

INFOCUS NETWORKS PRIVATE LIMITED

A-4, Landmark, Plot 21 & 28, Sector 14, Vashi, Navi Mumbai, 400703, Maharashtra
Contact No.: 080 6926 5555 Email Id: care@trunet.co.in
GSTIN : 27AAGCI096PIZZ



Tax Invoice

Invoice No : BG/24-25/53390	User Name : mah_hariom
Invoice Date : 29-Jun-2024 11:20:53 AM	Payment Mode : UPI
State : Maharashtra	Billing Cycle : 30 Days(30 Days)
Pin Code : 400703	Billing Period : 29-Jun-2024 to 29-Jul-2024

Bill to Party

Name : Hariom Ramesh Singh	Place of Supply : Maharashtra
GST No. : Not Applicable	PAN No. : Not Applicable
Mobile No. : 9136443968 Email Id. : singhhariom87@gmail.com	

Installation Address : Mahalaxmi Race Course Second Enclosure,Below Mahalaxmi Bridge,Mahalaxmi West,Mumbai-400034

Sr. No.	Product Description	SAC Code	Qty	Amount	CGST		SGST		IGST		Total
					Rate(%)	Amount	Rate(%)	Amount	Rate(%)	Amount	
1	TRU-80-Mbps-TH Internet Broadband Pack	9984	1	593.22	9	53	9	53	18	0	700

Amount before Tax											593.22	
Total Invoice amount in words											Add : CGST (9 %)	53
Seven Hundred rupees only											Add : SGST (9 %)	53
											Total Tax Amount	106
Bank Details											Total Amount after Tax	700

Kindly release your payment via NEFT/ RTGS mode using following details

Beneficiary Name : Infocus Network Pvt Ltd

Bank A/C : 50200074955317

Bank Name : HDFC Bank

Branch Name : Vashi Sector 28

Bank IFSC : HDFC0009513

SHOP NO 5, PLOT NO 1, MAHAVEER MILAN, SECTOR 28, VASHI NAVI MUMBAI, Thane, Maharashtra, 400705.

This is computer generated invoice and needs no signature

9

SEEMA JAISWAL
104 AWING PARINEE CRESENZO OPP O.N.G.C BULDING B
KC BANDRA EAST
8691983577
Tax Invoice

Date: 25-06-2024

Invoice No: 1467

SR Name	Qty	Price	Amount
1 STORAGE	1	500.00	500.00
Total	1		500.00
	Total :		500.00
	Received :		500.00
	Balance :		0.00

Thanks for doing business with us!

COURIER CONSIGNMENT NOTE ISSUED BY COMPANY



DATE 11/7/24	ORIGIN	DESTINATION Pune
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PRODUCT : DOX <input type="checkbox"/> NON DOX <input type="checkbox"/>	C.N. No. 24120254047
FAST TRACK SERVICE <input checked="" type="checkbox"/>	

CONSIGNOR

To
Rajiv Jalori

(L X B X H) :	MODE :
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SERVICE ACCOUNTING CODE : 996812 DESCRIPTION OF SERVICE : COURIER SERVICE	CONTENT OF SHIPMENT	VALUE OF GOODS
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WEIGHT
VOLUMETRIC CHARGE
FREIGHT CHARGE
FREIGHT ON VALUE
TAXABLE VALUE
SGST @
CGST @
IGST @
CESS@
TOTAL CHARGE

4601

CONSIGNOR SIGNATURE	RECEIVED BY
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CONSIGNEE

from
marutec
Tankar

DATE :	
TIME :	

BRANCH OFFICE :

TRACK YOUR SHIPMENT ON www.shreemaruticourier.com / Helpline : +91 9712 - 666 - 666

3:13

4G

etin CRIS



HAPPY JOURNEY

MONTHLY

ADULT SEASON

01/07/2024

₹755.00/-

9136340614

UTS No: X01SDTZ191

MONTHLY

ID Card Number: AD/8147

Pass: Mr. HARIOM

Age: 37 years

Between

चर्चगेट(27)

S CHURCH GATE
चर्चगेट

बोरीवली

D BORIVALI
बोरिवली

प्रथम

साधारण

CLASS: FIRST

TRAIN TYPE: ORDINARY

प्र श्रे

साधारण

via 1RT>>DDR-MM

SAC:996411

IR:27AAAGM0289C2ZI

GST C:17.88

S:17.88

Total GST:Rs.35.76

Validity: FROM 02/07/2024 TO 01/08/2024

R18708

Distance: 34 km

Booking Time: 01/07/2024 21:02

It is recommended not to perform factory reset or change you handset whenever you are having valid ticket in the mobile.
[Click for Changing Handset with Valid Ticket](#)

FOR MEDICAL EMERGENCY / FIRST AID, CONTACT TICKET CHECKING STAFF/GUARD OR DIAL 139

OPEN QR CODE

NEXT TRAINS TO BORIVALI.

Centre for Railway Information Systems (CRIS)



12-9910-0005438895-00

Bajaj Allianz General Insurance Company Limited



Welcome to Bajaj Allianz Family

Hariom Ramesh Singh

Mahalaxmi Racecourse 2nd Enclosure Gate No 03 Keshav Khadye Marg ,
, Mumbai, Mumbai, 400034

Maharashtra

Mobile No.: 9136443970

e-mail : nitina@maritectankers.com

Customer ID : PI25494789

Dear Customer,

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

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

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

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: FORT BRANCH-4th Floor, Sadhana Rayon House,, Dr. D N Road,, Fort,, Mumbai, Maharashtra, INDIA, 400001

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

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



WhatsApp Number: +91 7507245858



12-9910-0005438895-00

Bajaj Allianz General Insurance Company Limited**Bajaj Allianz General Insurance Company Ltd****[Corporate Identity Number (CIN): U66010PN2000PLC015329]****[Unique Identification Number (UIN):BAJT1OP23077V032223]****Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune****Transcript of Proposal for INDIVIDUAL TRAVEL**

Dear Hariom Ramesh Singh,

Policy No. 12-9910-0005438895-00

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

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

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

Personal Information of Proposer			
First Name	Hariom		
Middle Name	Ramesh	Last Name	Singh
Email Address	nitina@maritectank ers.com	Mobile Number	9136443970
Date of Birth	10/07/1987	Nationality	Indian
Passport No.	Z6975975		

Permanent Address		Mailing Address	
House No/ Building No/ Flat No	Mahalaxmi Racecourse 2nd Enclosure Gate No 03 Keshav Khadye Marg	House No/ Building No/ Flat No	Mahalaxmi Racecourse 2nd Enclosure Gate No 03 Keshav Khadye Marg
Street/ Locality/ Landmark		Street/ Locality/ Landmark	
State	Maharashtra	State	Maharashtra
City	Mumbai	City	Mumbai
Area	Mumbai	Area	Mumbai
Pincode	400034	Pincode	400034



12-9910-0005438895-00

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

Serial No.	Insured/ Beneficiary Name	Date of Birth	Gender	Passport No.	Nominee
1	Hariom Ramesh Singh	10/07/1987	Male	Z6975975	Mandavi Hariom Singh

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

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

A. Coverage Details:

1. Plan Name : Travel Prime Corporate Plus
2. Geographical Coverage : Worldwide Including USA and Canada
3. Departure Date : 24-JUN-24
4. Return Date : 23-JUN-25
5. No of Journey Days : 365 Days
6. Rider Details:

Rider Name	Rider Sum Insured
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7. Medical Declaration

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

YES NO

If Yes Please provide the details in the below table

(*) Applicable in case of family plan.

Medical Declaration of	Member 1 - No Declaration
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B. EXCLUSIONS AND TERMS AND CONDITIONS:

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



12-9910-0005438895-00

Bajaj Allianz General Insurance Company Limited



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

UnitedHealthcare Member ID: **642101498518**

UnitedHealthcare Group Number: **76570076**

Member:

MR HARIOM RAMESH SINGH

Group Name: **AzP INDIA**

Medical Payer ID: **USN01**

Eff Dt: **24/06/2024**

Member DOB:

10/07/1987

To: **23/06/2025**

UnitedHealthcare Options PPO

Insurance Information:

Policy No.: 12-9910-0005438895-00

Plan Name: Travel Prime Corporate Plus

To verify benefits for Members call

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

Medical Providers: 1-844-280-9787

www.usnetworksuhc.com

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



12-9910-0005438895-00

Bajaj Allianz General Insurance Company Limited**RECEIPT****Receipt Number** : 54-24-000000322964/1**Receipt Date** : 24/06/2024**Business Channel** : TravelReceived with thanks from **Hariom Ramesh Singh**(Customer ID: **PI25494789**) a total sum of Rupees FIVE THOUSAND NINE HUNDRED SIXTY-THREE ONLY

Instrument Type	Inst./Ref. No.	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
Online Payment	105001724	24-Jun-2024	BN00000158	BN00000158	5,963.00
Total Amount					5963

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.

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

For & on behalf of

Bajaj Allianz General Insurance Company Ltd.

Authorised Signatory

Policy issuing office & correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc: FORT BRANCH-4th Floor, Sadhana Rayon House,,Dr. D N Road,,Fort,,Mumbai,Maharashtra,INDIA,400001

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

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



WhatsApp Number: +91 7507245858



87, Radha Kunj, Station Road, Goregaon (E), Mumbai-63.
Mob. 98672 30348 Email : studio@kamalimaging.com

No. **022** Date: 21/6/24
M/s. Hari Om Singh

Particulars	Rs.
MC 2 nd & 4 th MIS @ 5% Avail.	200
Total	200
Advance	100
Balance	100