



C121020180322

<1000070> pta
RZ44A, 2nd Floor
Indira Park Ext-1
Uttam Nagar
Delhi-110059
Delhi
India
Contact No.: 9953445180
Policy No.: 900001/11121/AA00681587-01

This Policy Kit Contains:

1. The Policy Schedule along with income tax (80 D) certificate (wherever applicable)
2. Cashless card*

Code	Intermediary Name	Contact No
80091069	Direct Online	18001020333

Renewal of Your Optima Restore Insurance Policy

Binod Kumar Gupta,

Thank You for renewing the policy with us.

We are pleased to enclose your renewed Policy Kit for the period **12-Oct-2018 To 11-Oct-2019**

To know more about policy related information and value added offers, you may re-register yourself at our website using your unique member ID and policy number as mentioned in the policy schedule.

In case of any query, please feel free to write to customerservice@apolloomunichinsurance.com or call us at our 24 hours toll free number 1800-102-0333. Our customer care team will be happy to assist you.

Warm Regards,



Authorized Signatory

Location: Gurgaon

Date: 12-Oct-2018

Note:-

- Please visit our website www.apollomunichinsurance.com to access information about our company, the customer service touch points including the Grievance handling process and various forms that you can use for service support. You will also get latest updates on products, policy wordings which you can download for your reference and record.
- Please update us with your latest contact details (in case of any change) so that same can be updated in our records. You can either write back to us or call us on our toll free no. 1800-102-0333.

*Cashless Card as enclosed would be issued only once along with this policy kit and shall remain valid for further renewals.

SCHEDULE – Optima Restore Floater

Issuing/Servicing Office: Gurgaon Head Office, 2nd and 3rd Floor, ILabs Centre, Plot No 404-405 Udyog Vihar, Phase-3, Haryana 122016
 PH: 01244584333
 06AAGCA1654H1ZW

GSTIN : <1000070> pta

Policy Holder's Name : RZ44A, 2nd Floor
 Indira Park Ext-1
 Uttam Nagar
 Delhi-110059
 Delhi
 India

GSTIN/ UIN (if any) of Policy Holder: Delhi(07)
 80091069

Policy Holder's Address : Direct Online
 18001020333

Policy Number : 900001/11121/AA00681587-01

First policy inception date : 12-Oct-2017

Policy Issuance Date: 11-Oct-2018

Description/ Harmonized System Of Nomenclature Code: Accident and Health insurance Services/9971

Policy Period : From 00:01 hrs on 12-Oct-2018 To 24:00 hrs on 11-Oct-2019

Place of Supply: Delhi (Delhi)

Insured Persons Details:

Member ID	Insured Person's Name	Date of Birth (DD-MM-YYYY)	Age	Relationship to Policyholder	Basic Sum Insured (Rs.)	Critical Advantage Sum Insured(USD\$)	Multiplier Benefit (Rs.)	Critical Advantage Rider Premium (Rs)	Gross Premium (Rs)
74	Mr Binod Kumar Gupta	25-Feb-1984	34	P o l i c y Holder	500000	0	250000	0	11802.36
10013069375	Mrs Jyoti Kumari	28-Oct-1990	27	Wife		0		0	

Nominee Name : Jyoti Kumari

Relationship to Policyholder : Wife

The nominee must be an immediate relative of the Policyholder. For all other Insured Persons, the Policyholder shall be the nominee.

Premium Calculation:

Net Premium	(Rs.)	10002.00
Discounts	(Rs.)	0.00
Loading	(Rs.)	0.00
Taxable Premium	(Rs.)	10002.00
CSGT@0%	(Rs.)	0.00
SGST/UTGST@0%	(Rs.)	0.00
IGST@18%	(Rs.)	1800.36
Any other Cess or Taxes	(Rs.)	0.00
Gross Premium	(Rs.)	11802.36
Gross Premium amount (in words)	Rupees Eleven Thousand Eight Hundred Two and Paise Thirty-Six Only	

The stamp duty of Rs. 1.00/- (Rupees One Only) paid vide No.F.10(783)/COS(HQ)/Con.duty/08. (Not applicable for the state of Jammu & Kashmir).

Original for Recipient/ Duplicate for Supplier

Whether tax is payable on reverse charge basis

No

EXCLUSION(S) / SPECIAL CONDITION(S)		
Member ID	Person Name	Details
<1000070> 069374	Mr Binod Kumar Gupta	For Rs 500000 (Rupees Five Lakh) Sum Insured - Sec 5 A (i) of the policy wording is waived, Sec 5 A (ii) is reduced to 1 year and Sec 5 A (iii) is reduced to 2 years.
10013069375	Mrs Jyoti Kumari	For Rs 500000 (Rupees Five Lakh) Sum Insured - Sec 5 A (i) of the policy wording is waived, Sec 5 A (ii) is reduced to 1 year and Sec 5 A (iii) is reduced to 2 years.

Claim Administrator: Apollo Munich

Claim Administrator: Not Applicable
(For critical advantage rider)

Location: Gurgaon

Date: 12-Oct-2018

For and on behalf of Apollo Munich Health Insurance Company Limited




Authorized Signatory

Certificate for the purpose of deduction under Section 80 D of Income Tax Act, 1961*

This is to certify that Binod Gupta has paid Rs. 11802.36 (Rupees Eleven Thousand Eight Hundred Two and Paise Thirty-Six Only) towards premium for
<1000070> Restore Floater Policy No 900001/11121/AA00681587-01 issued to Binod Kumar Gupta for period **12-Oct-2018** to **11-Oct-2019**.

For and on behalf of Apollo Munich Health Insurance Company Limited

Location:Gurgaon
Date: 12-Oct-2018


Authorized Signatory

***Note**

1. This is subject to the provisions of Section 80D of Income Tax Act, 1961 as amended from time to time.
2. This certificate must be surrendered to the company in case of cancellation of this policy. In event of incorrect representation of this declaration the liability shall be upon the policy holder.
3. Please note that this certificate will not be issued if the premium payment has been made in cash.
4. In case of dishonour of the premium instrument, the policy will be deemed cancelled ab initio.
5. 80D benefit is applicable for only Self, Spouse, Dependent Children and Dependent parents

Policy:

900001/11121/AA00681587-01

Member ID

10013069374
10013069375

Insured Name

Mr Binod Kumar Gupta
Mrs Jyoti Kumari



Let's Uncomplicate.

<1000070>

Terms and Conditions

(1) This card would be valid till your relationship with AMHI / This card is invalid if the policy is cancelled (2) In case of renewal please refer original policy number (3) This card is issued for the purpose of identification only and does not entail automatic cashless facility at the network hospital. (4) In case of photo-less card, a photo ID issued by any government authority is to be produced to avail cashless facility. (5) Please apply for cashless facility 48 hours prior to admission in case of planned admissions and within 24 hours of admission in case of emergency.(6) All terms and conditions of the policy would be applicable while processing your cashless request. (7) In case your cashless facility is denied due to any reason, please submit the claim for reimbursement. Denial of cashless facility does not indicate rejection of the claim. (8) Please read policy documents carefully for detailed terms and conditions. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale.

Apollo Munich Health Insurance Co. Ltd. Central Processing Center, 2nd & 3rd Floor, ILABS Centre, Plot No. 404/405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana. Corp. Off. 1st Floor, SCF -19, Sector - 14, Gurgaon - 122 001, Haryana. Reg. Off: Apollo Hospitals Complex, 8-2 293/82/J III/DH/900, Jubilee Hills, Hyderabad-500033, Telangana. •Website: www.apollomunichinsurance.com
•Toll Free: 1800 102 0333 • IRDAI Reg. No.: 131 • CIN: U66030TG2006PLC051760