



MR Chandubhai Naranbhai Makwana FLAT NO-801 C-BLOCK D-TYPE TOWER SARKARI VASAHAT

NB /412 / VASTRAPUR

Ahmedabad -

Gujarat - 380052 BMP/

India

Contact No. : 9067949457

Policy No: 110103/11051/AA01216321

Code	Intermediary Name	Contact No
80189584	POLICYBAZAAR INSURANCE	18002585970
	WEB AGGREGATOR PL	

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 Easy Health Insurance Policy

Dear MR Chandubhai Naranbhai Makwana,

Welcome to Apollo Munich Health Insurance Co. Ltd. We are pleased to issue you an Easy Health 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 <u>customerservice@apollomunichinsurance.com</u> 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. 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.



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Apollo Munich Health Insurance Co. 1 td

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

Location : Gurgaon Date : 29-Sep-2019

• CIN: U66030TG2006PLC051760



POLICY SCHEDULE - Easy Health Floater Standard

Haryana -122001 PH: 01244979333

06AAGCA1654H1ZW

Issuing/Servicing Office :

GSTIN of Issuing Office : Policy Holder's Name : GSTIN / UIN (if any) of Policy Holder: Policy Holder's Address :

Policy Holder State Name & Code : Intermediary Code : Intermediary Name : Intermediary Contact No :

Policy Number : First policy inception date : Policy issuance date : Description/Accounting Code of Service Policy Period : From 15:57 hrs on 27-Sep-2019 Place of supply : FLAT NO-801 C-BLOCK D-TYPE TOWER SARKARI VASAHAT VASTRAPUR Ahmedabad -Gujarat - 380052 India Gujarat(24) 80189584 POLICYBAZAAR INSURANCE WEB AGGREGATOR PL 18002585970 110103/11051/AA01216321 27-Sep-2019

MR Chandubhai Naranbhai Makwana

Gurgaon Sales Office, FF,SCF -19, Sector - 14Gurgaon

28-Sep-2019 Accident and Health Insurance Service/ 9971 To 24:00 hrs on 26-Sep-2020 Ahmedabad (Gujarat)

Insured Persons Details :							
Particulars	Member 1 Member 2		Member 3	Member 4	Member 5	Member 6	
	10023081689		-	-	-	-	
	Mr Chandubhai	Mrs Induben	-	-	-	-	
	Naranbhai Makwana	Chandubhai Makwana					
Date of Birth / (Age)	01-Jun-1963 (56)	01-Jun-1965 (54)	-	-	-	-	
Relationship to Policy holder	ationship to Policy holder Policy Holder				-	-	
Base Sum Insured (Rs)	Sum Insured (Rs) 300000.00						
Multiplier Benefit Sum Insured (Rs)	Benefit Sum Insured (Rs) 0.00						
Cumulative Bonus(Rs.)	ative Bonus(Rs.) -						
Protector Rider Sum Insured (Rs)	or Rider Sum Insured (Rs)						
Total Sum Insured (Rs)	30000.00						
Other Riders & Benefits							
Protector Rider	r Rider -						
Hospital Daily Cash Rider SI (max	tal Daily Cash Rider SI (max -						
30 Days)	Jays)						
Critical Advantage Rider SI	-	-	-	-	-	-	

Nominee Name : Master Pratikkumar Chandubhai Makwana Relationship to Policyholder : Son

0.00

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.)	15965.00
Discounts	(Rs.)	0.00
Loadings	(Rs.)	0.00
Taxable Premium	(Rs.)	15965.00
CGST@0%	(Rs.)	0.00
SGST/UGST@0%	(Rs.)	0.00
IGST@18%	(Rs.)	2873.70
Any other Cess of Taxes	(Rs.)	0.00
Gross Premium	(Rs.)	18838.70
Gross premium amount (in words)		Rupees Eighteen Thousand Eight Hundred Thirty-Eight and Paisa Seventy Only

0.00

The stamp duty of Rs. 1.00 /- (Rupees One Only) paid vide e-stamp Certificate No. IN-DL-DL42844961502751O. (Not applicable for the state of Jammu & Kashmir)

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

No



IPA Rider SI (Rs)

Critical Illness Sum Insured (Rs.)

Apollo Munich Health Insurance Co. Ltd.

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This is an affirmation of our employees' faith in our Transparency. Fairness and Camaraderie

[•] CIN: U66030TG2006PLC051760



Claim Administrator: Apollo Munich

Claim Administrator: Not Applicable (For critical advantage rider)

For and on behalf of Apollo Munich Health Insurance Company Limited

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Authorized Signatory

Location : Gurgaon Date : 29-Sep-2019



Haryana Corp. Office: 1st Floor, SCF -19, Sector - 14, Gurgaon - 122 001, Haryana. Regd. Office: Apollo Hospitals Complex,

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

This is to certify that MR Chandubhai Naranbhai Makwana has paid Rs Rs.18838.7 for FY 2019-2020 (Rupees Eighteen Thousand Eight Hundred Thirty-Eight and Paisa Seventy Only for Financial year 2019-2020) towards premium for Policy No 110103/11051/AA01216321 issued to Chandubhai Naranbhai Makwana for period **27-Sep-2019** to **26-Sep-2020**

For and on behalf of Apollo Munich Health Insurance Company Limited

Vadmeeh Dain

Authorized Signatory

Location : Gurgaon Date : 29-Sep-2019

* 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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Policy: 110103/11051/AA01216321 Member ID Insured Name 10023081689 NB /412

Mr Chandubhai Naranbhai Makwana Mrs Induben Chandubhai Makwana 10023081690



Let's Uncomplicate.

Terms and Conditions (1) This card would be valid till your relationship with AMHI / This card is invalid if the policy is cancelled (2) In case of renewal please refer original policy number (3) This card is issued for the purpose of identification only and does not entail automatic cashless facility at the network hospital. (4) In case of photo-less card, a photo ID issued by any government authority is to be produced to avail cashless facility. (5) 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.(6) All terms and conditions of the policy would be applicable while processing your cashless request. (7) 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. (8) Please read policy documents carefully for detailed terms and conditions. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale.

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