

Individual Personal Accident - Standard

Customer Information Sheet

TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
Product Name	Individual Personal Accident (Standard)	
What am I covered for:	<p>Benefits</p> <p>a. Accidental Death [AD] - A lumpsum OR monthly payment as specified in policy schedule, would be made in the event of the Death due to an accident.</p> <p>b. Transportation of mortal remains - Expenses incurred on transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence or to a cremation or burial ground.</p> <p>c. Permanent Total Disablement - A lumpsum or monthly payment would be made as per scale provided in policy in the event of Permanent Total Disablement due to an accident.</p> <p>d. Permanent Partial Disablement - A lumpsum payment would be made as per scale provided in policy in the event of Permanent Partial Disablement due to an accident.</p> <p>e. Emergency Road Ambulance Charges - Expenses incurred on transportation by of Insured Person to a Hospital for treatment in case of an Emergency due to accident.</p> <p>f. Education Fund - If a claim under AD or PTD is accepted for an Insured Person, We will pay upto the sum insured as mentioned in policy schedule, provided that such Dependent Child is pursuing an educational course as a full time student in an educational institution.</p> <p>g. Family Transportation - If a claim under AD or PTD is accepted, We will reimburse expenses incurred in transporting one Immediate Family Member to the Hospital.</p> <p>h. Accidental Medical Expenses: If We have accepted a claim under the AD, PTD, PPD or TTD, We will reimburse the Medical Expenses incurred by the Insured Person for use of Hospital facilities for medical treatment following an Accident</p> <p>i. Temporary Total Disablement - A Weekly Allowance would be paid to the Insured to compensate loss of income due to a disability caused by accident.</p>	<p>Section1 Benefit 1.1</p> <p>Section1 Benefit 1.2</p> <p>Section1 Benefit 2</p> <p>Section1 Benefit 3</p> <p>Section1 Benefit 5</p> <p>Section1 Benefit 6</p> <p>Section1 Benefit 7 Section1 Benefit 8</p> <p>Section1 Benefit 4</p>
What are the major exclusions in the policy:	<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. 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, nervous disorder or condition, insanity, anxiety or depression. An Insured Person's participation or involvement in naval, military or air force operation. If engaged in adventure sport unless Adventure Sport benefit is opted by insured. 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. Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.</p>	Section 3
Waiting Period	None	NA
Payment basis	<ul style="list-style-type: none"> Reimbursement of the covered expenses upto specified Limits. Fixed amount for Accidental death, Permanent Total Disablement, Permanent Partial Disablement, Education Fund, broken bones and Temporary Total Disablement as per specified limits. 	Section 1
Loss Sharing	Accidental Out-patient Benefit	Section 1
Renewal Conditions	<ul style="list-style-type: none"> Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realization of premium. On renewal, the maximum sum insured available above 70 years of age is restricted upto Rs 20,00,000 Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during break-in period will not be payable under this policy. 	Section 4 0)
Renewal Benefits	5% increase in your sum insured for every claim free year, subject to a maximum of 50%. In case a claim is made during a policy year, the cumulative bonus would reduce by 5% in the following year.	Section 2
Cancellation	<p>This policy would be cancelled, and no claim or refund would be due to you if:</p> <ul style="list-style-type: none"> You have not correctly disclosed details about current and past health status OR Have otherwise encouraged or participated in any fraudulent claim under the policy. 	Section 4 S)

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Claims	<ul style="list-style-type: none"> • For Cashless Service: List of network hospitals is available on the following link http://www.apollomunichinsurance.com/our-hospital-network.aspx • For Reimbursement of Claims For accidental death & permanent total disablement benefit, payment will be transferred to the customer account, details of which are shared by policyholder in the application form. 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. • Intimation and submission of claim documents is as follows: Intimation – Planned hospitalization - 48 hours prior to an event which might give rise to a claim Emergency Hospitalization - No later than 24 hours of the event 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. 	Section 4 E,F,G)
Policy Servicing / Grievances/ Complaints	<ul style="list-style-type: none"> • Policy Servicing / Grievances / Complaints – you may contact us at any of our Branches. You can also reach us on: Toll Free – 1800 102 0333 Email – customerservice@apollomunichinsurance.com • IRDAI (IGMS/Call Centre): For complaint registration – login at http://www.igms.irda.gov.in/ • Ombudsman Refer section IX for details 	Section 8, 9
Insured's Rights	<ul style="list-style-type: none"> • 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 • Turn Around Time (TAT) for issue of Pre Authorization and settlement of Reimbursement is as under: Issue of Pre Authorization - Within 48 hours and 24 hours only for any emergency situation Settlement of Reimbursement - Within 30 days on receipt of complete set of documents. 	Section 4
Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid/ or cancellation of the policy.	Section 4 I & J)

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer information sheet and the policy document the terms and conditions mentioned in the policy document shall prevail.

We would be happy to assist you. Contact us at: Email: customerservice@apollomunichinsurance.com. Call Toll Free No.: 1800 102 0333

Individual Personal Accident - Standard Policy Wording

Apollo Munich Health Insurance Company Limited will cover all Insured Person/s under this Policy upto the Sum Insured. The insurance cover at all times shall be governed by and shall be subject to the terms, conditions and exclusions under this Policy.

Section. 1 Benefits

We will provide the Benefits as detailed below for an event or occurrence described in any of the Benefits that occurs during the Policy Period. Each Benefit is subject to its Sum Insured, but Our liability to make payment in respect of any and all Benefits (including optional Benefits) shall be limited to the Accidental Death Sum Insured unless expressly stated to the contrary.

Benefit 1. Accidental Death

1) Accidental Death

If an Insured Person suffers an Accidental bodily injury during the Policy Period which 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 as specified in Policy schedule against this benefit to the assignee or the nominee or the legal representative, as the case may be, subject to terms & conditions of this policy.

On payment of claim under this benefit the policy shall terminate for that Insured Person for whom the claim has been paid.

2) Transportation of Mortal Remains

If We have accepted a claim under benefit 1) of this policy, then We will in addition reimburse the lower of 2% of the Sum Insured under Accidental death OR the actual amount incurred in transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence or to a cremation /burial ground, provided the insured person has died outside his city of residence.

Benefit 2. Permanent Total 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 total 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.

	% 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.
- c) Includes cover for Paralysis Including Paraplegia, Quadriplegia with loss of functional use of limbs.
- d) Any claim made under this benefit will not terminate the policy.

Benefit 3. Permanent Partial Disablement

- 1) 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%

2) 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.
- b) If an Insured Person suffers a Loss not mentioned in the table above, then We will assess the degree of disablement with Our medical advisors and determine the amount of payment to be made.
- c) 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.
- d) Any claim made under this benefit will not terminate the policy.

Benefit 4. Temporary Total Disablement

If an Insured Person suffers an Accident during the Policy Period which is the sole and direct cause of a temporary disability which completely prevents him from performing each and every duty pertaining to his employment or occupation, then We will pay a weekly benefit, provided that:

- 1) The temporary total disablement is certified by a Doctor, and
- 2) Our liability to make payment will be limited to of 1% of the Sum Insured for each week during the period of temporary total disablement for a period not exceeding 100 weeks from the date of the Accident and if the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable, and
- 3) We will not pay any amount in excess of the Insured Person's base weekly income (at the time of accident) excluding overtime, bonuses, tips, commissions, or any other special compensation.

Benefit 5. Emergency Road Ambulance Charges

If We have accepted a claim under this Policy and following the Accident it is necessary to immediately transfer the Insured Person to the nearest Hospital by ambulance offered by a healthcare or an ambulance service provider, then We will in addition reimburse the actual expenses of the transfer to the hospital upto the amount as mentioned in schedule of benefits.

Benefit 6. Education Fund

We have accepted a claim under Benefit 1, Benefit 2 or Benefit 3, then We will in addition pay the benefit Sum Insured for Dependent Children upto the maximum limit in the policy provided that:

- such Dependent Child/ Children(s) is/are pursuing an educational course as a full time student in an educational institution.
- Age of the child or children as the case may be should not be more than 25 completed years.
- The Sum Insured mentioned in the schedule of benefits is the total amount payable for all Dependent Children collectively and not per insured child basis
- This benefit is payable only once per policy year.

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Benefit 7. Family Transportation

If We have accepted a claim under Benefit 1 or Benefit 2, 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.

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.

Benefit 8. Accident Medical Expenses

If We have accepted a claim under Benefits 1-4, then We will in addition reimburse the Medical Expenses incurred by the Insured Person at a Hospital, provided that Our maximum liability under this Benefit shall be limited to the lowest of:

- a) The actual expenses incurred, or
- b) 40% of the admitted claim amount under Benefits 1 to 4, or
- c) 10% of the Benefit 1 Sum Insured, or
- d) Rs. 200,000

Section. 2 Cumulative Bonus

- If no claim has been made under this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus to the next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 5% of the Sum Insured for this Policy Year.
- The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any Policy Year for benefits under Benefits 1-3.
- If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year the cumulative bonus will automatically reduce by 5% in that following Policy Year.

Note: This is only applicable for Benefits 1-3.

Section. 3 Exclusions

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 1-4, 8

- 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) 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 Insured Person committing or attempting to commit a breach of law with criminal intent.
- b) Intentional self-inflicted injury, suicide or attempted suicide while sane or insane, nervous disorder or condition, insanity, anxiety, or depression
- c) An Insured Person's participation or involvement in naval, military or air force operation.
- d) If engaged in adventure sport unless Adventure Sport benefit is opted by insured.
- 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) External Congenital diseases, defects or anomalies or in consequence thereof.
- n) Any non-allopathic treatment.
- o) Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.
- p) 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 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. The policy will be issued for a period for less than 1 year (in multiples of 1 day and 1 month), 1 year, 2-year and 3 years basis period based on Policy Period selected and mentioned on the Policy Schedule, the sum insured & benefits will be applicable on Policy Year basis

B. Geography

This Policy applies to events or occurrences taking place anywhere in the world unless limited by Us in a through an endorsement.

The benefit in respect of Accidental Medical Expense 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. Loading & Discounts

Acceptance with Risk Loading: For health hazards with a higher morbidity risk as compared to the general population with similar demography. The maximum loading applied will not exceed 100% for individual health issue/medical condition and 150% on an individual. The loading applied can be a percentage based loading or a flat loading depending on the chances of recurrence of the health issue. For loadings applied the information for the same will be provided by either a recorded voice call or letter and consent for the same (either written, or on the voice call, or from the registered mail ID) needs to be provided with the additional premium for the policy to be issued. The consent would not be mandatory if the loading (additional premium) is paid by self-cheque, credit card, debit card or online payment methods.

We will provide a Family Discount of 10% if 2 or more family members are covered e family members are covered under a single Individual Personal Accident Policy. An additional discount of 7.5% and 10% will be provided if insured person is paying 2 and 3 years premium in advance as a single premium. These discounts shall be applicable at inception and renewal of the policy

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E. 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 Benefits 1-4, We must be informed within 30 days of the event or occurrence that may give rise to a contingent benefit claim.

F. Cashless Service (applicable in case of Accidental Inpatient Hospitalisation benefit only)

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

G. 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 the following. Please note that in case of a non-disclosure or/and a fraud suspicion we may ask for additional documentation/reports which are not listed below.

- Our claim form, duly completed and signed for on behalf of the Insured Person.
- Death certificate
- Disability certificate
- Medical reports
- Case histories, investigation reports
- 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
- Marriage certificate (if applicable)

The Insured Person will have to undergo medical examination 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.

H. 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. If We accept a claim and become liable to make payment under Benefits 2, 3, 4 (the first claim) and there is a subsequent claim under another of these Benefits or Benefit 1 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.
- iii. 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.
- iv. All payments made shall be subject to an applicable Deductible (if any) for such payment.
- v. Payments under this Policy shall only be made in Indian Rupees irrespective of the location of accident which has given rise to the claim.
- vi. 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.
- vii. 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.
- viii. The assignment of benefits of the policy shall be subject to applicable law. Applicable for if Loan Secure benefit is opted
- i. We shall on admission of a claim make the payment of the principal outstanding amount to the Bank/Financial Institution where the Insured Person has authorized Us for the same. Where the Insured Person has opted for a Static Sum Insured; We shall on admission of a claim make the payment of the principal outstanding amount to the Bank/Financial Institution where the Insured Person has authorized Us for the same and any balance Static Sum Insured shall be payable to the Insured Person or Nominee, as applicable. The Insured Person can authorize for payment of principal outstanding amount to the Bank/ Financial Institution at the time of opting for coverage under this Policy or at a later date.
- ii. We will only make payment to Insured Person, Nominee or the Bank/Financial Institution, as applicable, under this Policy. Receipt of payment by Insured Person, Nominee or Master Policyholder shall be considered as a complete discharge of Our liability against the respective/any claim under this Policy. In the event of Insured Person's death, We will make payment to the Nominee (as named in the Schedule/Certificate of Insurance). Payment of the admissible claim to the Bank/Financial Institution shall be as per table below

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Sum Insured Type	Sum Insured settlement basis	Claim amount paid to
Reducing Sum Insured	The Principal Outstanding in the books of Bank/Financial Institution as on the date of occurrence of the event minus all the unpaid/ overdue EMI's (if any) payable to Bank/Financial Institution	Bank/Financial Institution

I. 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 a 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 Proposer and the claim under such Policy if any, shall be rejected/repudiated forthwith.

J. Fraudulent Claims:

If any claim is in any manner fraudulent, or is supported by any 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 (without any refund of premium) ab-initio from the inception date or the renewal date (as the case may be), upon a 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 Proposer and
- all benefits payable, if any, under such Policy shall be forfeited with respect to such claim.

K. 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 shall only apply to indemnity sections of the Policy.

L. 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.

M. Iterations 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.

N. Renewal

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

- We are NOT under any obligation to:
 - Send renewal notice or reminders.
 - 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 at

least 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.

- We will not apply any additional loading on your policy premium at renewal based on claim experience.
- 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.
- All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy. Any disease/ condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.
- We offer lifelong renewal for all the Insured Persons. However, for age 70 and above during renewals the Sum Insured will be restricted to Rs. 20, 00,000 INR if the coverage is beyond 20,00,000 and premium will be charged as per restricted sum insured. Policy does not offer Sum Insured enhancement beyond the completed age of 70 years.

O. Notices

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

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

P. 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.

Q. 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.

R. Termination

- You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. There will be no refund for cancellation for policies with upto 6 months of duration. For policies beyond 6 months of duration & subject to no claim been made under the Policy, we will refund the premium in accordance with the table below:

Length of time policy is in force	Policy Duration < 1 year	1 year	2 years	3 year
Upto 1 Month	Nil	75%	87.50%	92.50%
Upto 3 Months	Nil	50%	75.00%	85.00%
Upto 6 Months	Nil	25%	62.50%	75.00%
Upto 12 Months	Nil	Nil	48.00%	60.00%
Upto 15 Months	NA		25.00%	50.00%
Upto 18 Months	NA		12.00%	35.00%
Upto 24 Months	NA		Nil	30.00%
Upto 30 Months	NA			15.00%
Upto 30 +Months	NA			Nil

- We shall terminate this Policy for the reasons as specified under aforesaid section 4 I) (Non-Disclosure or Misrepresentation) & section 4 J) (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. In case of Dishonest or Fraudulent claims the premium paid will not be refunded.

S. Free Look Period (Applicable for policies with policy duration of 1 year or greater)

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and

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proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately cease on the free look cancellation of the Policy.

This condition shall apply to policies with Policy Period opted is of 1, 2 and 3 years.

T. Portability

Individual personal Accident policy will offer portability benefit to Insured Person(s) covered under similar retail Personal Accident Policy offered by other non-life insurer or standalone health insurer. Portability will be subject to underwriting and credit will be provided for accrued cumulative bonus provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

Section. 6 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. **Adventure sports** (also called are action sport, aggro sports and extreme sports) are popular term for certain sport/recreational activities perceived as involving a high degree of risk. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, skydiving, wind surfing, wakeboarding, scuba diving, surfing, wind surfing, kiteboarding, winter sports, parachuting, river rafting, canoeing involving rapid water current, rock climbing, pot holing, bungee jumping, ice hockey, ballooning, hand gliding, diving or under water activity, polo etc.

Def. 4. **Age or Aged** means completed years as at the Commencement Date.

Def. 5. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 7. **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. 8. **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. 9. **Cumulative Bonus** means any increase in the Sum Insured granted by the insurer without an associated increase in premium.

Def. 10. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

- I. has qualified nursing staff under its employment;
- II. has qualified medical practitioner/s in charge;
- III. has fully equipped operation theatre of its own where surgical procedures are carried out;
- IV. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 11. **Day Care Procedures** means those medical treatment, and/or surgical procedure

- i. which is undertaken under General or Local Anaesthesia in a Hospital/ day care centre in less than 24 hours because of technological advancement,
- ii. which would have otherwise required a Hospitalisation of more than 24 hours.

Treatment normally taken on an Out-patient basis is not included in the scope of this definition

Def. 12. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number

of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Def. 13. **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 Optima Restore Policy.
- 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 Optima Restore Policy.

All Dependent parents must be financially dependent on You.

Def. 14. **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. 15. **Disclosure to information norm** means the policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 16. **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. 17. **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. 18. **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:

- I. has qualified nursing staff under its employment round the clock,
- II. has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places,
- III. has qualified Medical Practitioner(s) in charge round the clock,
- IV. has a fully equipped operation theatre of its own where surgical procedures are carried out,
- V. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 19. **Hospitalisation & 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. 20. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Def. 21. **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 22. **Insured Person** means You and the persons named in the Schedule.

Def. 23. **Known Carrier/ Host** means an insect or an animal that carries or hosts disease causing organism and spreads disease by transferring these organisms

Def. 24. **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

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- 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:
- i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
 - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
- Def. 25. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
- I. is required for the medical management of the Illness or injury suffered by the Insured;
 - II. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - III. must have been prescribed by a Medical Practitioner.
 - IV. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 26. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
- Def. 27. **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. 28. **Non Network** mean any Hospital, day care centre or other provider that is not part of the Network
- Def. 29. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- Def. 30. **OPD treatment** means the one 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. 31. **Policyholder** means the person named in the Policy Schedule as the policyholder
- Def. 32. **Policy Schedule** means schedule attached to and forming part of the Policy
- Def. 33. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- Def. 34. **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. 35. **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 (as the same may be amended from time to time)..
- Def. 36. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 37. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 38. **Professional Sport** means a sport which is the primary livelihood earning of a sportsperson.
- Def. 39. **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. 40. **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. 41. **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. 42. **Serious Injury** means a personal injury which results in death, dismemberment, significant disfigurement, a fracture, loss of a foetus, permanent loss of use of a body organ, member, function or system, permanent consequential limitation of use of a body organ or member, significant limitation of use of a body function or system, or a medically determined injury or impairment of a non-permanent nature which prevents the injured person from performing substantially all of the material acts which constitute such person's usual and customary daily activities.
- Def. 43. **Spouse** means Your legally married spouse as long as she continues to be married to You.
- Def. 44. **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. 45. **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. 46. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.
- Def. 47. **You/Your/Policyholder** means the person named in the schedule who has concluded this policy with us..

Section. 7 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
- 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. 8 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
- Email : customerservice@apollomunichinsurance.com
- Telephone : 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 Ltd., Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana

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Section. 9 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 & Contact Details of Ombudsmen Centres

Office of the Executive Council of Insurers (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. Tel: 26106671/ 6889. Email id: inscoun@ecoi.co.in Website: www.ecoi.co.in
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) Please visit our website for details to lodge complaint with Ombudsman.

Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, AHMEDABAD - 380001. Tel: 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, BHOPAL - 462 003. Tel: 0755 - 2769201/ 9202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR - 751 009. Tel: 0674 - 2596455/2596003 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Office of the Insurance Ombudsman, SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017. Tel:- 0172 - 2706468/2772101 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018. Tel: 044 - 24333668/ 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002. Tel: 011 - 23234057/ 23232037 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in
Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, S.S. Road, GUWAHATI - 781 001. Tel: 0361 - 2132204/ 5 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel: 040 - 65504123/ 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in

Office of the Insurance Ombudsman,
 2nd Floor, CC 27/2603, Pulinat Bldg.,
 M.G. Road, **ERNAKULAM-682 015.**
Tel: 0484 - 2358759/ 2359338
Fax: 0484 - 2359336
Email: bimalokpal.ernakulam@ecoi.co.in

Office of the Insurance Ombudsman,
 Hindustan Building. Annexe, 4th Floor,
 C.R.Avenue, **KOLKATA - 700072**
Tel: 033 - 22124339/ 22124346
Fax: 22124341
Email: bimalokpal.kolkata@ecoi.co.in

Office of the Insurance Ombudsman,
 Jeevan Bhawan, Phase-2, 6th Floor,
 Nawal Kishore Road, Hazaratganj,
LUCKNOW-226 001.
Tel: 0522 - 2231331/ 2231330
Fax: 0522 - 2231310
Email: bimalokpal.lucknow@ecoi.co.in

Office of the Insurance Ombudsman,
 3rd Floor, Jeevan Seva Annexe,S.V.
 Road, Santacruz(W),
MUMBAI-400 054.
Tel: 022 - 26106960/ 26106552
Fax : 022 - 26106052
Email: bimalokpal.mumbai@ecoi.co.in

Office of the Insurance Ombudsman,
 Ground Floor, Jeevan Nidhi II, Bhawani
 Singh Road, **JAIPUR – 302 005.**
Tel: 0141 - 2740363
Email: bimalokpal.jaipur@ecoi.co.in

Office of the Insurance Ombudsman,
 3rd Floor, Jeevan Darshan, N.C. Kelkar
 Road, Narayanpet **PUNE – 411 030.**
Tel: 020 - 32341320
Email: Bimalokpal.pune@ecoi.co.in

Office of the Insurance Ombudsman,
 24th Main Road, Jeevan Soudha Bldg.,
 JP Nagar, 1st Phase, Ground Floor
BENGALURU – 560 025.
Tel: 080 - 26652049/ 26652048
Email: bimalokpal.bengaluru@ecoi.co.in

Office of the Insurance Ombudsman,
 4th Floor, Bhagwan Sahai Palace,
 Main Road, Naya Bans, Sector-15,
NOIDA – 201 301.
Tel: 0120 - 2514250/ 51/ 53
Email: bimalokpal.noida@ecoi.co.in

Office of the Insurance Ombudsman,
 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur,
PATNA – 800 006.
Tel: 0612 - 2680952 **Email id:** bimalokpal.patna@ecoi.co.in

IRDAI 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. Contact us at: Email: customerservice@apolloomunichinsurance.com. Call Toll Free No.: 1800 102 0333