



Mr Chetan Baburao Mahajan
502 Sai Palace Chs Dr Babasaheb Abedkar
Chouk Nr Ganesh Mandir Titwala
East Tal Kalyan Dist Thane
Kalyan, Thane
Maharashtra - 421605
India

Contact No.: 8097881002

Policy No.: 160101/11121/AA00591423-01

Code	Intermediary Name	Contact No
80212361	VAISHALI MANOJ DHANDE	7738339960

This Policy Kit Contains:

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

Renewal of Your Optima Restore Insurance Policy

Dear Mr Chetan Baburao Mahajan,

Thank You for renewing the policy with us.

We are pleased to enclose your renewed Policy Kit for the period **30-Mar-2018** to **29-Mar-2019**

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 : 23-Mar-2018

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
80212361	VAISHALI MANOJ DHANDE	7738339960

SCHEDULE - Optima Restore Floater

Issuing / Servicing Office : Vashi Sales Office, Shop No, 49-50, Arenja Corner Plot No, 71, Sector - 17, Vashi, Navi Mumbai, Maharashtra - 400705
PH : 02242010504

GSTIN of Issuing Office : 27AAGCA1654H1ZS

Policy Holder's Name : Mr Chetan Baburao Mahajan

Policy Holder's Address : 502 Sai Palace Chs Dr Babasaheb Abedkar
Chouk Nr Ganesh Mandir Titwala
East Tal Kalyan Dist Thane
Kalyan, Thane
Maharashtra - 421605
India

Intermediary Code : 80212361

Intermediary Name : VAISHALI MANOJ DHANDE

Intermediary Contact No : 7738339960

Policy Number : 160101/11121/AA00591423-01

First Policy inception date : 30-Mar-2017

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

Policy Period : From 00:00 hrs on 30-Mar-2018 To 24:00 hrs on 29-Mar-2019

Insured Persons Details :

Member ID	Insured Person's Name	Date of Birth (DD-MM-YYYY)	Age	Relationship to Policyholder	Basic Sum Insured (Rs)	Critical Advantage Sum Insured (USD\$)	Multiplier Benefit (Rs)	Critical Advantage Rider Premium (Rs)	Gross Premium (Rs)
10011658730	Mr Chetan Baburao Mahajan	31-Mar-1987	30	Policy Holder	300000	0	150000	0	9725.56
10011658731	Mrs Mohini Chetan Mahajan	10-Nov-1990	27	Wife		0		0	

Nominee Name : Mrs Vaishali Baburao Mahajan Relationship to Policyholder : Mother
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.)	8242.00
Discounts	(Rs.)	0.00
Loadings	(Rs.)	0.00
(CGST + SGST/UTGST) / IGST / J&K GST whichever applicable	(Rs.)	1483.56
Cess or Taxes, if any	(Rs.)	0.00
Gross Premium	(Rs.)	9725.56
Gross Premium amount (in words)	Rupees Nine Thousand Seven Hundred Twenty-Five and Paise Fifty-Six 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
10011658730	Mr Chetan Baburao Mahajan	For Rs 300000 (Rupees Three Lakh) Sum Insured - Sec 5 A (i) of the policy wording is waived, Sec 5 A (ii) is reduced to 1 year and Sec 5 A (iii) is reduced to 2 years.
10011658731	Mrs Mohini Chetan Mahajan	For Rs 300000 (Rupees Three Lakh) Sum Insured - Sec 5 A (i) of the policy wording is waived, Sec 5 A (ii) is reduced to 1 year and Sec 5 A (iii) is reduced to 2 years.

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 : 23-Mar-2018


Authorized Signatory

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

This is to certify that Chetan Baburao Mahajan has paid Rs 9725.56 (Rupees Nine Thousand Seven Hundred Twenty-Five and Paise Fifty-Six Only) towards premium for Optima Restore Floater Policy No. 160101/11121/AA00591423-01 issued to Mr Chetan Baburao Mahajan for period **30-Mar-2018 to 29-Mar-2019**.

For and on behalf of Apollo Munich Health Insurance Company Limited


Authorized Signatory

Location:Gurgaon
Date :23-Mar-2018

* 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.



(COVERED)

Mr Chetan Baburao Mahajan

DOB : 31-Mar-1987 - Male, **Code** : 359

ID : 10011658730, **Policy** : 160101/11121/AA00591423-01

Validity Period : 30-Mar-2018 - 29-Mar-2019

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, 8-2-293/82/J III/DH/900, 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: U66030TG2006PLC051760



(COVERED)

Mrs Mohini Chetan Mahajan

DOB : 10-Nov-1990 - Female, **Code** : 359

ID : 10011658731, **Policy** : 160101/11121/AA00591423-01

Validity Period : 30-Mar-2018 - 29-Mar-2019

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.

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• Corporate Identity Number: U66030TG2006PLC051760