	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
SOHAM SATISH MODI	25,00,000.00	0.00	58,00,000.00	25,00,000.00	0.00	10,00,000.00	0.00

Member Name	Fracture Care	Hospital Cash Benefit		Loan Protector Cover	Loss of Income due to Disability from Accident		Road Ambulance Cover	Travel Expenses Benefit
	Sum Insured	Per Day Benefit	Number of Days	Sum Insured	Weekly Benefit Amt.	Sum Insured	Sum Insured	Sum Insured
SOHAM SATISH MODI	0.00	5,000.00	60.00	0.00	9,000.00	9,00,000.00	25,000.00	0.00

Premium Details

Description	Amount(INR)	Description	Amount(INR)
Base Premium	53,403.00	Less: Family Discount	0.00
Add: Premium on Add-on Cover	14,898.00	Less: Long Term Policy Discount	5,464.00
		Less: Employee Discount	0.00
		Less: Online Discount/Direct Customer Discount	0.00
Gross Premium Rupees Seventy Four Thousand One Hundred Forty Seven Only		Net Premium	62,837.00
		State GST (9%)	5,655.00
		Central GST (9%)	5,655.00
		Gross Premium	74,147.00

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

<http://www.facebook.com/BajajAllianz> <http://twitter.com/BajajAllianz> www.bit.do/bjagzi



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GLOBAL PERSONAL GUARD (INDIVIDUAL) - POLICY SCHEDULE UIN. IRDAI/HLT/BAGI/P-V.I/30/14-15

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		Bajaj Allianz General Insurance Co Ltd 4th Floor, North East Plaza, Erramanzil X Roads, , Beside BMW Showroom, , HYDERABAD-500082 Phone No :04033122800	
Proposer Name	SOHAM SATISH MODI	Policy Number	OG-21-1801-8428-00000579
Previous Policy details			
Member Combination	First Policy Number	Previous Policy Number & Expiry Date	
1	OG-21-1801-8428-00000579	null	null



BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

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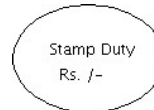
Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

GLOBAL PERSONAL GUARD (INDIVIDUAL) - ANNEXURE UIN. IRDAI/HLT/BAGI/P-PV.I/30/14-15

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		Bajaj Allianz General Insurance Co Ltd 4th Floor, North East Plaza, Erramanzil X Roads, , Beside BMW Showroom, , HYDERABAD-500082 Phone No :04033122800	
Proposer Name	SOHAM SATISH MODI	Policy Number	OG-21-1801-8428-00000579
Exclusions/Deductible/T&C/Warranties			
Bank Name & Add.			
Special Terms & Conditions	NA		
Pre-Existing Details & Special Exclusions	Member Name	Pre-Existing Details	Special Exclusions & Warranty
	SOHAM SATISH MODI	NO	NA
Additional Remarks			
Premium Details	Receipt Number : 1801-01778901 Date : 18-AUG-20 Premium Payer ID : 187392326 Float : CF Receipt Number : 1801-01779054 Date : 18-AUG-20 Premium Payer ID : 187392326 Float : CF ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque		
Financial Institution Ref. No.	187392326CF		
Agency Code & Name	10031837/BAJAJ FINANCE LTD		
Contact No.		E-Mail	NA

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.



Authorized Signatory

Consolidated Stamp Duty of Rs.1935/- paid towards Insurance Stamps vide Challan No. MH011254450201920M Defaced No. 0006230296201920 ORDER NO.CSD/322/2020/740/2020 ORDER DATED 15.02.2020DEFACED DATE dated 15-FEB-20 timing 12:17:16 of General Stamp Office, Mumbai, India.

Principal Location : Bajaj Allianz General Insurance Co Ltd, 4th Floor, North East Plaza, Erramanzil X Roads, Beside BMW Showroom, HYDERABAD - 500082 PH:04033122800 | Services Accounting Code : 997133 - Accident and health insurance services. No reverse charge is payable on these services.

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

Schedule (1) | Printed on : 19-AUG-2020 08:57:51|SilentPrint|Web|Sub 10031837 / 31837LAPHNI



BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

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Proposer Name	SOHAM SATISH MODI	Policy Number	OG-21-1801-8428-00000579

HEALTH & WELLNESS CARD

Caringly yours

BAJAJ Allianz

HEALTH & WELLNESS CARD



Customer ID : **187392326**

Policy No : **OG-21-1801-8428-00000579**

ID Card No : **23-203386704-1**

Valid Up to : **16-AUG-2023**

SOHAM SATISH MODI (50Yrs.)

Scan QR code to access customer portal

Bajaj Allianz General Insurance Company Limited

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

Cashless hospitalization in network hospitals can be obtained only if this card is produced along with a letter of authorization from Bajaj Allianz except for emergency cases. This is subject to terms and conditions of the policy. Please quote your ID number for assistance. Intimation to Bajaj Allianz Helpline is mandatory in case of any hospitalization.

HOSPITAL ALERT: In emergency, Patient may approach with id card; please call Bajaj Allianz helpline to verify coverage and cashless authorization.

For help and more information:

Contact our 24 Hour Call Center at **1800-209-5858** (Toll Free), **30305858** (chargeable, add area code before this number in case of mobile call)

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

Corporate Identification Number: U66010PN2000PLC015329



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Proposer Name	SOHAM SATISH MODI	Policy Number	OG-21-1801-8428-00000579

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



<http://twitter.com/BajajAllianz>



www.bit.do/bjazgi



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

GLOBAL PERSONAL GUARD (INDIVIDUAL) - RECEIPT

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.		Bajaj Allianz General Insurance Co Ltd 4th Floor, North East Plaza, Erramanzil X Roads, , Beside BMW Showroom, , HYDERABAD-500082 Phone No :04033122800	
Proposer Name	SOHAM SATISH MODI	Policy Number	OG-21-1801-8428-00000579

RECEIPT

Receipt Number 1801-01779054
Receipt Date 18-AUG-20
Business Channel BA

Received with thanks from **SOHAM SATISH MODI**
(Customer ID : 187392326) a total sum of Rupees Fifty Five Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount
Cheque	729118	09/07/2020	YES BANK LTD	AGRAVANSI PLAZA,HUDALANE ,BEGUMPET,SECU NDERABAD	74,092
Cash	NA	NA	NA	NA	55

Total Amount 55.00

Note : 200368300/

Issuance of this receipt does not amount of acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

* Cheque/DD/PO receipt is valid subject to realisation of the instrument

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

Authorized Signatory

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006

Policy Schedule

Product Name: AEGON Religare Level Term Plan (UIN 138N003Vo1)

The Policy, as more particularly described below, is evidence of contract of Insurance between AEGON Religare Life Insurance Company Limited ("The Company" or "We") and the Policyholder ("You"). The Policy is based on the Proposal made by you to the Company along with necessary documents, statements, applicable medical evidences and declarations made by you or obtained by the Company on behalf of you and is governed by the Standard Policy Provisions attached hereto and the Schedule hereunder written which forms part of the Policy. The Policy shall be effective upon receipt of the First Premium by the Company.

Policy No. : 110913235940

Date of Commencement : 27/10/2011

Date of Maturity : 26/10/2021

Name of Policyholder : SOHAM SATISH MODI

Policyholder's Address : PLOT NO 280, ROAD NO 25, JUBILEE HILLS
HYDERABAD, ANDHRA PRADESH, INDIA-500034

Name of Life Assured : SOHAM SATISH MODI

Address of the Life Assured : PLOT NO 280, ROAD NO 25, JUBILEE HILLS
HYDERABAD, ANDHRA PRADESH, INDIA-500034

Date of Birth of Life Assured : 18/10/1969

Age of Life Assured at the Commencement of the Policy : 42

Whether age admitted : YES

Premium Payment Frequency : ANNUAL

Policy Particulars

Item	Base Plan	ADDD Rider	CI Rider
Sum Assured (Rs.)	11,000,000.00	NA	NA
Instalment Premium	39,554.00	NA	NA
Policy Term (years)	10	NA	NA
Premium Payment Term (years)	10	NA	NA
Date of last Premium Payment	27/10/2020	NA	NA
Date of Maturity	26/10/2021	NA	NA

IRDA Company Registration Number: 138

AEGON Religare Life Insurance Company Limited, 2nd Floor, Paranjpe 'B' Scheme, Subhash Road,
Near Garware House, Vileparle (East), Mumbai - 400 057

MR. SOHAM SATISH MODI
PLOT NO 280
ROAD NO 25
JUBILEE HILLS
HYDERABAD - 500034
ANDHRA PRADESH
INDIA
CONTACT NO - 09849349373

31/10/2011

Subject: Addition of Assignment on Policy Number 110913235940.

Policy holder's Name : Mr. Soham Satish Modi
Name of Plan : AEGON Religare Level Term Plan

Dear Mr. Modi,

This is to confirm that your request for assignment on policy number 110913235940 has been completed with the effective date 31/10/2011.

The assignment has been confirmed to 'RELIGARE FINVEST LTD, NEW DELHI Branch'. The original policy document have been delivered to RELIGARE FINVEST LTD. as per your instructions on the address mentioned below:

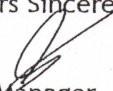
Address of the Assignee:

RELIGARE FINVEST LTD,
D3, P3B
DISTRICT CENTRE
SAKET
NEW DELHI - 110017
DELHI
INDIA

Please feel free to contact us at Customer Service Toll Free number 1-800-209-9090 Monday to Sunday 8:00am to 8:30pm OR email us in case any clarification is required. You can also write to us at the address mentioned below or visit us at www.aegonreligare.com.

Thanking you,

Yours Sincerely,


Sr. Manager - Servicing Operations
AEGON Religare Life Insurance Company Ltd.