

Group Activ Health - Policy Schedule

Policy No. 2-81-25-00000015-000

Policy Issuing Office	Unit no 1101 & 1104 11th floor, Unit no 1501 & 1502, 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West-400615	Policy Servicing Office	H No. 1-98-2 -11-3, 1st Floor, Shrishti Towers, Madhapur, INDIA, 500081
Intermediary Name	Lambach Insurance Brokers Pvt. Ltd.	Intermediary Code	I0013797
Intermediary Contact Details	4040268481	Intermediary E-mail ID	insurance@lambach.in
Toll Free Number	18002707000		

TPA Details

TPA Name	Aditya Birla Health Insurance Co. Limited	TPA ID	TPA001
TPA Address	7 Floor, New Building, MBC Park, Kasarvadavali, Godhbunder Road,,400615	Contact Number	

I. Details of Policyholder

Policyholder Name	MAXWELL LOGISTICS PRIVATE LIMITED.
Policyholder Address	7TH FLOOR, 105, SURYA TOWERS, SARDAR, PATEL ROAD, SECUNDERABAD, Hyderabad,,Telangana,Hyderabad,Hyderabad,TELANGANA,INDIA,500003
Contact Number	9154166884
Email Id	marketing@lambach.in
Policyholder GSTIN	36AAFCM2676Q1ZR

II. Policy Details

Product Name	Group Activ Health		
Product Code	5211		
Policy Number	2-81-25-00000015-000	Policy Issued Date & Time	02/04/2025 12:04
Start date & Time of Policy	From 00:00 Hrs of 21/03/2025	Expiry Date & Time of Policy	To Midnight 23:59 Hrs of 20/03/2026
Group Type	Employer-Employee relationship	Policy Tenure	1 Year
Policy Category	Rollover-Floater		
Premium Payment Frequency	Annual		

III. Co-Insurance Details

Co-Insurance Details	
NA	NA

IV. Coverage Details

Coverage Details	Name of the Benefit	Total Sum Insured
Group Mediclaim	As per Quote & Policy Wordings	As per the Annexure

V. Insured Person Details

Relationship Type	Number of Lives	Name of Insured Person	Nominee name and relationship
Self	129	As per the Annexure	As per the Annexure
Dependent	276	As per the Annexure	As per the Annexure

Aditya Birla Health Insurance Co. Limited

1800 270 7000 | care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com

Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and Trademark/Logo HealthReturns, Healthy Heart Score and Active Day are owned by Momentum Metropolitan Life Limited (Formerly known as MMI Group Limited). These trademark/Logos are being used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).

Registered Office:

9th Floor, Tower1, One World Centre, Jupiter Mills Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.
CIN: U66000MH2015PLC263677

IRDA Registration No. 153

VI. Premium Details

Particulars	Amount (Rs.)
Net Premium	600000.66
CGST (9%)	54000.06
SGST / UTGST (9%)	54000.06
IGST (18%)	0
Gross Premium	708000.78

Gst Registration No: 36AANCA4062G1Z0**Category:** General Insurance**SAC Code:** 997133

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule

VII. Premium Receipt Details

Receipt Number	Receipt Amount	Cheque/ DD/UTR Number	Payment Mode	Name of the Bank	Date of Instrument
RG-24-25-04792957/1	708000	503212251328	RTGS/NEFT	HDFC BANK	21/03/2025
RG-24-25-04792959/1	41890	503212251329	RTGS/NEFT	HDFC BANK	21/03/2025

VIII. Assignment :

This policy is assigned to MAXWELL LOGISTICS PRIVATE LIMITED.

Stamp Duty

Consolidated Stamp Duty paid vide E-challan GRN no. MH007197522202425E & 23/08/2024

Important:-

1. All other Terms, Conditions and Exclusions as per attached Policy Wordings.
2. In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.

For and on behalf of Aditya Birla Health Insurance Co. Limited

Authorized Signatory

Aditya Birla Health Insurance Co. Limited

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Sr No	Cover Name	Coverage
1.1	In Patient Hospitalization	Sum Insured: Rs.75000, 100000, 150000 Hospital room covered upto 2% of Sum Insured per day for Normal Room ICU Charges covered upto 4% of Sum Insured per day All other charges in accordance with room rent limit
1.2	Day Care Treatment	List of Day Care Treatment as listed in Annexure I.
1.3	Domiciliary Hospitalization	Domiciliary Hospitalization is covered as defined in GHI policy wording
1.4	Pre hospitalization Medical Expenses	Pre-hospitalization Medical Expenses are covered upto 30 days.
1.5	Post hospitalization Medical Expenses	Post-hospitalization Medical Expenses are covered upto 60 days.
1.6	Organ Donor Expenses	Organ cost shall not be covered. Medical expenses shall be covered. Rest as per policy wordings.
1.7	Road Ambulance Expenses	Road ambulance charges are covered upto Rs. 1000 per incident in case of emergency.
3	OPD Expenses	OPD Cover upto Rs.2000 per family. Prescribed diagnostics covered upto 50% of SI. Consultation (GP) covered upto 50% of SI. Prescribed pharmacy covered upto 25% of SI. Any cosmetic treatments are out of the scope of cover
5	AYUSH Treatment (In-patient Hospitalization)	Cover upto Rs.25000.00 Please refer special condition
6	Psychiatric In-patient Care	We will cover the Medical Expenses up to Rs. 30000 for In-patient treatment in a recognized psychiatric unit of a Hospital including consultations, diagnostics, counselling and/or therapy and medication. The In-patient treatment under this Benefit must at all times be administered under the direct control of a registered psychiatrist.

Section III: Optional Covers

21	Preferred Provider Network	Coverage for Insured Person to be extended only in Hospitals that are part of the Preferred Provider Network. List enclosed.
27	New Born Baby Expenses	Limit included within base cover Baby Covered from Day 1
29	Domestic Emergency Medical assistance	Applicable Please refer special conditions
30.1	Ultra-Modern Medicine	Cyber knife/Robotic surgery/Stem cell therapy/ Stereotactic radio surgeries-Covered with 50% Co pa
31	Corporate Buffer	Available up to the family floater sum insured per family. Corporate buffer cannot be used for the maternity claims.
32	Reload of Sum Insured	Not Applicable
33	Continuity of cover in case of Pink slip	Not Applicable
35	Comprehensive Corporate Floater	Not Applicable
37	Sub-limits for specific Treatments/Surgery	Not Applicable
38	External Congenital Anomaly	Covered in case of life threatening conditions with overall policy limit is 10 lakhs

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Section IV : Waivers and Discounts

39	Co-payment	Not Applicable
40	Deductible on Per Claim	Not Applicable
41	Deductible on Aggregate Claim	Not Applicable
42	Coverage for Non-Medical Expenses	Not Applicable
43	Pre Existing Diseases Waiting Period	Waived Off
44	Specified disease / procedure waiting period	Not Applicable
45	30 day waiting period	Not Applicable
46	Waiver of exclusion of-attempted Suicide	Not Applicable

Special Conditions (if any)

Family Definition - Self + Spouse + 4 Kids

Age Band for Self - 18 to 70 Years

Age Band for Spouse- 18 to 70 Years

Age Band for Child- 0 to 25 Years

OPD Expenses - OPD Cover upto Rs2000 per family Prescribed diagnostics covered upto 50% of SI Consultation (GP) covered upto 50% of SI Prescribed pharmacy covered upto 25% of SI Any cosmetic treatments are out of the scope of cover

Ayush treatment (In-patient Hospitalization) - AYUSH - We will cover the Medical Expenses for medically required AYUSH Treatments undergone as an In-patient upto 25% of SI Max upto Rs 25000 where treatment has been taken in a government Hospital or in any institute recognized by government and or in any institute recognized by government and or accredited by Quality Council of India or National Accreditation Board on Health Comfort treatment involving steam baths sauna oil massages are excluded Such treatments being combined with any stay packages at resorts where the treatment forms a part of an overall leisure package shall not be covered under this Benefit

Corporate Buffer - Overall CF Limit 300000 Per Family Limit Rs 100000 for SI of Rs100000 or SI whichever is lower Per Family Limit Rs 150000 for SI of Rs 150000 or SI whichever is lower It is not restricted to critical illnesses and cannot be utilized for maternity

Lasik surgery Covered if correction index is +/- 65D

Modern Treatment - We Will Cover the below Specified Modern Treatment Upto 50% of SI on IPD basis

1 Oral chemotherapy

2 Uterine Artery Embolization and HIFU

3 Balloon SinuplastyDeep Brain stimulation

4 Immunotherapy- Monoclonal Antibody to be given as injection

5 Intra vitreal injections

6 BronchialThermoplasty

7 Cochlear Implant

8 Vaporization of the prostate (Green laser treatment or holmium laser treatment)

Domestic Emergency Medical assistance - Covered upto Rs 100000- Per Family We will provide Emergency Medical Assistance in India as described below when an Insured Person during the Policy Period is travelling 150 (one hundred and fifty) kilometers or more away from hisher residential address as mentioned in the Policy Schedule or Certificate of Insurance for a period of less than 90 (ninety) days

Dental Treatment Covered in case of hospitalization due to accident on IPD basis only

Terrorism Any Hospitalization person suffer due to terrorism activities will be covered upto IPD Sum Insured

Internal congenital ailments covered

Pre-existing disease Waiting Period Covered

Voluntary Parental Enrolment- Lock in Period - 1 There should not be any addition or deletion to be allowed in parental policies except in case of new joinees or employees getting relieved from the Organization 2 Lock-in for 3 years to be applicable in parental policies if parental coverage is provided on selection basis

Special Condition 1 - We understand that as per applicable regulations for Group Insurance minimum 7 lives are required to be insured under the Group Policy Accordingly, we confirm that we will insure at least 7 lives during the course of the policy and in this context we are paying premium of 7 lives upfront IN the event we fail to insure minimum 7 lives then the Insurance Company shall book the entire premium of 7 lives and no refund shall be due to us

Plan Name ABHI Express OPD Tele

HTP - Health Visit

Family Definition - Employee Only

AGE LIMIT FOR SELF - 70 Years

Tele Consultation- GP (Cashless only) - Unlimited

Health Risk Assessment - Yes

Discount - 20% on Lab15% on Doc Consultation10% on Pharmacy,

Group	Disease/Procedure	Limit
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Aditya Birla Health Insurance Company Ltd
Tax Invoice

Policy Servicing Address	: H No. 1-98-2-11-3, 1st Floor, Shrishti Towers, Madhapur, ,,, INDIA, 500081
GSTIN No	: 36AANCA4062G1Z0
Invoice No	: 2812500000015
Name of the Company	: MAXWELL LOGISTICS PRIVATE LIMITED.
Address	: 7TH FLOOR, 105, SURYA TOWERS, SARDAR, PATEL ROAD, SECUNDERABAD, Hyderabad, Telangana, Hyderabad, TELANGANA, INDIA, 500003
Date	: 21/03/2025
Policyholder GSTIN	: 36AAFCM2676Q1ZR

Description	Premium in INR
Premium	600000.66
CGST (9%)	54000.06
SGST / UTGST (9%)	54000.06
IGST (18%)	0
Total Premium	708000.78

SAC Code- 997133

Whether Tax is payable under reverse charge- No

**Bilal Ahmad
Lone**

Digitally signed by
Bilal Ahmad Lone
Date: 02.04.2025
16:46:58 +05.30

Authorized Signatory



NOWANV HOSPITAL IS A CASHLESS HOSPITAL

Dear Customer,

We thank you for choosing ABHI as your trusted partner in your health and healthcare journey.

Keeping up with our commitment to seamlessly serve you, you can now avail the benefit of **Cashless Anywhere** as part of your ABHI policy. This means you can avail of **Cashless Claims at any hospital of your choice**, even if the hospital does not belong to ABHI's network (excluding blacklisted and de-panelled hospitals).

All you have to do is, **choose any one** of the below three ways to **intimate us of your Cashless Claim** (please note that the customer has to raise this request):

How to avail Cashless Claim Facility:

Call our Customer Care
1800-270-7000

OR

Download our
Activ Health App

OR

Raise a Claim on
ABHI's website

(My Policy,.. Raise a Claim ,,
Cashless Anywhere)



Or [Click Here](#)



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And that's it. Let us now do the work by reviewing your submitted details as per the necessary Terms & Conditions. Once we receive authorization, we will promptly inform you and start processing your claim with the hospital.

Claim intimation requirement to avail the facility:

ArJR tlatitl Planned Hospitalization - At least 48 hours before hospitalization

:(()^1,,_ For Emergency Hospitalization - Within 48 hours of hospitalization