

To,  
Arun Prakash Batra  
5 - 202, Sapphire Heights, Lokhandwala Complex ,  
Akurli Road, Kandivali East  
Mumbai  
Maharashtra  
400101



Subject: Counter Offer against Health Insurance Application No. 821100965862.

Dear Arun Prakash Batra,

This is with reference to your health insurance application no. 821100965862. Post assessment of the medical risk of the member(s) insured in the application, we regret to inform you that we are unable to offer health insurance cover to the following proposed insured(s):

Name: Santosh Batra

Reason(s): Santosh Batra : decline reason- h/o myelopathy , k/c/o diabetes

However, we would consider the other proposed insured (s) in the same application for further risk assessment.

The premium for revised terms would be reduced proportionately

In order to process your proposal further, we would urge you to send the acceptance of above counter offer within 7 days post receipt of this letter and issuance of the policy will be subject to acceptance of revised terms.

Please provide your acceptance by submitting the customer consent form attached with this letter at the nearest Max Bupa branch or contact our sales representative. You can send scanned image of written consent or your acceptance of counter offer at [customer care@maxbupa.com](mailto:customer care@maxbupa.com) from your registered email id.

For any further queries, please contact us at our customer helpline number 1860 500 8888 or write to us at [customer care@maxbupa.com](mailto:customer care@maxbupa.com)

Warm Regards,

Authorized Signatory

For and on behalf of Max Bupa Health Insurance Co. Ltd.

Disclaimer: This is an electronic generated communication and does not require a signature and a stamp.

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Customer Consent:

I, \_\_\_\_\_ have read and understood the applied counter offer and hereby provide my consent to undertake the policy with counter offer.

Proposer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_