

Digitally signed by Padmesh Nair  
Date: 2019.04.15 13:22:17 +05:30



Mr. VINAY MAHAJAN

C-305, RAMKEY TOWERS OPP ROLLING HILLS, GACHIBOWLI  
Hyderabad, - 500032, Rangareddy, Telangana, India  
Contact No.: 9966999523

Policy No: 130100/11119/AA01088887

This Policy Kit contains:

1. The Policy Schedule (\*along with income tax (80 D) certificate)
2. Policy wording
3. Cashless card(s)\*
4. Network hospital list\*
5. Copy of proposal form#

Your Optima Restore Individual Policy

Dear Mr. VINAY MAHAJAN,

Welcome to Apollo Munich Health Insurance Co. Ltd. We are pleased to issue you a Optima Restore Individual Insurance Policy. We advise you to retain your Policy Kit during the entire term of the Policy (including renewals).

Please note that the Policy has been issued to you based on the declarations, details and documents received from/on behalf of you in/along with the Proposal Form submitted to us. We request you to kindly review the Copy of the Proposal Form along with all the documents/material contained in the enclosed Policy Kit carefully. In case you notice any inconsistency or any discrepancy in any of the document/s in the Policy Kit including the Proposal Form; please write back to us or call us at the email id or toll free number within 15 days of receipt of the Policy Kit.

You have the option of cancelling the Policy within 15 days of receipt of the Policy Kit [Free Look Period] subject to terms and condition in the policy. Kindly note that Free Look Cancellation option is not available at the time of renewal of the Policy.

Please visit our website [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com) to access information about our Company, the customer service touch points including the Grievance handling process and various forms including Free Look Cancellation 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. You may also register yourself at our website using your unique member ID and policy number as mentioned in the Policy Schedule.

For Free Look Cancellation Procedure or any assistance, you may write to us at [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com) or call us at our 24 hours toll free number 1800-102-0333. We shall be happy to assist you.

Warm Regards,

Authorized Signatory

Note -

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.

\*Income tax certificate (80D), member cashless card(s) and network hospital list would be provided if applicable to the policy.

# The copy of Proposal Form has been sent earlier if the Policy has been issued through our Website.

| Intermediary Code | Intermediary Name  | Intermediary Contact No |
|-------------------|--------------------|-------------------------|
| 80082301          | MALLIKARJUNA REDDY | 9849648070              |



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• CN: U6803012006PLC051750



## Policy Schedule - Optima Restore Individual

|   |                       |   |                              |  |                                       |                          |                         |                    |  |
|---|-----------------------|---|------------------------------|--|---------------------------------------|--------------------------|-------------------------|--------------------|--|
| Issuing/Service Office Details  |                       |   |                              |  |                                       |                          |                         |                    |  |
| Address   |                       | Hyderabad Branch Office: Aditya IR Towers, 8-2-120/86/9 A & B, 3rd Floor, Road No-2, Banjara Hills, Hyderabad, Hyderabad, Telangana-500033, PH: 04044330333 |                              |  |                                       |                          |                         |                    |  |
| GSTIN   |                       | 36AAGCA1654H1ZT   |                              |  |                                       |                          |                         |                    |  |
| Policy Holder Details   |                       |   |                              |  |                                       |                          |                         |                    |  |
| Name  |                       | Mr VINAY MAHAJAN  |                              |  |                                       |                          |                         |                    |  |
| GSTIN/ UIN  |                       |   |                              |  |                                       |                          |                         |                    |  |
| Address   |                       | C-305, RAMKEY TOWERS OPP ROLLING HILLS, GACHIBOWLI, Hyderabad, - 500032, Rangareddy, Telangana, India   |                              |  |                                       |                          |                         |                    |  |
| State Name & Code   |                       | Telangana(36) Hyderabad (Telangana)   |                              |  |                                       |                          |                         |                    |  |
| Policy Details  |                       |   |                              |  |                                       |                          |                         |                    |  |
| Policy Number   |                       | 130100/11119/AA01088887   |                              |  |                                       |                          |                         |                    |  |
| First policy inception date   |                       | 12-Apr-2019   |                              | Policy issuance date                   |                                       | 15-Apr-2019              |                         |                    |  |
| Policy Period   |                       | From 16:37 hrs on 12-Apr-2019   |                              | To                                     |                                       | 24:00 hrs on 11-Apr-2020 |                         |                    |  |
| Intermediary Details  |                       |   |                              |  |                                       |                          |                         |                    |  |
| Name  |                       | MALLIKARJUNA REDDY  |                              |  |                                       |                          |                         |                    |  |
| Code  |                       | 80082301  |                              | Contact No                             |                                       | 9849648070               |                         |                    |  |
| Insured Persons Details   |                       |   |                              |  |                                       |                          |                         |                    |  |
| Member ID   | Insured Person's Name | Date of Birth (Age)   | Relationship to Policyholder | Critical Advantage Sum Insured (USD\$) | Critical Advantage Rider Premium (Rs) | Basic Sum Insured (Rs.)  | Multiplier Benefit (Rs) | Gross Premium (Rs) |  |
| 10020718100   | Mr. VINAY MAHAJAN     | 30-08-1978 (40)   | Policy Holder                | 0                                      | 0                                     | 1500000                  | 0                       | 14686.28           |  |
| Nominee Details   |                       |   |                              |  |                                       |                          |                         |                    |  |
| Name  | Mrs VAKSHA MAHAJAN    | Relationship  |                              | Wife                                   |                                       |                          |                         |                    |  |
| The nominee must be an immediate relative of the policyholder. For all other insured persons the policy holder shall be the nominee.                        |                       |   |                              |  |                                       |                          |                         |                    |  |
| Premium Calculation (in INR)  |                       |   |                              |  |                                       |                          |                         |                    |  |
| Net Premium   | 12446.00              | CGST@9%   |                              | 1120.14                                |                                       |                          |                         |                    |  |
| Discounts   | 0.00                  | SGST/UTGST@9%   |                              | 1120.14                                |                                       |                          |                         |                    |  |
| Loadings  | 0.00                  | IGST@0%   |                              | 0.00                                   |                                       |                          |                         |                    |  |
| Taxable Premium   | 12446.00              | Any other Cess or Taxes   |                              | 0.00                                   |                                       |                          |                         |                    |  |
| Gross Premium   | 14686.28              |   |                              |  |                                       |                          |                         |                    |  |
| Gross premium amount (in words)   |                       | Rupees Fourteen Thousand Six Hundred Eighty-Six and Paise Twenty-Eight Only   |                              |  |                                       |                          |                         |                    |  |
| The stamp duty of Rs. 1,00/- (Rupees One Only) paid vide e-stamp Certificate No. IN-DI-DI428449615027510. (Not applicable for the state of Jammu & Kashmir) |                       |   |                              |  |                                       |                          |                         |                    |  |
| Original for Recipient/ Duplicate for Supplier  |                       |   |                              |  |                                       |                          |                         |                    |  |
| Whether tax is payable on reverse charge basis: No  |                       |   |                              |  |                                       |                          |                         |                    |  |
| Description/ Harmonized System Of Nomenclature Code: Accident and Health insurance Services/9971  |                       |   |                              |  |                                       |                          |                         |                    |  |



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|   |   |
|---|---|
| Claim Administrator: Apollo Munich                                    | For and on behalf of Apollo Munich Health Insurance Company Limited |
| Claim Administrator: Apollo Munich<br>(For critical advantage rider:) |   |
| Location: Gurgaon   |   |
| Date: 15-Apr-2019   | Authorized Signatory  |

*Padmesh Jain*

Authorized Signatory



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

This is to certify that the MR VINAY MAHAJAN has paid Rs 14686.28 (Rupees Fourteen Thousand Six Hundred Eighty-Six and Paise Twenty-Eight Only) towards premium for Optima Restore Individual Policy No 130100/11119/AA01088887 issued to Mr VINAY MAHAJAN for period 12-Apr-2019 to 11-Apr-2020.

Premium eligible for deduction u/s 80D of income tax act 1961\* :

| Financial Year | Amount   |
|----------------|----------|
| 2019-20        | 14686.28 |

For and on behalf of Apollo Munich Health Insurance Company Limited

*Padmesh Jain*

Authorized Signatory

Location: Gurgaon  
Date: 15-Apr-2019

\*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



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