



Prashant Kumar

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

Policy No : 110102/11119/AA01282824

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 Prashant Kumar,

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).

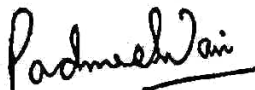
Please note that the Policy has been issued to you based on the declarations, details and documents received from/on behalf of you in/along with the Proposal Form submitted to us. We request you to kindly review the Copy of the Proposal Form along with all the documents/material contained in the enclosed 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 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 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 : 02/04/2021

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.

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: 1st 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

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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 : Prashant Kumar
 GSTIN / UIN (if any) of Policy Holder: 229/15 J BLOCKRAJOURI GARDEN
 Policy Holder's Address : NEW DELHI -110027.

 India
 Policy Holder State Name & Code : Delhi(07)
 Intermediary Code : 80295898
 Intermediary Name : ANGEL FINANCIAL ADVISORS PVT. LTD.
 Intermediary Contact No : 18605005006
 Policy Number : 110102/11119/AA01282824
 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 March 2022
 Place of supply : Delhi (Delhi)

Insured Persons Details :						
Particulars	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
	10023765295 PrashantKumar	-	-	-	-	-
Date of Birth / (Age)	03-Sep-1988	-	-	-	-	-
Relationship to Policy holder	Policy Holder	-	-	-	-	-
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 : Pavan Singh Relationship to Policyholder : Father
 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.)	22,823.00
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.)	4108.14
Any other Cess of Taxes	(Rs.)	0.00
Gross Premium	(Rs.)	26,931.14
Gross premium amount (in words)	Rupees Twenty Six Thousand Nine Hundred Thirty One Fourteen Paise 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

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Apollo Munich Health Insurance Co. Ltd.

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 Corp. Office: 1st 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: Not Applicable
(For critical advantage rider)



Authorized Signatory

Location : Gurgaon
Date : 02 Apr 2021

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

This is to certify that Prashant Kumar has paid Rs 26,931.14 for FY 2021 - 2022 (Twenty Six Thousand Nine Hundred Thirty one Fourteen Paise Only) For FY - 2019 -2020 Towards Policy Premium No. o 110102/11119/AA01282824 issued to Mr Prashant Kumar for Period from 02/04/2021 to 01/04/2022

For and on behalf of Apollo Munich Health Insurance Company Limited

Location : Gurgaon

Date : 02 Apr 2021



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. 80 D benefit is applicable for only Self, Spouse, Dependent Children and Dependent parents.

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Let's Uncomplicate.

Term 1: April 2016[illegible]

Apple Munich Health Insurance Co., Ltd. Central Processing Center, 2nd & 3rd Floor, LABS
Central Plot No. 44/405, Udyod Vihar, Phase III, Gurgaon-122016 Haryana, Corp. Off. 1st Floor,
SCF-1R Sector-14, Gurgaon-122 001, Haryana, Corp. Off. Apple Hospitals Complex, 5-2
293/62/NDH/300, Jubilee Hills, Hyderabad-500033, Telangana/Website:
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