

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 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 or call us at our 24 hours toll free number 1800-102-0333. We shall be happy to assist you.

Warm Regards,

Authorized Signatory

Location: Gurgaon Date: 15-Apr-2019

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		



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. Office: 1nd Floor, SCF -19, Sector - 14, Gurgaon - 122 001, Haryana. Regd. Office: Apollo Hospitals Complex, 8-2-293/82/J III/DH/900 Jubilee Hills, Hyderabad, Telangana - 500033, India. • Tel: +91 124 4584333 • Fax: +91 124 4584111

- Website: www.apollomunichinsurance.com Email: customerservice@apollomunichinsurance.com IRDAI Reg. No.: 131
- CIN: U66030TG2006PLC051760



Policy Schedule - Optima Restore Individual

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Issuing/Servicing	Office Details											
Address		Hyderabad Branch Office, Aditya JR Towers, 8-2-120/86/9/A & B, 3rd Floor, Road No-2, Banjara Hills, Hyderabad, Hyderabad, Telangana-500033, PH: 04044330333										
GSTIN	i · · · · · · · · · · · · · · · · · · ·											
Policy Holder Det	ails											
Name Mr VINAY MAHAJAN												
GSTIN/ UIN	SSTIN/ UIN											
Address		C 305 ,RAMKEY TOWERS OPP ROLLING HILLS ,GACHIBOWLI ,Hyderabad, - 500032, Rangareddy,Telangana,India										
State Name & Code Telangana(36)				Place of Supply Hyderabad (Te			erabad (Telangan	(Telangana)				
Policy Details	Policy Details											
Policy Number		130100	0/1111	19/AA0108888	37							
First policy inception date 1.			12-Apr-2019			Policy issuance date 15-7		15-A	-Apr-2019			
Policy Period Fro		From	From 16:37 hrs on 12-Apr-2019				To 24:		1:00 hrs on 11-Apr-2020			
Intermediary Deta	Intermediary Details											
Name MALLIKARJUNA REDDY												
Code 8008			80082301			Contact No 984		49648070				
Insured Persons D	Details											
Member ID	Insured Person' Name	S		Date of Birth (Age)	Relationship to Policyholder	Д	Critical Advantage um Insured (USD\$)	Critica Advanta Rider Prem (Rs)	ge	Basic Sum Insured (Rs.)	Multiplier Benefit (Rs)	Gross Premium (Rs)
10020178100	Mr VINAY MAHAJ	AN		30-08-1978 (40)	Policy Holder		0	0		1500000	0	14686.28
Nominee Details												
Notationship 11												
	The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee.											
Premium Calculat	tion(in INR)											
Net Premium 12446.00			00.0	CGST			ST@9%			1120.14		
Discounts		0.00				SGST	SGST/UTGST@9%			1120.14		

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 Paisa Twenty-Eight Only				

The stamp duty of Rs. 1.00/- (Rupees One Only) paid vide e-stamp Certificate No. IN-DL-DL42844961502751O. (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



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. Office: 1nd Floor, SCF -19, Sector - 14, Gurgaon - 122 001, Haryana. Regd. Office: Apollo Hospitals Complex, 8-2-293/82/J III/DH/900 Jubilee Hills, Hyderabad, Telangana - 500033, India. • Tel:+91 124 4584333 • Fax:+91 124 4584111

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



Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon - 122 016, Haryana Corp. Office: 1nd Floor, SCF -19, Sector - 14, Gurgaon - 122 001, Haryana. Regd. Office: Apollo Hospitals Complex, 8-2-293/82/J III/DH/900 Jubilee Hills, Hyderabad, Telangana - 500033, India. • Tel:+91 124 4584333 • Fax:+91 124 4584111

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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 Paisa 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

Location: Gurgaon Date: 15-Apr-2019

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



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