

04-Jul-2015

Mr Amit Sharma
WZ 489/1
M.S Block
Hari Nagar
New Delhi - 110064
Delhi
India
Contact No.: 9555180920
Policy No: 110100/11051/AA00250970

Agency Code	80080951
Agency Name	MAMTA SINGHAL
Agency Contact No	9811485916

Your Easy Health Insurance Policy

Dear Mr Amit Sharma,

Welcome to Apollo Munich Health Insurance Co. Ltd. We are pleased to issue you an Easy Health Insurance Policy.

Please find enclosed herewith your Policy kit. We advise you to retain the same during the entire term of the Policy (including renewals). Your Policy Kit contains:

1. The Policy Schedule along with income tax (80 D) certificate (wherever applicable)
2. Customer Information Sheet and Policy wording
3. Member cashless card/s
4. Network Hospital List, and
5. Copy of Proposal form*

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 conditions in the policy. Kindly note that Free Look Cancellation option is not available at the time of renewal of the Policy.

For any update or information on the policy including revision of wordings etc. or downloading the Freelook Cancellation form you may visit our website www.apollomunichinsurance.com. 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

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. 18001020333.

*Copy of Proposal Form will not be a part of Policy Kit if issued through our Website.

Apollo Munich Health Insurance Co. Ltd.

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, Jubilee Hills, Hyderabad - 500 033, Andhra Pradesh.

Tel : +91-124-4584333 Fax : +91-124-4584111 • www.apollomunichinsurance.com • customerservice@apollomunichinsurance.com

• IRDA Registration Number-131 • Corporate Identity Number: U66030AP2006PLC051760

SCHEDULE - Easy Health Floater Standard

Issuing Office: Delhi Branch Office
 Policy Holder's Name: Mr Amit Sharma
 Policy Holder's Address: WZ 489/1
 M.S Block
 Hari Nagar
 New Delhi - 110064
 Delhi
 India
 Agency Code: 80080951
 Agency Name: MAMTA SINGHAL
 Agency Contact No: 9811485916
 Policy Number: 110100/11051/AA00250970
 First policy inception date: 07-Jul-2015
 Policy Period: From 00.00 hrs on 07-Jul-2015 To 24.00 hrs on 06-Jul-2016
 Insured Persons Details:

Member ID	Insured Person's Name	Age	Relationship to Policyholder	Sum Insured	Critical Illness Sum Insured	Gross Premium (Rs)	Cumulative Bonus (Rs)
10001022707	Mr Amit Sharma	38	Policy Holder	300000	0.00	8871.76	0
10001022708	Mrs Shweta Sharma	35	Wife	0	0.00	0.00	0
10001022709	Master Ansh Sharma	9	Son	0	0.00	0.00	0

Nominee Name: Mrs Shweta Sharma

Relationship:

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)	7782.25
Discounts	(Rs)	0.00
Loadings	(Rs)	0.00
Service Tax	(Rs)	1089.52
Duties and cess as applicable	(Rs)	0.00
Gross Premium	(Rs)	8871.77
Gross premium amount (in words)	Rupees Eight Thousand Eight Hundred Seventy-One and Paise Seventy-Seven Only	

The stamp duty of Rs. 0.50/- (Paise Fifty Only) paid vide No.F.10(783)/COS(HQ)/Con.duty/08. (Not applicable for the state of Jammu & Kashmir).

Service Tax Registration No.: AAGCA1654HST002

Claim Administrator: Apollo Munich

For and on behalf of Apollo Munich Health Insurance Company Limited

Location: Gurgaon
Date: 04-Jul-2015


 Authorized Signatory

Apollo Munich Health Insurance Co. Ltd.

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, Jubilee Hills, Hyderabad - 500 033, Andhra Pradesh.

Tel : +91-124-4584333 Fax : +91-124-4584111 • www.apollomunichinsurance.com • customerservice@apollomunichinsurance.com

• IRDA Registration Number-131 • Corporate Identity Number: U66030AP2006PLC051760

Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act, 1986*

This is to certify that MR Amit Sharma has paid Rs 8871.76 (Rupees Eight Thousand Eight Hundred Seventy-One and Paisa Seventy-Six Only) towards premium for Easy Health Floater Standard Policy No 110100/11051/AA00250970 issued to Mr Amit Sharma for period 07-Jul-2015 to 06-Jul-2016.

For and on behalf of Apollo Munich Health Insurance Company Limited



Authorized Signatory

Location: Gurgaon

Date: 04-Jul-2015

* Note

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 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.

Apollo Munich Health Insurance Co. Ltd.

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, Jubilee Hills, Hyderabad - 500 033, Andhra Pradesh.

Tel : +91-124-4584333 Fax : +91-124-4584111 • www.apollomunichinsurance.com • customerservice@apollomunichinsurance.com

• IRDA Registration Number-131 • Corporate Identity Number: U66030AP2006PLC051760