

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document, the terms and conditions mentioned in the policy document shall prevail.

S.NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Optima Cash	
2	What am I covered for:	<p>Daily Cash Amount for a continuous and completed period of 24 hours of Hospitalisation for the following benefits, as per plan opted:</p> <p>a. Sickness Hospital Cash - If an Insured Person suffers an Illness during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then</p> <p>a.i) We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and</p> <p>a.ii) We will pay twice the Sickness Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.</p> <p>b. Accident Hospital Cash- If an Insured Person suffers an Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then</p> <p>b.i) We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and</p> <p>b.ii) We will pay twice the Accident Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.</p> <p>c. Day Care Procedure Cash - 50% of the Sickness Daily Cash amount if Insured person undergoes treatment for identified 10 Day care procedures [Maximum 6 procedure per Policy Year].</p> <p>d. Joint hospitalisation due to an Accident - Twice the Accident Daily Cash amount if two or more Insured Person(s) are concurrently hospitalised due to an accident. [Maximum 10 days].</p> <p>e. Convalescence - Lumpsum amount if Insured person is hospitalised beyond 7 continuous days. This benefit can be claimed only once in a policy year.</p>	<p>Section 1 a)</p> <p>Section 1 b)</p> <p>Section 1 c)</p> <p>Section 1 d)</p> <p>Section 1 e)</p>
3	What are the major exclusions in the policy:	<p>Following is a partial listing of the policy exclusions. Please refer to the policy clause for the full listing.</p> <p>War and related activities; any epidemic recognised by WHO; Self inflicted injury, attempted suicide or suicide; Abuse of intoxicants or hallucinogenic substances; HIV/AIDS and related diseases; Pregnancy, infertility or sterilization, birth control; Dental treatment and surgery unless requiring hospitalisation; Plastic or cosmetic surgery; Experimental, investigational or unproven treatment devices; Any non allopathic treatment; Any treatment or part of a treatment that is not medically necessary.</p>	Section 2
4	Waiting Period	<ul style="list-style-type: none"> <li>30 days for all illnesses (except accidents)</li> <li>24 months for specific illnesses and treatments</li> <li>Pre-existing Diseases will be covered after a waiting period of 48 months.</li> </ul>	<p>Section 2 b)</p> <p>Section 2 c)</p> <p>Section 2 d)</p>
5	Payout basis	<ul style="list-style-type: none"> <li>Benefit basis</li> </ul>	Section 1
6	Cost Sharing	Not applicable	
7	Renewal Conditions	<ul style="list-style-type: none"> <li>Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realisation of premium.</li> <li>Grace period of 30 days for renewing the policy is available. To avoid any confusion any claim incurred during break-in period will not be payable under this policy.</li> </ul>	<p>Section 3 n)</p> <p>Section 3 n)</p>
8	Renewal Benefits:	Not applicable	
9	Cancellation	This policy would be cancelled, and no claim or refund would be due to if (1) You have not correctly disclosed details about your current and past health status OR (2) have otherwise encouraged or participated in any fraudulent claims under the policy.	Section 3 r), 3 s), 3 t)

We would be happy to assist you. For any help contact us at: E-mail: [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com) Toll Free : 1800 102 0333

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UIN:IRDA/NL-HLI/AMHI/P-H/V1/227/13-14 OCG/CIS/VO.01/032014

Apollo Munich Health Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

### Section. 1 Benefits

Claims made in respect of any of the benefits below will be subject to the Sum Insured and is effective only if noted as such in the Schedule.

#### a) Sickness Hospital Cash

If an Insured Person suffers an Illness during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then

- We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and
- We will pay twice the Sickness Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

#### b) Accident Hospital Cash

If an Insured Person suffers an Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then

- We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and
- We will pay twice the Accident Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

#### c) Day Care Procedure Cash

If an Insured Person undertakes a Day Care Procedure as an inpatient for less than 24 hours in a Hospital or standalone day care centre, then We will pay Daily Cash amount for each procedure undertaken.

For this benefit, Day Care Procedures means following procedures only: Fractures (not hairline); Cataract; dilatation and curettage; Haemodialysis; Parenteral Chemotherapy; Radiotherapy; Coronary Angiography; Lithotripsy; Manipulation for Dislocation under General Anesthesia and Cystoscopy under General Anesthesia.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

#### d) Joint Hospitalisation due to an Accident

If two or more Insured Persons under the same policy are hospitalized concurrently as an inpatient during the Policy Period due to an Accident then We shall pay Daily Cash amount provided Two or more Insured Persons are hospitalized together for each continuous and completed period of 24 hours only till the time they are hospitalized together.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

This benefit is payable only if there is an admissible claim under 1 b) above and the payment under this benefit will be in addition to the payment under 1 b).

#### e) Convalescence Benefit

If an Insured Person suffers an Illness or Accident during the Policy Period that requires Insured Person's Hospitalisation as an inpatient beyond 7 consecutive and continuous days, a lumpsum amount is payable towards convalescence, provided that

- This benefit is payable only once per Illness/Accident per Policy Year.
- This benefit is payable only if there is an admissible claim under any of the daily cash benefits in 1 a) or 1 b) above.

Our maximum liability shall be restricted to the Sum Insured mentioned in the Schedule of Benefits.

The payment under this benefit will be in addition to the payment under 1 a) or 1 b), as the case may be.

### Section. 2 General Exclusions

#### Waiting Periods

- We are not liable to pay for any treatment which begins during waiting periods except if any Insured Person suffers an Accident.

#### 30 days Waiting Period

- A waiting period of 30 days (or longer if specified in any benefit) will apply to all claims unless:
  - The Insured Person has been insured under an Optima Cash Policy continuously and without any break in the previous Policy Year, or
  - The Insured Person was insured continuously and without interruption for at least 1 year under any other health insurance plan with an Indian non life insurer as per guidelines on portability issued by the Insurance regulator.
  - If the Insured person renews with Us and increases the Sum Insured, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased in the year.

#### Specific Waiting Periods

- The Illnesses and treatments listed below will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an Optima Cash continuously and without any break:
  - Illnesses: arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus; hemorrhoids; sinus; gastric and duodenal ulcers; gout and rheumatism; internal tumors; cysts; nodules; polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.
  - Treatments: Surgeries for benign ear; adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty; dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; Nasal septum deviation; surgery on tonsils and sinuses.
  - However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without any break for at least 2 years with any other health insurance plan with an Indian non life insurer as per guidelines on portability issued by the Insurance Regulator.
  - If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.
- Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Optima Cash policy with us, but
  - If the Insured Person is presently covered and has been continuously covered without any lapses under:
    - an health insurance plan with an Indian non life insurer as per guidelines on portability OR
    - any other similar health insurance plan from Us, then Section 2 d. of the Policy stands deleted and shall be replaced entirely with the following:
      - The waiting period for all Pre-existing Conditions shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
      - If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.
  - The reduction in the waiting period specified above shall be applied subject to the following:
    - We will only apply the reduction of the waiting period if We have received the database and claim history related information as mandated under portability guidelines from the previous Indian insurance company (if applicable);

- b. We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.
- c. We will retain the right to underwrite the proposal
- d. We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver.
- e) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:
  - i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind, any epidemics recognised by government or WHO.
  - ii) Insured Person committing or attempting any breach of the law with criminal intent or arising out of or as a result of any act of self-destruction or self inflicted injury, attempted suicide or suicide.
  - iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
  - iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
  - v) Treatment of Obesity or morbid obesity and any weight control program.
  - vi) Psychiatric; mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); internal or external congenital diseases, defects or anomalies, genetic disorders; stem cell implantation or surgery, or growth hormone therapy.
  - vii) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis, (when associated with HIV infections).
  - viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.
  - ix) Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
  - x) Dental treatment and surgery of any kind, unless requiring Hospitalisation.
  - xi) Circumcisions unless required as a part of treatment of an illness or injury; laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
  - xii) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident or Cancer.
  - xiii) Experimental, investigational or unproven treatment devices and pharmacological regimens.
  - xiv) Any procedure primarily for diagnostic or preventive purposes, which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.
  - xv) Save as and to the extent provided in 1(e) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
  - xvi) Any non allopathic treatment.
  - xvii) Any treatment or part of a treatment that is not medically necessary.

### Section. 3 General Conditions

#### Condition precedent

- a) The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the policy will remain the same for the policy period as mentioned in policy schedule.

#### b) Insured Person

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person and We have issued an endorsement confirming the addition of such person as an Insured Person. Any Insured Person in the policy has the option to migrate to similar health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDAI

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, You neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent.

#### c) Notification of Claim

If any treatment for which a claim may be made is to be taken then:

- i) If the treatment requires Hospitalisation, We must be informed immediately and in any event not later than 7 days of the date of admission.
- ii) If the above condition is not fulfilled on the grounds that the claim was intimated to any other insurer covering the hospitalization expenses, then We may accept a written confirmation of such intimation from that insurer.

#### Supporting Documentation & Examination

- d) The Insured Person shall provide Us with any documentation and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following:

- i) Our claim form, duly completed and signed for on behalf of the Insured Person.
- ii) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries. We will accept copies of the documents, verified and attested by the Hospital.
- iii) A precise diagnosis of the treatment for which a claim is made.

- e) The Insured Person additionally hereby consents to:

- i) The disclosure to Us of documentation, information and medical records that may be held by medical professionals and other insurers.
- ii) Being examined by any Medical Practitioner We authorise for this purpose when and so often as We may reasonably require at Our cost.

#### Claims Payment

- f) We shall be under no obligation to make any payment under this Policy unless We have received all the premium payments in full and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- g) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a

format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In case of Insured Person's unfortunate demise, We will only make payment to the Nominee (as named in the Schedule).

- h) This Policy only covers medical treatment taken in India, and payments under this Policy shall only be made in Indian Rupees within India.
- i) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- j) A continuous and completed period of less than 24 hours of Hospitalisation will be deemed to be a continuous and completed period of 24 hours if such period extends to at least 12 hours and also includes the period 0200 to 0330 hours.
- k) 1) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- 2) In an event where claim falls within two policy periods then we shall settle claim by taking into consideration the sum insured available in the two policy periods. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of the premium of health insurance policy, if not received earlier

### Fraud

- i) If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

### Alterations to the Policy

- m) This Policy constitutes the complete contract of insurance. This Policy can be changed or varied at Your request provided the request is acceptable to Us and by Us in consultation and agreement with You. The policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

### Renewal

- n) This Policy is ordinarily renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or there has been any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard. We are NOT under any obligation to:
    - i) Send renewal notice or reminders.
    - ii) Renew it on same terms or premium as the expiring Policy. Any change in benefit or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You at least 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDAI.
- We will not apply any additional loading on your policy premium at renewal based on claim experience.
- We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.
- All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy. Any disease/ condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.

### Change of Policyholder

- o) The change of Policyholder (except clause t) is permitted only at the time of renewal. If You do not renew the Policy, the other Insured Persons may apply to renew the Policy subject to condition m above. However, in case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court subject to condition m above.

### Notices

- p) Any notice, direction or instruction under this Policy shall be in writing and if it is to:
  - i) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.
  - ii) Us, it shall be delivered to Our address specified in the Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

### Dispute Resolution Clause

- q) Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

### Termination

- r) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	50.00%
		Upto 15 Months	37.50%
		Upto 18 Months	25.00%
		Exceeding 18 Months	Nil

- s) We may at any time terminate the Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule. We shall return premium on pro-rata basis for the unexpired Policy Period if no claim have been made under the Policy
- t) The coverage to the Insured Person shall automatically terminate if:
  - i) You no longer reside in India, or in the case of Your demise. However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other Insured Persons may also apply to renew the Policy subject to condition m above. Incase, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court. All relevant particulars in respect of such Insured Person (including his/her relationship with You) must be given to Us along with the Application.
  - ii) In relation to an Insured Person, if that Insured Person dies or no longer resides in India.

### Free Look Period

- u) You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

### Interpretations & Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:



- Def. 1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **Age or Aged** means completed years as at the Commencement Date.
- Def. 3. **Any One Illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/nursing home where treatment may have been taken.
- Def. 4. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
- Def. 5. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Def. 7. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position  
(a) Internal Congenital Anomaly-Congenital Anomaly which is not in the visible and accessible parts of the body  
(b) External Congenital Anomaly-Congenital Anomaly which is in the visible and accessible parts of the body.
- Def. 8. **Co-Payment** means a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
- Def. 9. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- Def. 10. **Day Care Centre** means any institution established for day care treatment of Illness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-  
- has qualified nursing staff under its employment  
- has qualified medical practitioner (s) in charge;  
- has a fully equipped operation theatre of its own where surgical procedures are carried out  
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
- Def. 11. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:  
i. undertaken under General or Local Anesthesia in a hospital/ day care centre in less than 24 hrs because of technological advancement, and  
ii. which would have otherwise required hospitalization of more than 24 hours.  
Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- Def. 12. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- Def. 13. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
- Def. 14. **Dependents** means only the family members listed below:  
i) Your legally married spouse as long as she continues to be married to You;  
ii) Your children Aged between 91 days and 21 years if they are unmarried
- Def. 15. **Dependent Child** means a child (natural or legally adopted), who is financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.
- Def. 16. **Disclosure to information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 17. **Domiciliary hospitalization** means medical treatment for an illness/ disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:  
i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or  
ii) the patient takes treatment at home on account of non-availability of room in a hospital.
- Def. 18. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- Def. 19. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received.
- Def. 20. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:  
i) has qualified nursing staff under its employment round the clock;  
ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;  
iii) has qualified medical practitioner(s) in charge round the clock;  
iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;  
v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
- Def. 21. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 22. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.  
(a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery  
(b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:  
1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests  
2. it needs ongoing or long-term control or relief of symptoms  
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it  
4. it continues indefinitely  
5. it recurs or is likely to recur
- Def. 23. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner
- Def. 24. **In-patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- Def. 25. **Insured Person** means You and the persons named in the Schedule.
- Def. 26. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 27. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient

including monitoring devices, critical care nursing and intensivist charges.

- Def. 28. **Maternity Expenses** means,
- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
  - expenses towards lawful medical termination of pregnancy during the policy period.
- Def. 29. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- Def. 30. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- Def. 31. **Medically Practitioner** means a person who holds a valid registration from the medical council of any state or medical council of India or council for Indian medicine or for homeopathy set up by the government of India or a state government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured Person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.
- Def. 32. **Medically Necessary Treatment** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
- Is required for the medical management of the Illness or injury suffered by the Insured;
  - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
  - Must have been prescribed by a Medical Practitioner.
  - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 33. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
- Def. 34. **Newborn baby** means baby born during the Policy Period and is aged upto 90 days.
- Def. 35. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network
- Def. 36. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- Def. 37. **OPD treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- Def. 38. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another insurer.
- Def. 39. **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
- Def. 40. **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
- such medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- Def. 41. **Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
- such medical expenses are for the same condition for which the insured person's hospitalization was required, and

- the inpatient hospitalization claim for such hospitalization is admissible by the insurance company

- Def. 42. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Annexure I, Annexure II and the Schedule (as the same may be amended from time to time).
- Def. 43. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 44. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 45. **Qualified Nurse** means a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 46. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved
- Def. 47. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses
- Def. 48. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods
- Def. 49. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.
- Def. 50. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
- Def. 51. **Unproven/Experimental treatment** means the treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
- Def. 52. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.
- Def. 53. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Def. 54. **Alternative treatments** means the forms of treatment other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context.

#### Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact Us through:

- Our website : www.apollomunichinsurance.com  
Email : customerservice@apollomunichinsurance.com  
Telephone : 1800 102 0333  
Fax : +91 124 4584111  
Courier : Any of our Branch office or corporate office

#### Grievance Redressal Procedure

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

- Our website : www.apollomunichinsurance.com
- Email : customerservice@apollomunichinsurance.com
- Telephone : 1800 102 0333
- Fax : +91 124 4584111
- Courier : Any of our Branch office or corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at

**The Grievance Cell, Apollo Munich Health Insurance Company Ltd., Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana**

If you are not satisfied with our redressal of your grievance through one of the above methods, you may approach the nearest insurance ombudsman for resolution of your grievance. The contact details of ombudsman offices are mentioned below.

### Address & Contact Details of Ombudsmen Centres

<b>Office of The Governing Body of Insurance Council</b> (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz (West), Mumbai – 400054. <b>Tel:</b> 26106671/ 6889. <b>Email id:</b> inscoun@gbic.co.in <b>Website:</b> www.gbic.co.in	
If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal) Please visit our website for details to lodge complaint with Ombudsman.	
<b>Office of the Insurance Ombudsman,</b> 2nd Floor, Ambica House, Ashram Rd, <b>AHMEDABAD - 380 014.</b> <b>Tel:</b> 079 - 27545441/ 27546840 <b>Fax:</b> 079 - 27546142 <b>Email:</b> bimalokpal.ahmedabad@gbic.co.in	<b>Office of the Insurance Ombudsman,</b> 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, <b>BHOPAL - 462 003.</b> <b>Tel:</b> 0755 - 2769201/ 9202 <b>Fax:</b> 0755 - 2769203 <b>Email:</b> bimalokpal.bhopal@gbic.co.in
<b>Office of the Insurance Ombudsman,</b> 62, Forest Park, <b>BHUBANESHWAR - 751 009.</b> <b>Tel:</b> 0674 - 2596455/2596003 <b>Fax:</b> 0674 - 2596429 <b>Email:</b> bimalokpal.bhubaneswar@gbic.co.in	<b>Office of the Insurance Ombudsman,</b> SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, <b>CHANDIGARH - 160 017.</b> <b>Tel:-</b> 0172 - 2706468/2772101 <b>Fax:</b> 0172 - 2708274 <b>Email:</b> bimalokpal.chandigarh@gbic.co.in
<b>Office of the Insurance Ombudsman,</b> Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <b>CHENNAI - 600 018.</b> <b>Tel:</b> 044 - 24333668/ 24335284 <b>Fax:</b> 044 - 24333664 <b>Email:</b> bimalokpal.chennai@gbic.co.in	<b>Office of the Insurance Ombudsman,</b> 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, <b>NEW DELHI - 110 002.</b> <b>Tel:</b> 011 - 23234057/ 23232037 <b>Fax:</b> 011 - 23230858 <b>Email:</b> bimalokpal.delhi@gbic.co.in
<b>Office of the Insurance Ombudsman,</b> "Jeevan Nivesh", 5th Floor, S.S. Road, <b>GUWAHATI - 781 001.</b> <b>Tel:</b> 0361 - 2132204/ 5 <b>Fax:</b> 0361 - 2732937 <b>Email:</b> bimalokpal.guwahati@gbic.co.in	<b>Office of the Insurance Ombudsman,</b> 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <b>HYDERABAD-500 004.</b> <b>Tel:</b> 040 - 65504123/ 23312122 <b>Fax:</b> 040 - 23376599 <b>Email:</b> bimalokpal.hyderabad@gbic.co.in
<b>Office of the Insurance Ombudsman,</b> 2nd Floor, CC 27/2603, Pulnat Bldg., M.G. Road, <b>ERNAKULAM-682 015.</b> <b>Tel:</b> 0484 - 2358759/ 2359338 <b>Fax:</b> 0484 - 2359336 <b>Email:</b> bimalokpal.emakulam@gbic.co.in	<b>Office of the Insurance Ombudsman,</b> Hindustan Building. Annexe, 4th Floor, C.R.Avenue, <b>KOLKATA - 700072</b> <b>Tel:</b> 033 - 22124339/ 22124346 <b>Fax:</b> 22124341 <b>Email:</b> bimalokpal.kolkata@gbic.co.in
<b>Office of the Insurance Ombudsman,</b> Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, <b>LUCKNOW-226 001.</b> <b>Tel:</b> 0522 - 2231331/ 2231330 <b>Fax:</b> 0522 - 2231310 <b>Email:</b> bimalokpal.lucknow@gbic.co.in	<b>Office of the Insurance Ombudsman,</b> 3rd Floor, Jeevan Seva Annexe,S.V. Road, Santacruz(W), <b>MUMBAI-400 054.</b> <b>Tel:</b> 022 - 26106960/ 26106552 <b>Fax :</b> 022 - 26106052 <b>Email:</b> bimalokpal.mumbai@gbic.co.in
<b>Office of the Insurance Ombudsman,</b> Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, <b>JAIPUR – 302 005.</b> <b>Tel:</b> 0141 - 2740363 <b>Email:</b> bimalokpal.jaipur@gbic.co.in	<b>Office of the Insurance Ombudsman,</b> 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet <b>PUNE – 411 030.</b> <b>Tel:</b> 020 - 32341320 <b>Email:</b> Bimalokpal.pune@gbic.co.in
<b>Office of the Insurance Ombudsman,</b> 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor <b>BENGALURU – 560 025.</b> <b>Tel:</b> 080 - 26652049/ 26652048 <b>Email:</b> bimalokpal.bengaluru@gbic.co.in	<b>Office of the Insurance Ombudsman,</b> 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, <b>NOIDA – 201 301.</b> <b>Tel:</b> 0120 - 2514250/ 51/ 53 <b>Email:</b> bimalokpal.noida@gbic.co.in

#### Office of the Insurance Ombudsman,

1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur,  
**PATNA – 800 006. Tel:** 0612 - 2680952 **Email ID:** bimalokpal.patna@gbic.co.in.

**IRDAI REGULATION NO 5:** This policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation.

#### SCHEDULE OF BENEFITS

Following benefits are available as per the plan opted and mentioned against the Insured Person named in the Schedule. Benefits are as per Insured Person per Policy Year basis.

Gold Plan - 90 days	1000 Gold 90D	2000 Gold 90D	3000 Gold 90D
Daily Cash Amount [All figures in INR]	1,000	2,000	3,000
1ai) Sickness Hospital Cash [upto 90 days]	1,000	2,000	3,000
1aii) Sickness ICU Cash [maximum upto 15 days]*	2,000	4,000	6,000
1bi) Accident Hospital Cash [upto 90 days]	1,000	2,000	3,000
1bii) Accident ICU Cash [Maximum upto 15 Days]#	2,000	4,000	6,000
1c) Day Care Procedure Cash [Maximum upto 6 Procedures]	500	1,000	1,500
1d) Joint Hospitalisation due to an Accident [Maximum upto 10 days]	2,000	4,000	6,000
1e) Convalescence Cash [once in Policy Year]	1,000	2,000	3,000

\*Benefit 1aii) sublimit under 1ai); # Benefit 1bii) sublimit under 1bi)

Gold Plan - 180 days	1000 Gold 180D	2000 Gold 180D	3000 Gold 180D
Daily Cash Amount [All figures in INR]	1,000	2,000	3,000
1ai)Sickness Hospital Cash [upto 180 days]	1,000	2,000	3,000
1aii)Sickness ICU Cash [Maximum upto 15Days]	2,000	4,000	6,000
1bi)Accident Hospital Cash [upto 180 days]	1,000	2,000	3,000
1bii)Accident ICU Cash [Maximum upto 15 Days]#	2,000	4,000	6,000
1c)Day Care Procedure Cash [Maximum upto 6 Procedures]	500	1,000	1,500
1d)Joint Hospitalisation due to an Accident [Maximum upto 10 days]	2,000	4,000	6,000
1e)Convalescence Cash [once in Policy Year]	1,000	2,000	3,000

\*Benefit 1aii) sublimit under 1ai); #Benefit 1bii) sublimit under 1bi)

"Please Note- All health insurance policies are portable; insured must initiate transfer process independently at least 45 days in advance of renewal date to avoid any break in the policy coverage due to delays in acceptance of the proposal by the other insurer"

We would be happy to assist you. For any help contact us at: E-mail: customerservice@apollomunichinsurance.com Toll Free : 1800 102 0333

To have a better understanding of the benefits and exclusions as applicable under your Optima Cash Policy we recommend you to read the Optima Cash Policy wordings. We recommend:

1. You keep copies of all documents submitted.
2. Remember and refer your member ID/policy number in all correspondences.

What do you do in the time of a Claims and Assistance Requirement.

Intimation & Assistance	Claims Procedure
<p>You can contact our Customer Service Department or approach any of our Branch offices</p> <p>Our Customer Service department can be reached through any of the medium:</p> <p>Our 24 Hrs Toll Free Number: 1800-102-0333 E-mail: customerservice@apollomunichinsurance.com Fax: +91-124-4584111</p> <p>Post/ Courier: Apollo Munich Health Insurance Company Limited, Claims Department, Central Processing Center, 2nd &amp; 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.</p> <p>Our Customer Service Team will be happy to provide you with the required assistance in filing the claim with us.</p>	<p>In an event of claim please remember:</p> <p>i) If the treatment requires Hospitalisation, you must inform Apollo Munich Health immediately. Please remember to intimate any event of hospitalization not later than 7 days from the date of admission.</p> <p>ii) If the above condition is not fulfilled on the grounds that the claim was intimated to any other insurer covering the hospitalization expenses, then Apollo Munich Health would accept a written confirmation of such intimation from the insurer.</p> <p>iii) Kindly furnish all documents as mentioned in the claim form while filling for a claim within 15 days of your discharge from the hospital.</p> <p>In case of any deficiency, we would request you for the relevant documents which you need to submit within 15 days of our request.</p>

Note: You can obtain Intimation/claim form from Our website [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com) or request Our Customer Service Department.

For any doubt or clarifications and/or information, call Our Toll Free Line at 1800 102 0333 or log on to Our website [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com) or email Us at [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com)

**We would be happy to assist you. For any help contact us at: E-mail: [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com) Toll Free : 1800 102 0333**