



N2019122042875

Pavan Singh

Pavan Singh, 229/15, J BLOCKRAJOURI GARDEN  
NEW DELHI -110027.  
Delhi-110027  
Contact No. : +91-9096335423

Policy No : 110102/11119/AA01282826

Code	Intermediary Name	Contact No
80295898	ANGEL FINANCIAL ADVISORS PVT. LTD.	18605005006

**This Policy Kit Contains :**

- 1.The Policy Schedule along with income tax (80 D) certificate (wherever applicable)
- 2.Cashless Card\*
- 3.Copy of Proposal form\*

**Your Optima Restore Insurance Policy**

Dear Pavan Singh,

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

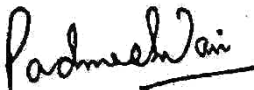
Please note that the Policy has been issued to you based on the declarations, details and documents received from/on behalf of you in/along with the Proposal Form submitted to us. We request you to kindly review the Copy of the Proposal Form along with all the documents/material contained in the enclosed 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 then 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.

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

To know the updated list of our network hospitals please visit <http://www.apollomunichinsurance.com/our-hospital-network.aspx>

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,



Location : Gurgaon

Date : 02 Apr 2021

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.

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

\*Cashless Card as enclosed would be issued only once along with this policy kit and shall remain valid for further renewals.

**GREAT  
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This is an affirmation of our employees faith in our  
Transparency, Fairness and Camaraderie

Apollo Munich Health Insurance Co. Ltd.

Central Processing Center, 2<sup>nd</sup> & 3<sup>rd</sup> Floor, ILABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon - 122 016,  
Haryana. Corp. Office: 1<sup>st</sup> Floor, SCF -19, Sector - 14, Gurgaon - 122 001, Haryana. Regd. Office: Apollo Hospitals Complex,  
8-2-293/82/J II/DH/900 Jubilee Hills, Hyderabad, Telangana - 500033, India. • Tel: +91 124 4584333 • Fax: +91 124 4584111  
• Website: [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com) • Email: [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com) • IRDAI Reg. No.: - 131  
• CIN: U66030TG2006PLC051760

1 of 4

**POLICY SCHEDULE - Optima Restore Individual**

Issuing/Servicing Office : Noida Sales Office, 3rd Floor, N - 23, Sector -18  
 Uttar Pradesh -201301  
 PH : 01204574265

GSTIN of Issuing Office : 09AAGCA1654H1ZQ

Policy Holder's Name : Pavan Singh

GSTIN / UIN (if any) of Policy Holder: Pavan Singh, 229/15, J BLOCKRAJOURI GARDEN,  
 NEW DELHI -110027.

Policy Holder's Address : Delhi-110027

Policy Holder State Name & Code : India  
 Delhi(07)

Intermediary Code : 80295898

Intermediary Name : ANGEL FINANCIAL ADVISORS PVT. LTD.

Intermediary Contact No : 18605005006

Policy Number : 110102/11119/AA01282826

First policy inception date : 02 Apr 2021

Policy issuance date : 02 Apr 2021

Description/Accounting Code of Service : Accident and Health Insurance Service/ 9971

Policy Period : From 17:44 hrs on 02-Apr-2019 To 24:00 hrs on 01 Apr 2022

Place of supply : Delhi (Delhi)

Insured Persons Details :						
Particulars	Member 1 10023765295 Mr Pavan Singh.	Member 2	Member 3	Member 4	Member 5	Member 6
Date of Birth / (Age)	01-Jan-1956	-	-	-	-	-
Relationship to Policy holder	1 Son	-	-	-	-	-
Base Sum Insured (Rs)	500000.00	-	-	-	-	-
Multiplier Benefit Sum Insured (Rs)	-	-	-	-	-	-
Protector Rider Sum Insured (Rs)	-	-	-	-	-	-
Total Sum Insured (Rs)	500000.00	-	-	-	-	-

Other Riders & Benefits						
Protector Rider	-	-	-	-	-	-
Hospital Daily Cash Rider SI (max 30 Days)	-	-	-	-	-	-
Critical Advantage Rider SI	-	-	-	-	-	-
IPA Rider SI (Rs)	-	-	-	-	-	-

Nominee Name : Prashant Kumar  
 Relationship to Policyholder : Son  
 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.)	48,655.00
Discounts	(Rs.)	0.00
Loadings	(Rs.)	0.00
Taxable Premium	(Rs.)	0.00
CGST@0%	(Rs.)	0.00
SGST/UGST@0%	(Rs.)	0.00
IGST@18%	(Rs.)	0.00
Any other Cess of Taxes	(Rs.)	8758.00
Gross Premium	(Rs.)	0.00
Gross premium amount (in words)		57,414.00 Fifty Seven Thousand Four Hundred Thirteen Only

The stamp duty of Rs. 1.00 /- ( Rupees One Only ) paid vide e-stamp Certificate No. IN-DL-DL428449615027510. (Not applicable for the state of Jammu & Kashmir)

Original for Recipient/ Duplicate for Supplier  
 Whether tax is payable on reverse charge basis

No

**GREAT PLACE TO WORK**

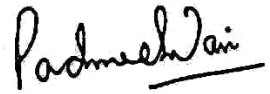
Best in Class in the Insurance Sector

Apollo Munich Health Insurance Co. Ltd.  
 Central Processing Center, 2<sup>nd</sup> & 3<sup>rd</sup> Floor, ILABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon - 122 016,  
 Haryana Corp. Office: 1<sup>st</sup> Floor, SCF -19, Sector - 14, Gurgaon - 122 001, Haryana. Regd. Office: Apollo Hospitals Complex,  
 8-2-293/82/J II/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

Claim Administrator: Apollo Munich

For and on behalf of Apollo Munich Health Insurance Company Limited

Claim Administrator: Not Applicable  
(For critical advantage rider)



Authorized Signatory

Location: Gurgaon

Date: 02 Apr 2021

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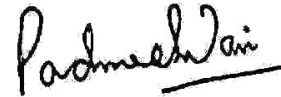
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Forty Two Thousand Thirty One Rupee zero Paise Only

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

This is certified that Mr. Prashant Kumar has Paid an amount of 42,031.00 (Rupees Forty Two Thousand Thirty One Rupee Only) as Premium Amount on Behalf of Mr. Pavan Singh (The Policy Holder) towards Policy No. 110102/11119/AA01282826 for the financial year 2021 - 2022 . Mr. Pavan Singh is Father to Prashant Kumar as per our record .

For and on behalf of Apollo Munich Health Insurance Company Limited



Authorized Signatory

Location: Gurgaon

Date : 02 Apr 2021

\* 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.

**Policy:**

**110102/11119/AA01282826**

**Member ID      Insured Name**  
**10023765295      Mr. PAVAN SINGH**



**Let's Uncomplicate.**

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**Terms and Conditions**

(1) This Card is valid for the insured person only and is not to be used for any other purpose. It is issued for the purpose of providing financial assistance to the insured person for the payment of medical expenses incurred by him/her at the time of hospitalization. (2) The Card is valid for the insured person only and is not to be used for any other purpose. It is issued for the purpose of providing financial assistance to the insured person for the payment of medical expenses incurred by him/her at the time of hospitalization. (3) The Card is valid for the insured person only and is not to be used for any other purpose. It is issued for the purpose of providing financial assistance to the insured person for the payment of medical expenses incurred by him/her at the time of hospitalization. (4) The Card is valid for the insured person only and is not to be used for any other purpose. It is issued for the purpose of providing financial assistance to the insured person for the payment of medical expenses incurred by him/her at the time of hospitalization. (5) The Card is valid for the insured person only and is not to be used for any other purpose. It is issued for the purpose of providing financial assistance to the insured person for the payment of medical expenses incurred by him/her at the time of hospitalization. (6) Please read the Card carefully and keep it safe. For more details on the Card, visit our website [www.apollohealthinsurance.com](http://www.apollohealthinsurance.com).

Apollo Munich Health Insurance Co. Ltd. Central Processing Center, 2nd & 3rd Floor, ILBS Centre, Plot No. 104/405, Udyog Vihar Phase III, Gurgaon-122016, Haryana. Reg. Off: Apollo Hospitals Complex, 8-2, 283/62, JLN/DH/200, Jubilee Hills, Hyderabad-500033, Telangana. Website: [www.apollohealthinsurance.com](http://www.apollohealthinsurance.com)

\*Toll Free: 1800-102-0333 \*IRDAI Reg. No.: 191 \*CN: U66030TG2006PLC051750