

8.1.11

Policy document for medical indemnity
insurance cover for the clinical faculty



Bajaj Allianz General Insurance Company Ltd.

Corporate Identity Number (CIN): U66010PN2000PLC015329

Unique Identification Number (UIN): IRDAN113RP0031V01200102

Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune-411006

Transcript of Proposal for PROFESSIONAL INDEMNITY INSURANCE POLICY

Dear JAWAHAR MEDICAL FOUNDATIONS,

We, **Bajaj Allianz General Insurance Company Ltd**, 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			
Title [Mr/Mrs/Ms/Company/ other entity]	Company	First Name	JAWAHAR MEDICAL FOUNDATIONS
Middle Name		Last Name	
Email Address	DEENACPM@GMAIL.COM	Mobile Number	8459733782
Date of Birth		Nationality	
Pan No	AAAAA9999A		
Medical Registration Number/Year of Registration/Number of Years Practicing	Location : ACPM MEDICAL COLLEGE AND HOSPITAL DHULE AND ACPM DENTAL COLLEGE AND HOSPITAL DHULE SAKRI RD, NEAR MORANE, MORANE, DHULE-424002., MAHARASHTRA.; Insured Business : Medical Practitioner, Branch of Medicine: Pathology, Specialisation : Con.Pathologist.		
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	ACPM MEDICAL COLLEGE AND HOSPITAL DHULE AND ACPM DENTAL COLLEGE AND HOSPITAL DHULE SAKRI RD	House No/ Building No/ Flat No	ACPM MEDICAL COLLEGE AND HOSPITAL DHULE AND ACPM DENTAL COLLEGE AND HOSPITAL DHULE SAKRI RD
Street/ Locality/ Land- mark		Street/ Locality/ Land- mark	
State	MAHARASHTRA	State	MAHARASHTRA
City	DHULE	City	DHULE
Area		Area	
Pincode	424002	Pincode	424002

1. Professional Qualifications and Years of these Qualification

Location : ACPM MEDICAL COLLEGE AND HOSPITAL DHULE AND ACPM DENTAL COLLEGE AND HOSPITAL DHULE SAKRI RD, NEAR MORANE, MORANE, DHULE-424002., MAHARASHTRA.; Insured Business : Medical Practitioner, Branch of Medicine: Pathology, Specialisation : Con.Pathologist.

2. In which branch of medicine viz. Allopathy / Homeopathy, please specify.

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3. (a). Are you member of any Medical Council

Location : ACPM MEDICAL COLLEGE AND HOSPITAL DHULE AND ACPM DENTAL COLLEGE AND HOSPITAL DHULE SAKRI RD, NEAR MORANE, MORANE, DHULE-424002., MAHARASHTRA.; Insured Business : Medical Practitioner, Branch of Medicine: Pathology, Specialisation : Con.Pathologist.

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(b). If so, please mention the name and address of such association/ council with Membership no.

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4. Are you a General Practitioner/ General Physician/ Pathologist/ radiologist/ Consulting Physician/ Anaesthetist/ Plastic Surgeon

Location : ACPM MEDICAL COLLEGE AND HOSPITAL DHULE AND ACPM DENTAL COLLEGE AND HOSPITAL DHULE SAKRI RD, NEAR MORANE, MORANE, DHULE-424002., MAHARASHTRA.; Insured Business : Medical Practitioner, Branch of Medicine: Pathology, Specialisation : Con.Pathologist.

5. If Specialist, Mention your area of Specialisation

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6. Specify Facilities such as dispensing facility, x-ray radiation therapy, scanning, ECG, Sonography, MRI, Etc. available / operated by you or under your control : No

7. Are these facilities being maintained through regular service contracts with the manufacturers/ specialised serving agencies : NA

8. If these facilities are operated by employees please state their (1) names (2) Technical Qualifications (3) Experience and (4) Name of the facility maintained against (Please use a separate sheet) : NA

Tech

9. Do you wish to extend the policy cover to personnel's unqualified to maintain these facilities, please mention their names along with facility operated : No

10. Specify No. of Employees, their job specifications, their experience and nature of your supervision : None

11. (a) Are You attached to /or attending as a visiting physician / surgeon in any hospital / nursing home/clinic etc., If Yes, please give details : No

(b) Are you in service with any organisation? : No

(c) Are They Covered under a Medical Establishments Errors and omissions Policy : No

12. State the average No. of Patients you are attending per day: Information not available

13. Does the Proposer currently hold any Professional Indemnity Insurance? : No

(a) If Yes,

Renewal Date : NA

Limit of Indemnity : NA

Retroactive Date : NA

(b) Please indicate if the following covers are required

i. Loss of Documents : Yes

If 'Yes', does the Proposer keep documents in fire proof cabinets? : No

ii. Libel and Slander : Yes

ii. Libel and Slander : No

iii. Dishonesty of Employees : Yes

14. Has any insurer in respect of the risks to which this proposal relates ever

a. Declined a proposal, refused renewal or terminated an insurance? : No

b. Required an increased premium or imposed special conditions? : No

If 'Yes', in either case, please give details : NA

15.

a. Has any claim been made against the Proposer or any partner, director, consultant or employee for neglect, error or omission in relation to professional duties? : No

b. Has the Proposer or any partner, director, consultant or employee incurred any other loss or expense which might be within the terms of the cover? : No

If 'Yes', in either case, please give details separately of the circumstances of each incident including any amounts paid and the estimated potential cost of the incident. : NA

16.

a. What is the amount of Indemnity required? Limit of Liability : INR 12,500,000 per claim and INR 50,000,000 in aggregate.

b. Please state any alternative amounts for which a quotation is required : None

If 'Yes', in either case, please give details separately of the circumstances of each incident including any amounts paid and the estimated potential cost of the incident. : NA

17.

a. Please state the amount the Proposer wish to contribute towards each and every claim : As per standard policy conditions

b. Please state any alternative amounts for which a quotation is required : None





A. EXCLUSIONS AND TERMS AND CONDITIONS:

The detailed list of exclusions, standard terms and conditions, 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 and knowing the same I/we have opted and proposed for this Policy.

B. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to you and you have fully understood the significance of the proposed insurance contract basis which you have confirmed for policy issuance.

C. In case of Disagreement or objection or any changes with respect to information, declarations, Terms and Conditions, exclusions and contents mentioned hereinabove, please contact our toll free number and 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.

DECLARATIONS AND WARRANTIES:

A. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to you and you have fully understood the significance of the proposed contract basis which you have confirmed for Policy issuance.

B. I hereby declare, on my behalf, that the above statements, answers and/or particulars are as given by me, as in this transcript, are true and complete in all respects to the best of my knowledge.

C. I understand that the information provided by me, as in this transcript, will form the basis of the insurance contract and is subject to the Board approved underwriting policy of the Company.

D. You declare that the statements and particulars given in this transcript are complete, true and accurate to the best of your personal knowledge and belief. I also do hereby agree and undertake to immediately inform the Company any changes in this proposal form/ documents/ risk proposed for insurance after the submission of this proposal form.

E. I authorize the Company to share information pertaining to my proposal for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority, reinsurers, group companies, auditors/legal counsel, service providers etc., My this authorisation is given under all the applicable laws, including data privacy laws.

F. I declare that if it is found that any of the statements, particulars and or answers in this proposal form or other documents are incorrect, untrue, suppressed any information or provided misleading/false information in any respect on any material/ immaterial facts/particulars, to the grant of a cover or otherwise, the Company shall have no liability under the insurance contract or the policy document thereunder, apart from Company's right to cancel my insurance policy/contract and the premium paid by me shall be forfeited by the Company.

G. I hereby authorize company that all Standard Terms and Conditions of policy can be displayed in the website of Company that enables access by me/us if I/We want to know the terms and conditions of policy displayed on website. I shall be bound by the Privacy Policy of the Company.

H. I agree that the Standard Terms and Conditions displayed in the website of company/sent to me for the Policy taken by me for the first time shall be applicable to the renewal Policy and the Company need not sent the Standard Terms and Conditions at the time of renewal and if I/we require the same I/We will seek the same from the Company.

Toll free Number: 1800-103-2529,1800-102-5858 and 1800-209-5858

Email address: bagichelp@bajajallianz.co.in

Website: www.bajajallianz.com

Contact our Policy servicing branch at: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD, 3RD Floor, Sumangal Business Court, Plot No.39, Yeolekar Mala, Near Shraddha Petrol Pump, Beside 3M Car Mall, NASHIK-422005, Phone No: 0253-2200518 / 0253-2200542/2200543

** This is print of electronic records maintained by us in accordance with law and hence does not require signature.

Scrutiny No: 279634484

SECTION 41 OF INSURANCE ACT, 1938

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person in breach of complying with the provisions of this section shall be punishable with a penalty, which may extend to Ten Lakh Rupees.





Bajaj Allianz General Insurance Company Ltd.
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006
PROFESSIONAL INDEMNITY INSURANCE POLICY POLICY SCHEDULE
UIN: IRDAN113RP0031V01200102

DUPLICATE COPY

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc. :

BAJAJ ALLIANZ GENERAL INSURANCE CO LTD, 3RD Floor, Sumangal Business Court, Plot No.39, Yeolekar Mala, Near Shradha Petrol Pump, Beside 3M Car Mall, NASHIK-422005 Phone No :0253-2200518 / 0253-2200542/2200543

Policy No. OG-22-2003-3305-00000049
Product PROFESSIONAL INDEMNITY INSURANCE POLICY
Period of Insurance From 00:01:00 07-JUL-21 To 06-JUL-22 Policy Issued On 09-JUL-21
Midnight
Co-Insurance Details Own Share: 100%
Insured Name JAWAHAR MEDICAL FOUNDATIONS
Insured Address ACPM MEDICAL COLLEGE AND HOSPITAL DHULE AND ACPM DENTAL COLLEGE AND HOSPITAL DHULE SAKRI RD, , PO Area - MORANE, , DHULE, MAHARASHTRA - 424002
Bank Details : No Details No Details
GSTIN / UIN NA Place of Supply/State Code/Name 27 - Maharashtra
Company GST No : 27AABCB5730G1ZX Invoice No : 287886769/1
Company PAN : AABCB5730G

Description	Sum Insured (Rs)
AGGREGATE LIMIT OF INDEMNITY DURING THE POLICY PERIOD	1,25,00,000.00
Additional** Loading @	0 %
Additional Discount@	0 %
Base Premium	1,71,750.00
Special Discount	0
Net Premium	1,71,750.00
Terrorism** Surcharge	0.0
Stamp Duty	
State GST (9%)	15,458.00
Central GST (9%)	15,458.00
Final Premium	2,02,666.00

*** All Premium figures are in Rupee.

On specific request and subject to terms and conditions, record of information exchange will be made available.

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

Scope of Cover As per the policy wording attached.
Risk Covered Professional Indemnity Claims Made Basis.
Special Perils Extension :- Medical Institutions Endorsement.Loss of documents including Computer records, viz medical records.Breach of confidentiality viz personal information.Dishonesty of employees viz fraud and dishonesty of employees.Libel and slander Defamation written or verbal defamation.
Special Exclusions Communicable Disease Exclusion. Others as per policy wordings.
Subject to Clauses Deductible :- INR 125,000 for each and every claim.
Warranties Limit of Liability : INR 12,500,000 per claim and INR 50,000,000 in aggregate.
Special Conditions Retroactive Date :- 07-Jul-2021, Estimated Revenue 2021-2022 : INR 15 Cr.; Territory and Jurisdiction : India.Number of Professionals as per proposal form.
Comments Location : ACPM MEDICAL COLLEGE AND HOSPITAL DHULE AND ACPM DENTAL COLLEGE AND HOSPITAL DHULE SAKRI RD, NEAR MORANE, MORANE,DHULE-424002.,MAHARASHTRA.; Insured Business : Medical Practitioner, Branch of Medicine: Pathology, Specialisation : Con.Pathologist.

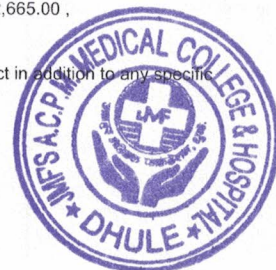
Bank RM Employee Code : N

Agency Code BAG10040195	Channel Name : ML
Agency Name : DEVI PRATIMA	
Contact No : 9822025909/0	
Email - ndeviinvest@gmail.com	

Premium Collection Details [Receipt No/Collection No/Amount] 2003-00620093 / 279634484 / Rs. 2,02,665.00 ,

*** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

*** This policy is subject to the standard policy wordings, warranties and conditions applicable for this product in addition to any specific warranty or condition attached



Caringly yours

BAJAJ Allianz



For & On Behalf of Bajaj Allianz General Insurance Company Ltd.



Authorized Signatory
Printed, Signed and Executed at Pune

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

Regd Office : Bajaj Allianz House, Airport Road, Yerwada Pune-411006 (India), A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.

Consolidated Stamp Duty of Rs.0.5/- paid towards Insurance Stamps vide Challan No. MH014271630202021M Defaced No. 0000144047202122 dated 12-APR-21 timing 13:29:05 of General Stamp Office, Mumbai, India.

Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006 PH:66026666 | Services Accounting Code : 997139 - Other non-life insurance services (excluding reinsurance services). No reverse charge is payable on these services.

In case of any claim, please contact our 24 Hour Call centre at 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'Bagichelp@bajajallianz.co.in'.

279634484/-10040195/-/-

Prefix your area code if you are calling from a Mobile Device.

A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.

Quotation No : QU-22-2003-3305-00000003

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DEAN
A.C.P.M. MEDICAL COLLEGE & HOSPITAL
DHULE

Bajaj Allianz General Insurance Company Ltd.

BAJAJ ALLIANZ GENERAL INSURANCE CO LTD, 3RD Floor, Sumangal Business Court, Plot No.39,
Yeolekar Mala, Near Shraddha Petrol Pump, Beside 3M Car Mall, NASHIK - 422005
Contact No: Contact No: 0253-2200518 / 0253-2200542/2200543; Fax No: 0253-2200544

RECEIPT

Receipt Number 2003-00620093
Receipt Date 07/07/2021
Business Channel DI

Received with thanks from JAWAHAR MEDICAL FOUNDATIONS

(Customer ID : 220211729) a total sum of Rupees Two Lakh Two Thousand Six Hundred Sixty Five Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Bank Advice/Direct Credit	6205188D1G47	07/07/2021	Bank Of America_Direct Credits	Mumbai	202,665

Total Amount Rs. 202,665.00

Note : /REF-6205188D1G47 /ENTRY-07 JUL POSTED=15:12 TRSF BOOK TRANSFER CREDIT
SND=NOREF ORG=JAWAHAR MEDICAL FOUNDATION NGR SAKRI RD DHULE,DHULE, MAHARASHTR
OBI=2003C0220211729 23,60PUNB0013900 BANK ADVICE Loader

Issuance of this receipt does not amount to 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 behalf of

Bajaj Allianz General Insurance Company Ltd.



Authorised Signatory

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

