

**CUSTOMER INFORMATION SHEET**  
 Description is illustrative and not exhaustive

Sl. No	Title	Description	Policy Clause Number
1	Product Name	Group Emergency Accident Insurance Plan	
2	What am I covered for	<ul style="list-style-type: none"> <li>• <b>Accidental Death</b> - Lump sum payment would be made in the event of the Death due to an accident</li> </ul> <p>Optional benefits -</p> <ul style="list-style-type: none"> <li>• <b>Permanent Total Disablement</b>- Lumpsum payment would be made as per scale provided in policy in the event of Permanent Total Disablement due to an accident</li> <li>• <b>Accidental Inpatient Hospitalisation</b>- Covers hospitalisation expenses due to an accident</li> <li>• <b>Emergency Ambulance Cover</b>- Expenses for utilizing ambulance in emergency due to an accident</li> <li>• <b>Accident Hospital Daily Cash</b>- Daily Cash amount for each continuous and completed period of 24 hours of hospitalization due to an accident</li> <li>• <b>Accidental Outpatient Benefit</b>- Coverage for reasonable costs of outpatient treatment due to an accident</li> <li>• <b>Permanent Partial Disablement</b>- A lumpsum payment would be made as per scale provided in policy in the event of Permanent Partial Disablement due to an accident.</li> <li>• <b>Broken Bones</b>- A lump sum payment would be made, as per the scale provided in the policy in the event of fracture of bone due to an accident</li> <li>• <b>Family Transportation</b>- If a claim under Accidental Death, Permanent Partial Disablement or Permanent Total Disablement is accepted, We will reimburse expenses incurred in transporting one Immediate Family Member to the Hospital.</li> <li>• <b>Coma</b>- Weekly benefit in case of insured being in comatose state within one month of an accident.</li> <li>• <b>Road Accident Cover</b>- If this benefit is opted, it will apply to Base and all Optional benefits mentioned above. Claim trigger will be restricted to any claim arising out of road accident only, rest all exclusions, terms and conditions will remain the same.</li> <li>• <b>Falls (Indoor) Cover</b>- If this benefit is opted, it will apply to Base and all Optional benefits mentioned above. Claim trigger will be restricted to any claim arising out of fall only, which aroused Indoor, rest all exclusions, terms and conditions will remain the same.</li> </ul>	<p>Section 1</p> <p>Section 2.1</p> <p>Section 2.2</p> <p>Section 2.3</p> <p>Section 2.4</p> <p>Section 2.5</p> <p>Section 2.6</p> <p>Section 2.9</p> <p>Section 2.7</p> <p>Section 2.8</p> <p>Section 2.10</p> <p>Section 2.11</p>

3	<b>What are the major exclusions in the policy:</b>	<p>(Note: the below is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p> <p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions. Pre-existing Condition or any complication arising from the same. Any Insured Person committing or attempting to commit a breach of law with criminal intent. Intentional self-inflicted injury, suicide or attempted suicide while sane or insane, mental, psychiatric or nervous disorder or condition, insanity, anxiety, or depression. An Insured Person’s participation or involvement in naval, military or air force operation or or engaged in adventure sport , Participation in actual or attempted felony, riots or civil commotion. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident or burns. AIDS (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus), venereal disease, sexually transmitted disease or illness, Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind. Any non-allopathic treatment.</p>	Section 3
4	<b>Waiting period</b>	None	
5	<b>Payment basis</b>	<ul style="list-style-type: none"> <li>• Fixed amount on the occurrence of a covered event for Accidental Benefit, XX Benefit</li> <li>• Reimbursement of covered expenses up to specified limits for XX benefit</li> </ul>	Section 1
6	<b>Loss Sharing</b>	NA	
7	<b>Renewal Conditions</b>	<ul style="list-style-type: none"> <li>• Your Policy is ordinarily renewable for life provided that the renewal premium in full has been received by the due dates and subject to realization of premium by Us.</li> <li>• Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during Grace period will not be payable under this policy</li> </ul>	Section 4 L)
8	<b>Renewal Benefits</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>	
9	<b>Cancellation</b>	<ul style="list-style-type: none"> <li>• This policy would be cancelled, and no claim or refund would be due to you if:                         <ul style="list-style-type: none"> <li>- You have not correctly disclosed details about current and past health status OR</li> <li>- Have otherwise encouraged or participated in any fraudulent claim under the policy.</li> </ul> </li> </ul>	Section 4 P)

10	Claims	<ul style="list-style-type: none"> <li>For Cashless Service: List of network hospitals is available on the following link <a href="http://www.apollomunichinsurance.com/our-hospital-network.aspx">http://www.apollomunichinsurance.com/our-hospital-network.aspx</a></li> <li>For Reimbursement of Claims On receipt of the complete set of claim documents, we will make payment for the admissible amount, along with a settlement statement within 30 days of receipt of last necessary document.</li> </ul> <p>Time limit for intimation and submission of claim documents is as follows: In case of Emergency – No later than 24 hours of the event</p> <p>Submission of Claim Documents – The duly signed claim form and all the information/documents required to be submitted to us within 15 days of the completion of the treatment.</p>	Section 4 D, E)
11	Policy Servicing/ Grievances/Complaints	<ul style="list-style-type: none"> <li>Please contact Us for Policy Servicing / Grievances / Complaints at any of our Branches. You can also reach us on: Toll Free – 1800 102 0333 Email – <a href="mailto:customerservice@apollomunichinsurance.com">customerservice@apollomunichinsurance.com</a></li> <li>IRDAI/(IGMS/Call Centre): For complaint registration – login at <a href="http://www.igms.irda.gov.in/">http://www.igms.irda.gov.in/</a></li> <li>Ombudsman Refer Section 6 for details.</li> </ul>	Section 7
12	Insured's Rights	<ul style="list-style-type: none"> <li>Implied renewability -This Policy is ordinarily renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in a dishonest or in a fraudulent manner or there has been any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard Email ID – <a href="mailto:customerservice@apollomunichinsurance.com">customerservice@apollomunichinsurance.com</a> Address - Claims Department Apollo Munich health insurance Co. Ltd. Plot 404-405, ILABS centre, Udyog Vihar Phase III, Gurgaon- 122016 , Haryana</li> <li>Turn Around Time (TAT) for settlement of Reimbursement is as under: Settlement of Reimbursement – Within 30 days on receipt of complete set of documents.</li> </ul>	Section 4 L)

13	Insured's Obligations	<ul style="list-style-type: none"> <li>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid and / or cancellation of the Policy.</li> </ul>	
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**Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.**

**POLICY WORDING – Group Emergency Accident Insurance Plan**

Apollo Munich Health Insurance Company Limited will cover all the Insured Persons under this Policy upto the **Sum Insured**. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Policy.

**Section. 1. Accidental Death**

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death within 365 days from the date of the Accident, then We will pay the Sum Insured.

**Section 2. Optional Benefits**

**2.1 – Permanent Total Disablement**

- 1) If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent total disablement in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table.

	% of Sum Insured
Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%
Loss of a Limb	50%
Complete and irrecoverable loss of sight of an eye	50%

- 2) In this Benefit:

- a) Limb means a hand at or above the wrist or a foot above the ankle.  
b) Loss of Limb means:  
i) the physical separation of a Limb above the wrist or ankle respectively, or  
ii) the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.

Permanent Total Disablement	Rs [XX]
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**2.2 – Accident Inpatient Hospitalisation**

If any Insured Person suffers a Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then We will in addition reimburse the Medical Expenses incurred for the in-patient treatment of such Insured Person provided that the Hospitalisation commences within the Policy Period. Our liability to meet Medical Expenses caused by such Accident will be limited to the Sum Insured of this Policy Period or such of it as remains, if any.

<b>Accident Inpatient Hospitalisation</b>	Rs [XX]
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**2.3 – Emergency Ambulance Cover**

Actual Expenses incurred on transportation of Insured Person to a Hospital for treatment in case of an Emergency, as per limit specified in the table below

<b>Emergency Ambulance Cover</b>	Rs [XX]
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Healthcare or ambulance service provider not registered with traffic authority will not be covered in this policy

**2.4 – Accident Hospital Daily Cash**

If an Insured Person suffers an Accident due to accident during the Policy Period that requires that Insured Person’s Hospitalisation as an in-patient, then

- i) We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised subject to maximum number of days as specified in the below table, and

Benefit	Description	
	Per Day Amount (Rs.)*	Maximum No. of Days *
Hospital Daily Cash	XXXX	XX

- ii) Our maximum liability shall be restricted to the amount mentioned in the table above and limit for the benefit will apply on individual basis.

- iii) Any claim made in respect of this benefit will not be subject to In-patient Sum Insured

**2.5 – Accidental Outpatient Benefit**

An Insured Person suffers an Accident due to accident, which is covered under this Policy; AND Outpatient treatment is necessary & is done for treatment. The coverage under this Policy is extended to reimburse expenses incurred on Outpatient Treatment for the Insured Persons mentioned in the Policy Schedule, provided that

- i. Our maximum liability shall be limited to the amount specified in the table above.

Benefit	Maximum Sum Insured (Rs.)
Accidental Out-patient Benefit	XXXXXXXX

- ii. The condition of minimum Hospitalisation of 24 hours as an in-patient under Benefit 1 stands deleted.
- iii. For the purpose of this endorsement Out-patient Treatment means medical treatment taken by an Insured person due to accident without him being Hospitalised for 24 hours.
- iv. Any claim made in respect of this benefit will not be subject to In-patient Sum Insured

**2.6 – Permanent Partial Disablement**

If an Insured Person suffers an Accidental bodily injury during the Policy Period and this is the sole and direct cause of his permanent partial disablement within 365 days from the date of the Accident in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table.

Loss of:	% of Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%

Each arm below elbow joint	50%
Each hand at the wrist	50%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each foot at the ankle.	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

In this Benefit:

a) Loss means:

i) the physical separation of a body part, or

ii) the total loss of functional use of a body part or organ provided this has continued for at least 365 days from the onset of such disability provided that We are satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.

2) If an Insured Person suffers a Loss not mentioned in the table above, then We will assess the degree of disablement with an independent medical advisors and determine the amount of payment to be made.

3) If a claim in respect of a whole member (any organ, organ system or a limb) also encompasses some or all of its parts, Our liability to make payment will be limited to the member only and not any of its parts or constituents.

Our maximum liability shall be limited to the amount specified in the table above.

<b>Permanent Partial Disablement</b>	Rs [XX]
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## 2.7 Family Transportation

If We have accepted a claim under Accidental Death, Permanent Total Disablement or Permanent Partial Disablement, then We will in addition reimburse the actual expenses incurred in transporting one Immediate Family Member to the Hospital where the Insured Person is admitted following an Accident, provided that such Hospital is located at least 200 kms from the Insured Person’s residence.

**Note:** In this Benefit, Immediate Family Member means the Insured Person’s legal spouse, children, parents, parents-in-law, legal guardian, ward, step child or adopted child.

<b>Family Transportation</b>	Rs [XX]
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**2.8 Coma**

If an Insured Person is rendered Comatose due to an Accident during the Policy Period, then We will pay a weekly benefit for as long as the Insured Person remains Comatose, provided that:

- a) The Insured Person is certified to be Comatose by a Doctor, and
- b) The Insured Person is rendered Comatose within 3 days of the occurrence of the Accident and continues to be Comatose for a period of at least 7 days thereafter, and
- c) Our liability to make payment shall be limited to 1% of the Sum Insured for each week that the Insured Person is Comatose for a period not exceeding 100 weeks from the date of the Accident, and
- d) If the Insured Person is Comatose for a part of a week, then only a proportionate part of the weekly benefit will be payable.

In this Benefit, Coma means a profound state of unconsciousness where the patient cannot be awakened, fails to respond normally to pain or light, does not have sleep-awake cycles and cannot take voluntary actions and Comatose means a state of Coma.

<b>Coma</b>	Rs [XX]
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**2.9 Broken Bones**

If an Accident causes an Insured Person to suffer a fracture (a break in the continuity of a bone) and this is certified by a Doctor and also confirmed by imaging investigations such as by X-ray, then We will pay the percentage of the Sum Insured specified in the table below.

	% of Sum Insured
Injury to vertebral body resulting in spinal cord damage	100%
Pelvis	100%
Skull (excluding nose and teeth)	30%
Chest (any of the ribs and breast bone)	50%
Shoulder (collar bone and shoulder blade)	30%
Arm	25%
Leg	25%
Vertebra – vertebral arch (excluding coccyx)	30%
Wrist (collies or similar fractures)	10%
Ankle (Potts or similar fracture)	10%
Coccyx	5%
Hand	3%
Finger	3%
Foot	3%



Toe	3%
Nasal bone	3%

- a) If an Insured Person suffers a fracture not mentioned in the table above, then We will assess the fracture with medical advisors and determine the amount of payment to be made.
- b) Our maximum liability is limited to the Sum Insured, irrespective of the number of fractures that the Insured Person suffers caused by the same Accident.
- c) If a claim in respect of any fracture of a whole bone also encompasses some or all of its parts, Our liability to make payment will be limited to the whole bone only and not any of its parts.

**Note:** In this Benefit:

- a. Pelvis means all pelvic bones, which shall be treated as one bone. The sacrum is part of the vertebral column. Skull means all skull and facial bones, (excluding nasal bones and teeth) which shall be treated as one bone.

<b>Broken Bones</b>	Rs [XX]
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**2.10 Road Accident Cover**

If this benefit is opted, it will apply to Base and all Optional benefits mentioned above. Claim trigger will be restricted to any claim arising out of road accident only, rest all exclusions, terms and conditions will remain the same.

**2.11 Falls (Indoor) Cover**

If this benefit is opted, it will apply to Base and all Optional benefits mentioned above. Claim trigger will be restricted to any claim arising out of fall only, which aroused Indoor, rest all exclusions, terms and conditions will remain the same.

**Section 2**

Special Exclusions to Benefit Permanent Total Disablement, Permanent Partial Disablement, Broken Bones, Accidental Outpatient Benefit, Accidental Inpatient Hospitalisation

- a) Any infections except pyogenic infection developing on or as a result of a wound caused by an accident which occurs through an Accidental cut or wound.
- b) Any injury or death due to animal or insect bite, where the animal attack is not due to perception of threat or in self-defense Eg mosquito bite.
- c) Medical or surgical treatment except as necessary solely and directly as a result of an Accident.

**II Claim payment**

Special Conditions to Benefit Permanent Total Disablement, Permanent Partial Disablement, Broken Bones, Accidental Outpatient Benefit, Accidental Inpatient Hospitalisation

- a) If We accept a claim and become liable to make payment under Benefits -Permanent Total Disablement, Permanent Partial Disablement, Broken Bones, (the first claim) and there is a subsequent claim under another of these Benefits or Benefit Accidental Death in respect of the same Insured Person and the same Accident within 365 days of the date of the Accident (the second claim), then We will only be liable to pay the difference between the amount payable for the first claim and the amount payable for the second claim.
- b) **Cashless Service (applicable in case of Accidental Inpatient Hospitalisation benefit only)**

	<b>Treatment, Consultation or Procedure:</b>	<b>Treatment, Consultation or Procedure Taken at:</b>	<b>Cashless Service is Available:</b>	<b>We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars:</b>

i)	If any treatment, consultation or procedure for which a claim may be made to be taken in an Emergency:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or Hospitalisation
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### Section. 3 Special Terms and Conditions

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

#### 1) Special Exclusions to Benefit Accidental Death

- d) Any infections except pyogenic infection developing on or as a result of a wound caused by an accident which occurs through an Accidental cut or wound.
- e) Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.

#### 2) General Exclusion applicable to all Benefits:

We will not pay for any claim which is caused by, arising from or in any way attributable to:

- a) Any Pre-existing Condition or any complication arising from the same.
- b) Any Insured Person committing or attempting to commit a breach of law with criminal intent.
- c) Intentional self-inflicted injury , suicide or attempted suicide while sane or insane, mental, psychiatric or nervous disorder or condition, insanity, anxiety or depression
- d) An Insured Person's participation or involvement in naval, military or air force operation or engaged in adventure sport.
- e) Participation in actual or attempted felony, riots or civil commotion.
- f) Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident or burns.
- g) AIDS (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus), venereal disease, sexually transmitted disease or illness,
- h) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol.
- i) Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- j) Pregnancy or childbirth or in consequence thereof.
- k) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.
- l) Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- m) Any non-allopathic treatment.
- n) Any non-medical expenses mentioned Any non-medical expenses mentioned on our website ( <http://www.apollomunichinsurance.com/download-forms/List-of-Non-Medical-Expenses.pdf> ) .

### Section. 4 General Conditions

#### A. Condition precedent

The fulfilment of the terms and conditions of this Policy including the payment of premium by the due dates mentioned in the Schedule/Certificate of Insurance and the correct disclosures in a complete manner in the proposal form insofar as they relate to

anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the Policy will remain the same for the Policy Period as mentioned in Policy Schedule/Certificate of Insurance.

#### B. Geography

This Policy applies to events or occurrences taking place anywhere in the world.

The benefit in respect of, Accidental In-patient Hospitalisation, Accidental Out-patient Hospitalisation, Accident Hospital Cash, and Emergency Ambulance Cover (if reflecting in certificate of Insurance) shall be paid only for expenses, incurred in India, irrespective of the place where the injury was sustained / accident occurred.

All payments under this Policy will only be made in Indian Rupees within India.

#### C. Insured Person

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period as an Insured Person after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person.

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

#### D. Notification of Claims

- i. We must be informed of any event or occurrence that may give rise to a claim under this Policy within 30 days of it happening.
- ii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, we should be informed within 24 hours of the Insured person admission in Hospital.
- iii. For all benefits which are contingent on Our prior acceptance of a claim under Accidental Death Benefit, We must be informed within 30 days of the event or occurrence that may give rise to a contingent benefit claim.
- iv. If any time period is specifically mentioned in the Benefits under the policy, then this shall supersede the time periods mentioned at i) & ii) above.

#### E. Supporting Documentation & Examination

We must be provided with any documentation and information We may request to establish the circumstances of the claim, its quantum or Our liability for it including, in English, Our claim form duly completed. . The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following documents but not limited to

- Our claim form, duly completed and signed for on behalf of the Insured Person.
- Death certificate
- Disability certificate
- Medical reports
- Case histories, investigation reports only if applicable
- Treatment papers and discharge summaries
- Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
- A precise diagnosis of the treatment for which a claim is made.
- All investigation, treatment and follow up records pertaining to the past ailment(s) since their first diagnoses or detection
- Treating doctor's certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident
- Copy of settlement letter from other insurance company

- Stickers and invoice of implants used during surgery
- Copy of MLC (Medico legal case) records and FIR (First information report), in case of claims arising out of an accident
- Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
- Legal heir certificate

The Insured Person additionally hereby consents to:

- i) The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
- ii) If required Undergo medical examination (if required) by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

#### F. Claims Payment

- i. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii. We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of an Insured Person, We will make payment to the Nominee (as named in the Schedule) or assignee as the case may be. In absence of nominee or assignee and You are deceased, We will make payment to the Your legal heir, executor or appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- iii. Payments under this Policy shall only be made in Indian Rupees irrespective of the location of accident which has given rise to the claim.
- iv. We shall make the payment of claim that has been admitted as payable by Us or reject the claim as per the Policy terms and conditions within 30 days of receipt of last necessary document(s). All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation), 2017, we shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- v. Where the circumstances of a claim warrant an investigation in our Opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- vi. The assignment of benefits of the policy shall be subject to applicable law.

#### G. Non-Disclosure or Misrepresentation:

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- cancelled ab initio from the inception date or the renewal date (as the case may be) upon 30 day notice by sending an endorsement to Your address shown in the Schedule or the policy may be modified by Us with the consent of the customer.
- and the claim under such Policy if any, shall be rejected/repudiated forthwith.

**H. Dishonest or Fraudulent Claims:**

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:

- cancelled ab-initio from the inception date or the renewal date (as the case may be) upon 30 day notice by sending an endorsement to Your address shown in the Schedule or the policy may be modified by Us with the consent of the customer.
- all benefits payable, if any, under such Policy shall be forfeited with respect to such claim.

**I. Other Insurance ( Applicable to Indemnity Benefits on the policy)**

If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen Policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. . In such cases, the respective insurers may then settle the balance of the claimed amount as per the limits and according to terms of the respective Policy. This clause will be applicable for the indemnity section of the policy

**J. Change of Occupation**

You will give Us notice of any change in the business or occupation of any Insured Person within 30 days of such change and We will issue an endorsement to this effect. If at the time a claim arises under this Policy the Insured Person has changed his occupation without Us being notified, then Our maximum liability will be limited to the amount that would have been payable for the premium paid and the new occupation.

**K. Alterations to the Policy**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by any one (including an insurance agent or broker) except Us, and any change we make will be evidenced by a written endorsement signed and stamped by Us.

**L. Renewal**

This policy is ordinarily renewable for life except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured

- a) We are NOT under any obligation to:
  - i) Send renewal notice or reminders.
  - ii) Renew it on same terms or premium as the expiring Policy. Any change in benefit or premium (other than due to change in occupation) will be done with the approval of the Insurance Regulatory and Development Authority of India (IRDAI) and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.
- b) We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.
- c) We offer lifelong renewal for all the Insured Persons.

This Policy is ordinarily renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in a dishonest or in a fraudulent manner or there has been any misrepresentation, mis-description or non disclosure under or in relation to this Policy or the renewal of the Policy poses a moral hazard.

**M. Notices**

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- i) Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement
- ii) Us, shall be delivered to Our address specified in the Schedule.
- iii) No insurance agents, brokers, other person/ entity is authorised to receive any notice on Our behalf.

**N. Dispute Resolution Clause**

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

**O. Nomination**

You can change the nominee to whom such payment is to be made at any time during the Policy Period, provided that such change shall only be effective when You have notified Us and We have recorded the change by an endorsement to this effect.

**P. Termination**

- a) You may terminate this Policy at any time by giving Us/Administrator a written notice. The cancellation shall be from the date of receipt of such written notice. Premium shall be refunded as per table below IF AND ONLY IF no claim has been made under the Policy.

Length of time Policy in force	% of premium refunded	
	Policy tenure < 1 year	1 year
Upto 1 Month	Nil	75.00%
Upto 3 Months	Nil	50.00%
Upto 6 Months	Nil	25.00%
Exceeding 6 Months	Nil	Nil

- b) We shall terminate this Policy for the reasons as specified under aforesaid section 3 G) (Non Disclosure or Misrepresentation) & section 3 H) (Dishonest or Fraudulent Claims) of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule/endorsement/Certificate of Insurance.

**Section. 5 Definitions**

The terms defined below have the meanings ascribed to them wherever they appear in this Policy Document and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

- Def. 1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **Acts of God perils** means and include lightening, storm, tempest, flood inundation, subsidence, landslide, earthquake, tsunami, cyclone, volcano, and other similar calamities
- Def. 3. **Age or Aged** means completed years as at the Commencement Date.
- Def. 4. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 5. **Condition Precedent** means a policy term or condition upon which the Insurer’s liability under the policy is conditional upon.
- Def. 6. **Carrier** means a civilian or commercial land, air or water conveyance operating under a valid licence from transportation of passengers by air, sea, road or rail for a fee.
- Def. 7. **Carrier (For Taxi and Bus)** means a registered radio taxi, two wheeler taxi, auto services or private intercity bus service booked through a transportation aggregator Like Ola, Uber, Meru, Red Bus etc. which can be booked through an App or other means and provides services for a fee.
- Def. 8. **Dependents** means only the family members listed below:
- i) Your legally married spouse as long as she continues to be married to You;
  - ii) Your children Aged between 91 days and 25 years if they are unmarried
  - iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Group Emergency Accident Insurance Plan
  - iv) Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at his initial participation in the Group Emergency Accident Insurance Plan.
- All Dependent parents must be financially dependent on You.
- Def. 9. **Dependent Child** means a child (natural or legally adopted), who is unmarried, Aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.
- Def. 10. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 11. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received.
- Def. 12. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
  - has qualified nursing staff under its employment round the clock,
  - has qualified Medical Practitioner(s) in charge round the clock,
  - has a fully equipped operation theatre of its own where surgical procedures are carried out,
  - maintains daily records of patients and will make these accessible to the insurance company’s authorized personnel.
- Def. 13. **Hospitalisation or Hospitalised** means admission in a Hospital for a minimum of 24 consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.



- Def. 14. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 15. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 16. **Insured Person** means You and the persons named in the Schedule.
- Def. 17. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- a) Pre- Hospitalisation Medical Expenses means the Medical expenses incurred immediately before the Insured Person is Hospitalised, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person’s Hospitalisation was required, and
  - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
- b) Post- Hospitalisation Medical Expenses means Medical expenses incurred immediately after the insured person is discharged from the hospital provided that:
- iii. Such Medical Expenses are incurred for the same condition for which the insured person’s hospitalization was required and
  - iv. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company
- Def. 18. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
- Is required for the medical management of the Illness or injury suffered by the Insured Person;
  - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
  - Must have been prescribed by a Medical Practitioner.
  - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 19. **Medical Practitioner** means a person who holds a valid registration from the medical council of any state or medical council of India or council for Indian medicine or for homeopathy set up by the government of India or a state government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured Person’s and is a member of Insured Person’s family are not considered as Medical Practitioner under the scope of this Policy.
- Def. 20. **Network Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility
- Def. 21. **Network Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility
- Def. 22. **Nominee** means the person named in the Policy Schedule who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Policyholder is deceased.
- Def. 23. **Non Network means** any Hospital, day care centre or other provider that is not part of the Network
- Def. 24. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.



- Def. 25. **OPD treatment** means the treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient
- Def. 26. **Policyholder** means the person named in the Policy Schedule as the policyholder
- Def. 27. **Policy Schedule** means schedule attached to and forming part of the Policy
- Def. 28. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer
- Def. 29. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any) and the policy schedule.).
- Def. 30. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 31. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 32. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 33. **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.
- Def. 34. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- Def. 35. **Spouse means** Your legally married spouse as long as she continues to be married to You.
- Def. 36. **Sum Insured** means, in respect of each Benefit, the sum shown in the Schedule against that Benefit and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Benefit, provided that Our maximum liability for each Insured Person for any and all claims made during the Policy Period for any and all Benefits shall be limited to the Accidental Death Sum Insured unless expressly stated to the contrary.
- Def. 37. **Terrorism'** shall mean an act, including, but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or Government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.”
- Def. 38. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.
- Def. 39. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

**Section. 6 Claim Related Information**

For any claim related query, intimation of claim and submission of claim related documents, You can contact Apollo Munich through:

- Website : [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com)
- Toll Free : 1800-102- 0333
- Fax : 1800- 425- 4077
- Courier : Claims Department,

Apollo Munich Health insurance Co. Ltd  
 Ground floor, Srinilaya – Cyber Spazio  
 Suite # 101,102,109 & 110, Ground Floor,  
 Road No. 2, Banjara Hills,  
 Hyderabad-500 034

Or  
 Claims Department  
 Apollo Munich Health Insurance Company Ltd.,  
 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405,  
 Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.

**Section. 7 Grievance Redressal Procedure**

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

- Our website : [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com)
- E-mail : [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com)
- Toll Free : 1800-102-0333
- Fax : +91-124-4584111
- Courier : Any of Our Branch office or Corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

As per guidelines on special provision for Insured Persons who are senior citizens, We will provide a separate channel for addressing grievances of our senior citizen customers. You may avail this service by contacting the above mentioned toll free no and selecting suitable option provided on Our Interactive Voice Response (IVR) system.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at:

The Grievance Cell, Apollo Munich Health Insurance Company Limited, iLABS Centre, 2nd & 3rd Floor, Plot No 404 - 405, Udyog Vihar, Phase – III, Gurgaon -122016, HARYANA

**Section. 8 Insurance Ombudsman**

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

Address of Contact Details of Ombudsman Centres
<p><b>Office of the Executive Council of Insurers</b>                      (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor,                      Jeevan Seva                      Annexe, Santacruz(West), Mumbai – 400054. Tel: 26106671/                      6889.  <b>Email id:</b> <a href="mailto:inscoun@ecoi.co.in">inscoun@ecoi.co.in</a> <b>Website:</b> <a href="http://www.ecoi.co.in">www.ecoi.co.in</a></p>

<p>If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal)</p> <p>Please visit our website for details to lodge complaint with Ombudsman.</p>			
<p><b>Office of the Insurance Ombudsman,</b> 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, <b>AHMEDABAD - 380001.</b> <b>Tel nos:</b> 079-25501201/02/05/06 <b>email:</b> bimalokpal.ahmedabad@gbic.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, <b>BHOPAL - 462 003.</b> <b>Tel:</b> 0755 - 2769201/ 9202 <b>Fax:</b> 0755 - 2769203 <b>Email:</b> bimalokpal.bhopal@ecoi.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, <b>LUCKNOW-226 001.</b> <b>Tel:</b> 0522 - 2231331/ 2231330 <b>Fax:</b> 0522 - 2231310 <b>Email:</b> bimalokpal.lucknow@ecoi.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <b>MUMBAI-400 054.</b> <b>Tel:</b> 022 - 26106960/ 26106552 <b>Fax :</b> 022 - 26106052 <b>Email:</b> bimalokpal.mumbai@ecoi.co.in</p>
<p><b>Office of the Insurance Ombudsman,</b> 62, Forest Park, <b>BHUBANESHWAR - 751 009.</b> <b>Tel:</b> 0674 - 2596455/2596003 <b>Fax:</b> 0674 - 2596429 <b>Email:</b> bimalokpal. bhubaneswar@ecoi.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, <b>CHANDIGARH - 160 017.</b> <b>Tel:-</b> 0172 - 2706468/2772101 <b>Fax:</b> 0172 - 2708274 <b>Email:</b> bimalokpal.chandigarh@ecoi.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, <b>JAIPUR – 302 005.</b> <b>Tel:</b> 0141 - 2740363 <b>Email:</b> bimalokpal.jaipur@ecoi.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet <b>PUNE – 411 030.</b> <b>Tel:</b> 020 - 32341320 <b>Email:</b> bimalokpal.pune@ecoi.co.in</p>
<p><b>Office of the Insurance Ombudsman,</b> Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <b>CHENNAI - 600 018.</b> <b>Tel:</b> 044 - 24333668/ 24335284 <b>Fax:</b> 044 - 24333664 <b>Email:</b> bimalokpal.chennai@ecoi.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <b>NEW DELHI - 110 002.</b> <b>Tel:</b> 011 - 23234057/ 23232037 <b>Fax:</b> 011 - 23230858 <b>Email:</b> bimalokpal.delhi@ecoi.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor <b>BENGALURU – 560 025.</b> <b>Tel:</b> 080 - 26652049/ 26652048 <b>Email:</b> bimalokpal.bengaluru@ecoi.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, <b>NOIDA – 201 301.</b> <b>Tel:</b> 0120 - 2514250/ 51/ 53 <b>Email:</b> bimalokpal.noida@ecoi.co.in</p>
<p><b>Office of the Insurance Ombudsman,</b> “Jeevan Nivesh”, 5th Floor, S.S. Road, <b>GUWAHATI - 781 001.</b> <b>Tel:</b> 0361 - 2132204/ 5 <b>Fax:</b> 0361 - 2732937 <b>Email:</b> bimalokpal.guwahati@ecoi.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <b>HYDERABAD-500 004.</b> <b>Tel:</b> 040 - 65504123/ 23312122</p>	<p><b>Office of the Insurance Ombudsman,</b> 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, <b>PATNA – 800 006.</b> <b>Tel:</b> 0612 - 2680952</p>	

	Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ ecoi.co.in	<b>Email id:</b> bimalokpal.patna@ ecoi.co.in	
<b>Office of the Insurance Ombudsman,</b> 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, ERNAKULAM-682 015. <b>Tel:</b> 0484 - 2358759/ 2359338 <b>Fax:</b> 0484 - 2359336 <b>Email:</b> bimalokpal.ernakulam@ ecoi.co.in	<b>Office of the Insurance Ombudsman,</b> Hindustan Building. Annexe, 4th Floor, C.R.Avenue, <b>KOLKATA - 700072</b> <b>Tel:</b> 033 - 22124339/ 22124346 <b>Fax:</b> 22124341 <b>Email:</b> bimalokpal.kolkata@ ecoi.co.in		

IRDA REGULATION NO 5: This Policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation.

**We would be happy to assist you. For any help contact us at: E-mail: [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com)  
Toll Free: 1800 102 0333**

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-122016, Haryana • Corp. Off. 1<sup>st</sup> Floor, SCF-19, Sector-14, Gurgaon-122001, Haryana • Reg. Off. Apollo Hospitals Complex, 8-2-293/82/J III/DH/900 Jubilee Hills, Hyderabad, Telangana - 500033, India. • For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale • IRDAI Registration Number - 131 • Corporate Identity Number: U66030TG2006PLC051760