



Mr Vinod G Shah
3060, Ubhoshar Vanmali
Vanks Pole
Shahpur
Ahmedabad
Gujarat - 380001
India

Contact No.: 9429065215

Policy No.: 190800/11001/1000431064-04

Code	Intermediary Name	Contact No
80130072	GOPAL SHANKARLAL SHAH	9825815226

This Policy Kit Contains:

1. The Policy Schedule along with income tax (80D) certificate (wherever applicable)
2. Member cashless card/s

Renewal of Your Easy Health Insurance Policy

Dear Mr Vinod G Shah,

Thank You for renewing the policy with us.

We are pleased to enclose your renewed Policy Kit for the period **23-Oct-2017** to **22-Oct-2018**

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-2017

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.

Intermediary Code	Intermediary Name	Intermediary Contact No
80130072	GOPAL SHANKARLAL SHAH	9825815226

SCHEDULE - Easy Health Individual Standard

Issuing / Servicing Office : Moje Motera Branch Office, Office No-23 , 4th Floor, 4D Square , Near D Mart, Visat to Gandhinagar Highway, Moje Motera, Gujarat - 380005
 PH : 07927700750

GSTIN of Issuing Office : 24AAGCA1654H1ZY

Policy Holder's Name : Mr Vinod G Shah

Policy Holder's Address : 3060, Ubhoshar Vanmali Vanks Pole Shahpur Ahmedabad Gujarat - 380001 India

Intermediary Code : 80130072

Intermediary Name : GOPAL SHANKARLAL SHAH

Intermediary Contact No : 9825815226

Policy Number : 190800/11001/1000431064-04

First Policy inception date : 23-Oct-2013

Description/ Accounting Code of Service : Accident and Health insurance Services/ 997133

Policy Period : From 00:00 hrs on 23-Oct-2017 To 24:00 hrs on 22-Oct-2018

Insured Persons Details :

Member ID	Insured Person's Name	Age	Relationship to Policyholder	Sum Insured (Rs)	Critical Illness Sum Insured	Critical Advantage Sum Insured (USD\$)	Critical Advantage Rider Premium (Rs)	Gross Premium (Rs)	Cumulative Bonus*
10006059673	Mr Vinod G Shah	45	Policy Holder	200000	0	0	0	4015.42	95000
10006059674	Mrs Taraben	43	Wife	200000	0	0	0	4015.42	95000
10006059675	Master Nikhil	17	Son	100000	0	0	0	1990.19	55000
10006059676	Baby Anjali	13	Daughter	100000	0	0	0	1990.19	55000

*The cumulative bonus (CB) shown in the Policy Schedule is provisional. The CB calculated on the Expiry Date, shall only be considered as final. However, in case of any change in provisional CB, the same shall be intimated to You by Us through a separate endorsement.

Nominee Name : Relationship to Policyholder :
 The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee.

Premium Calculation :-

Net Premium	(Rs.)	11310.00
Discounts	(Rs.)	1131.00
Loadings	(Rs.)	0.00
(CGST + SGST/UTGST) / IGST / J&K GST whichever applicable	(Rs.)	1832.22
Cess or Taxes, if any	(Rs.)	0.00
Gross Premium	(Rs.)	12011.22
Gross Premium amount (in words)	Rupees Twelve Thousand Eleven and Paise Twenty-Two 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).
 J&K TIN: 01871052106

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
10006059673	Mr Vinod G Shah	For Rs 150000 (Rupees One Lakh Fifty Thousand) Sum Insured - Sec 6A i), Sec 6A ii) and Sec 6A iii) of the policy wording is waived. For Rs 50000 (Rupees Fifty Thousand) Sum Insured - Sec 6A i), Sec 6A ii) and Sec 6A iii) of the policy wording is waived.

Apollo Munich Health Insurance Co. Ltd.

Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon - 122 016, Haryana. **Corp. Off:** 1st Floor, SCF -19, Sector - 14, Gurgaon - 122 001, Haryana.

Regd. Off: Apollo Hospitals Complex, Jubilee Hills, Hyderabad - 500 033, Telangana.

Tel: +91 124 4584333 **Fax:** +91 124 4584111 **Website:** www.apollomunichinsurance.com

Email: customerservice@apollomunichinsurance.com **IRDAI Reg. No.:** - 131 **CIN:** U66030AP2006PLC051760

10006059674	Mrs Taraben	For Rs 150000 (Rupees One Lakh Fifty Thousand) Sum Insured - Sec 6A i), Sec 6A ii) and Sec 6A iii) of the policy wording is waived. For Rs 50000 (Rupees Fifty Thousand) Sum Insured - Sec 6A i), Sec 6A ii) and Sec 6A iii) of the policy wording is waived.
10006059675	Master Nikhil	For Rs 50000 (Rupees Fifty Thousand) Sum Insured - Sec 6A i), Sec 6A ii) and Sec 6A iii) of the policy wording is waived. For Rs 50000 (Rupees Fifty Thousand) Sum Insured - Sec 6A i), Sec 6A ii) and Sec 6A iii) of the policy wording is waived.
10006059676	Baby Anjali	For Rs 50000 (Rupees Fifty Thousand) Sum Insured - Sec 6A i), Sec 6A ii) and Sec 6A iii) of the policy wording is waived. For Rs 50000 (Rupees Fifty Thousand) Sum Insured - Sec 6A i), Sec 6A ii) and Sec 6A iii) of the policy wording is waived.

Claim Administrator : Apollo Munich

For and on behalf of Apollo Munich Health Insurance Company Limited

Claim Administrator : Not Applicable
(For critical advantage rider)

Location : Gurgaon
Date : 12-Oct-2017


Authorized Signatory

Apollo Munich Health Insurance Co. Ltd.

Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon - 122 016, Haryana. **Corp. Off:** 1st Floor, SCF -19, Sector - 14, Gurgaon - 122 001, Haryana.

Regd. Off: Apollo Hospitals Complex, Jubilee Hills, Hyderabad - 500 033, Telangana.


Tel: +91 124 4584333 **Fax:** +91 124 4584111 **Website:** www.apollomunichinsurance.com

Email: customerservice@apollomunichinsurance.com **IRDAI Reg. No.:** - 131 **CIN:** U66030AP2006PLC051760

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

This is to certify that VINODKUMAR GEHRILAL SHAH has paid Rs 12011.22 (Rupees Twelve Thousand Eleven and Paise Twenty-Two Only) towards premium for Easy Health Individual Standard Policy No. 190800/11001/1000431064-04 issued to Mr Vinod G Shah for period **23-Oct-2017** to **22-Oct-2018**.

For and on behalf of Apollo Munich Health Insurance Company Limited


Authorized Signatory

Location:Gurgaon
Date :12-Oct-2017

* 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. 80 D benefit is applicable for only Self, Spouse, Dependent Children and Dependent parents.

Apollo Munich Health Insurance Co. Ltd.

Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III,
Gurgaon - 122 016, Haryana. **Corp. Off:** 1st Floor, SCF -19, Sector - 14, Gurgaon - 122 001, Haryana.

Regd. Off: Apollo Hospitals Complex, Jubilee Hills, Hyderabad - 500 033, Telangana.

Tel: +91 124 4584333 **Fax:** +91 124 4584111 **Website:** www.apollomunichinsurance.com

Email: customerservice@apollomunichinsurance.com **IRDAI Reg. No.:** - 131 **CIN:** U66030AP2006PLC051760

(COVERED)

Mr Vinod G Shah

DOB : 25-Jun-1972 - Male, **CODE** : 359

ID : 10006059673, **Policy** : 190800/11001/1000431064-04

Validity Period : 23-Oct-2017 to 22-Oct-2018

Terms and Conditions

(1) This card is issued for the purpose of identification only and does not entail automatic cashless facility at the network hospital. (2) In case of photoless card, a photo ID issued by any government authority is to be produced to avail cashless facility. (3) 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. (4) All terms and conditions of the policy would be applicable while processing your cashless request. (5) 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. (6) Please read policy documents carefully for detailed terms and conditions.

Apollo Munich Health Insurance Co. Ltd. 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-122001, Haryana. **Tel:** +91-124-4584333 **Fax:** +91-124-4584111 • **Reg. Off:** Apollo Hospitals Complex, Jubilee Hills, Hyderabad-500033, Telangana. **Website:** www.apollomunichinsurance.com

E-mail: customerservice@apollomunichinsurance.com • **Toll Free:** 1800-102-0333

• Insurance is the subject matter of solicitation. • For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. • IRDA Registration Number-131 • Corporate Identity Number: U66030AP2006PLC051760

(COVERED)

Mrs Taraben

DOB : 02-Apr-1974 - Female, **CODE** : 359

ID : 10006059674, **Policy** : 190800/11001/1000431064-04

Validity Period : 23-Oct-2017 to 22-Oct-2018

Terms and Conditions

(1) This card is issued for the purpose of identification only and does not entail automatic cashless facility at the network hospital. **(2)** In case of photoless card, a photo ID issued by any government authority is to be produced to avail cashless facility. **(3)** 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. **(4)** All terms and conditions of the policy would be applicable while processing your cashless request. **(5)** 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. **(6)** Please read policy documents carefully for detailed terms and conditions.

Apollo Munich Health Insurance Co. Ltd. 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-122001, Haryana. **Tel:** +91-124-4584333 **Fax:** +91-124-4584111 • **Reg. Off:** Apollo Hospitals Complex, Jubilee Hills, Hyderabad-500033, Telangana. **Website:** www.apollomunichinsurance.com

E-mail: customerservice@apollomunichinsurance.com • **Toll Free:** 1800-102-0333

• Insurance is the subject matter of solicitation. • For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. • IRDA Registration Number-131 • Corporate Identity Number: U66030AP2006PLC051760

(COVERED)

Master Nikhil

DOB : 04-Jan-2000 - Male, **CODE** : 359

ID : 10006059675, **Policy** : 190800/11001/1000431064-04

Validity Period : 23-Oct-2017 to 22-Oct-2018

Terms and Conditions

(1) This card is issued for the purpose of identification only and does not entail automatic cashless facility at the network hospital. **(2)** In case of photoless card, a photo ID issued by any government authority is to be produced to avail cashless facility. **(3)** 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. **(4)** All terms and conditions of the policy would be applicable while processing your cashless request. **(5)** 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. **(6)** Please read policy documents carefully for detailed terms and conditions.

Apollo Munich Health Insurance Co. Ltd. 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-122001, Haryana. **Tel:** +91-124-4584333 **Fax:** +91-124-4584111 • **Reg. Off:** Apollo Hospitals Complex, Jubilee Hills, Hyderabad-500033, Telangana. **Website:** www.apollomunichinsurance.com

E-mail: customerservice@apollomunichinsurance.com • **Toll Free:** 1800-102-0333

• Insurance is the subject matter of solicitation. • For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. • IRDA Registration Number-131 • Corporate Identity Number: U66030AP2006PLC051760

(COVERED)

Baby Anjali

DOB : 05-Dec-2003 - Female, **CODE** : 359

ID : 10006059676, **Policy** : 190800/11001/1000431064-04

Validity Period : 23-Oct-2017 to 22-Oct-2018

Terms and Conditions

(1) This card is issued for the purpose of identification only and does not entail automatic cashless facility at the network hospital. **(2)** In case of photoless card, a photo ID issued by any government authority is to be produced to avail cashless facility. **(3)** 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. **(4)** All terms and conditions of the policy would be applicable while processing your cashless request. **(5)** 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. **(6)** Please read policy documents carefully for detailed terms and conditions.

Apollo Munich Health Insurance Co. Ltd. 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-122001, Haryana. **Tel:** +91-124-4584333 **Fax:** +91-124-4584111 • **Reg. Off:** Apollo Hospitals Complex, Jubilee Hills, Hyderabad-500033, Telangana. **Website:** www.apollomunichinsurance.com

E-mail: customerservice@apollomunichinsurance.com • **Toll Free:** 1800-102-0333

• Insurance is the subject matter of solicitation. • For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. • IRDA Registration Number-131 • Corporate Identity Number: U66030AP2006PLC051760