



APOLLO MUNICH HEALTH INSURANCE COMPANY LIMITED

POLICY FOR PROTECTION OF POLICYHOLDERS INTERESTS

Version 1.1

Table of Contents

Serial No.	Contents	Page No.
1	Background	3
2	Preliminary	3
3	Definitions	3
4	Policy Objectives	4
5	Steps Taken by the Company to enhance Insurance Awareness and Prevent Mis-selling / Unfair Business Practices	5
6	Policy Servicing	9
7	Procedure for Redressal of Policyholders' Grievances	10
8	Review of the Policy	13
9	Interpretation	14
10	Version History	14

1. Background

In exercise of the powers conferred under Section 114A(2)(zc) of the Insurance Act 1938 and Section 14(2)(b) and Section 26 of the Insurance Regulatory and Development Authority Act 1999 and in consultation with the Insurance Advisory Committee, the IRDAI has issued the **Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017 (the "Regulations")**. The new Regulations supersede the IRDAI (Protection of Policyholders' Interests) Regulations, 2017 and any clarification circulars/guidelines issued by the Authority in this regard.

In terms of the Regulations, the Company to frame a "Policy" for the protection of policyholders interests in accordance with the requirements being raised in the Regulations.

2. Preliminary

2.1 The Policy may be called Apollo Munich Policy for Protection of Policyholders' Interests.

2.2 The Policy shall come into force from the date of approval by the Board of Directors and as modified from time to time.

2.3 The Policy is applicable to the entire Company including all distribution channels.

3. Definition

3.1 '**Authority**' or '**IRDAI**' means the Insurance Regulatory and Development Authority of India established under sub Section 1 of Section 3 of the IRDA Act 1999;

3.2 '**Bank Rate**' means Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

3.3 '**Board**' or '**Board of Directors**' shall mean Board of Directors of Apollo Munich Health Insurance Company Limited.

3.4 '**CEO**' shall mean Chief Executive Officer of Apollo Munich Health Insurance Company Limited.

3.5 '**Company**' or '**AMHI**' shall mean APOLLO MUNICH HEALTH INSURANCE COMPANY LIMITED.

3.6 '**Complaint**' or '**Grievance**' means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities;

Explanation: An inquiry or request would not fall within the definition of the "complaint" or "grievance".

3.7 '**Complainant**' means a policyholder or prospect or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer or a distribution channel.

3.8 '**Cover**' means an insurance contract whether in the form of a policy or a cover note or a Certificate of Insurance or any other form as approved by the Authority to evidence the existence of an insurance contract.

3.9 **‘Distribution Channels’** means persons and entities authorised by the Authority to involve in sale and service of insurance products.

3.10 Insurance Self-Network Platform or ISNP means an electronic platform set-up by the Company or an insurance intermediary with the permission of the Authority; in the form of a website and/or mobile applications which are used for selling and servicing of insurance products.

3.11 **‘IRDAI’** or **‘Authority’** shall mean Insurance Regulatory and Development Authority of India.

3.12 **‘Proposal form’** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

Explanation: “Material Information” for the purpose of these regulations shall mean all important, essential and relevant information sought by insurer in the proposal form and other connected documents to enable him to take informed decision in the context of underwriting the risk.

3.13 **‘Prospect’** means any person who is a potential customer of an insurer and likely to enter into an insurance contract either directly with the insurer or through a distribution channel.

3.14 **‘Prospectus’** means a document either in physical or electronic or any other format issued by the insurer to sell or promote the insurance products.

Explanation: Insurance products referred herein shall also include the riders offered, if any. Where a rider is tied to a base policy all the terms and conditions of the rider referred in the definition shall be mentioned in the prospectus. Where a standalone rider is offered to a base product, a reference to the rider shall be made in the prospectus of the base policy indicating the nature of benefits flowing thereupon.

4. Policy Objectives

4.1 To ensure that interests of insurance policyholders’ are protected.

4.2 To ensure that AMHI and its distribution channels fulfil their obligations towards policyholders and that AMHI has in place standard procedures and best practices in sale and service of insurance policies.

4.3 To ensure policyholder-centric governance by AMHI with emphasis on grievance redressal.

4.4 To establish the steps to be taken for enhancing Insurance Awareness so as to educate prospects and policyholders about insurance products, benefits and their rights and responsibilities.

4.5 To establish and lay down the service parameters including turnaround times for various services rendered.

4.6 To establish and lay down the procedure for expeditious resolution of complaints.

4.7 To establish the steps to be taken to prevent mis-selling and unfair business practices at point of sale and service.

4.8 To establish the steps to be taken to ensure that during policy solicitation and sale stages, the prospects are fully informed and made aware of the benefits of the product being sold vis-a-vis the product features attached thereto and the terms and conditions of the product so that the benefits of the product are not mis-stated / mis-represented.

5. Steps Taken by the Company to Enhance Insurance Awareness & Prevent Mis-selling / Unfair Business Practices

The Company to ensure that the prospectus, policy document, insurance advertisements and all other customer facing communication is made in a simple manner which shall be easily understandable by the prospects, policyholders and Company's intermediaries.

5.1 At Point of Sale

5.1.1 A Prospectus of any Company's product shall clearly state;

- (a) the Unique Identification Number (UIN) allotted by the Authority for the concerned insurance product
- (b) the scope of benefits;
- (c) the extent of insurance cover;
- (d) warranties, exclusions/exceptions and conditions of the insurance cover along with explanations.
- (e) a description of the contingency or contingencies to be covered by AMHI product;
- (f) the class or classes of lives eligible for insurance under the terms of such prospectus;
- (g) a full statement of the circumstances, if any, in which rebates of the premiums quoted in the prospectus or table shall be allowed on the effecting or renewal of a policy, together with the rates of rebate applicable to each case;
- (h) a copy of Sec. 41 of the Insurance Act 1938 but not including the proviso to sub-section (1) thereof; and
- (i) the allowable riders or add-on covers on the insurance products shall be clearly spelt out with regard to their scope of benefits.

5.1.2 All material information in respect of a proposed cover shall be informed to the prospect dispassionately to enable the prospect to decide on the best cover that would be in his or her interest.

5.1.3 Where for any reason, the proposal and other connected papers are not filled in by the prospect, the insurer or the distribution channel shall explain the contents of the form, and a certificate shall be incorporated at the end of the proposal form from the prospect that the contents of the proposal form and connected documents have been fully explained to him and he has fully understood the significance of the proposed contract.

5.1.4 Solicitation via Distance Marketing

- The Company shall ensure that a sale executed over distance-marketing modes such as Internet, SMS, Tele Marketing, interactive electronic medium etc., shall be undertaken by authorized and qualified sales persons who are specified in this behalf by the Authority.
- The consent of the prospect shall mandatorily be obtained before canvassing.

- Care will be exercised to ensure that the prospect contacted has clarity as to the identity of AMHI, the distribution channel, the product, benefits and conditions of offer etc.
- The canvassing so made shall not involve compulsion, inconvenience or nuisance of any kind to the prospect.

5.1.4.1 Insurance Self Network Platform

For policies sold and serviced through ISNP the Company shall ensure the following;

- i. to provide in electronic form a summary of the information provided in the proposal form to the prospect before a contract is concluded;
- ii. provide the policyholder a copy of the insurance policy in electronic form that enables reproduction and storing. Creation of an e-insurance account in accordance with IRDAI Guideline No. IRDA/INT/GDL/INSRE/111/05/2015 dated 29th May 2015 shall be undertaken within 15 days post selling of insurance policies on the ISNP.
- iii. provide to the policyholder through electronic means, post sales servicing of insurance policies sourced through it;
- iv. not offer any discounts, incentives or payments by whatever name called, other than those approved by the Authority;
- v. not allow cashback, promotional incentives or payments by whatever name called by payment gateway companies or other entities by whatever name called;
- vi. that the ISNP is protected against unauthorised access, alteration, destruction, disclosure or dissemination of records and data;
- vii. the ISNP shall have a mechanism in place to ensure that the interests of the persons buying or other services under insurance policies including their privacy on the ISNP are adequately protected;
- viii. the ISNP website shall prominently display contact information and information on how policyholders can file a complaint, including a link to the Authority's website;
- ix. the Company shall ensure that only those features of the products which are approved under Product Approval terms by the Authority are displayed on its ISNP;
- x. any information which is detrimental to the interests of the policyholder or is misleading and is not approved by the Authority shall not be displayed by the applicant on its ISNP;
- xi. Products that are displayed on the Company's ISNP shall be up to date and reflect a true picture;
- xii. The ISNP shall provide details of procedures, processes and timelines for pre-sales solicitation of insurance policies that enables seamless integration of filling up the proposal form, acceptance of the proposal, compliance of KYC norms, payment of premium and any other activity not specifically provided for;

- xiii. The ISNP in clear and simple language inform the prospect the type of consumer from whom the product is intended, main characteristics of the products, options and coverage provided by the products, exclusions and limitations of the product, the premium and other charges payable and the prospects right to cancel a policy and the procedure for exercising the right.

5.1.4.2 Telephone Calling

For the policies sold and solicited through telephone calling the Company shall ensure the following;

- i. Telephone calling is to be done by employees on the rolls of the Company or Telemarketers;
- ii. The telemarketer shall employ authorized verifiers who alone are permitted for soliciting and concluding of insurance product in distance mode;
- iii. Telephone calling shall be basis a standardized script which shall be prepared incorporating all the key features of the products. The script shall be approved by the compliance officer and shall be filed with the Authority under “Use and File” procedure within 15 days of their approval;
- iv. Tele callers shall inform clients that the call is being recorded and that the client is entitled to a voice copy, if he so desires, at any time during the term of the policy or until a satisfactory settlement of claim, whichever is later;
- v. The records pertaining to every call made and SMS sent by a Telemarketer/Corporate Agent/Broker that materializes into a policy shall be transferred to the company’s location within 30 days of conclusion of sale. In case of telephone calls the records transferred shall be the recordings of the entire conversation.
- vi. The Company shall preserve, in an inalterable and easily retrievable form, a voice/electronic/physical record, as applicable, of the entire process beginning with lead generation/solicitation and concluding in sale of insurance in accordance with the extant regulations or guidelines.

5.1.4.3 Insurance Web Aggregators

For the policies sold and solicited through Insurance Web Aggregators the Company shall ensure the following;

- i. The Company shall ensure that the insurance web aggregator is provided with the up to date information about the Company’s products, at all times for display on his website.
- ii. The sale of insurance online by insurance web aggregator s shall be as per Guidelines on Insurance e-commerce issued by the Authority;
- iii. The sale of insurance via distance marketing by an insurance web aggregator shall be basis a standardized script which shall be prepared in consultation between the Company and the insurance web aggregator;
- iv. The scripts shall be incorporating all the Key Features of the product and shall be approved by the compliance officer of the Company. The scripts shall be filed with the Authority under Product Approval norms within 15 days by the Company;

- v. Every script shall mandatorily mention that the prospect is advised to refer to the detailed prospectus available at the website of the Company and that the prospectus shall also be sent to the prospect's email id wherever available;
- vi. The records pertaining to every call made and SMS sent by an insurance web aggregator that materializes into a policy shall be transferred to the Company's location within 30 days of conclusion of sale. In case of telephone calls the records transferred shall be the recordings of the entire conversation.
- vii. The Company and the insurance web aggregator shall preserve, in an inalterable and easily retrievable form, a voice/electronic/physical record, as applicable, of the entire process beginning with lead generation/solicitation and concluding in sale of insurance in accordance with the extant regulations or guidelines.

5.1.5 The Company shall place in its website the updated list of the terms and conditions of every insurance product that is offered for sale by the Company as it was approved by the Authority under the File and Use procedure or filed with the Authority under the Use and File procedure, including products modified or products withdrawn. The UIN allotted by the Authority to every insurance product of the Company shall also be mentioned against each product.

5.1.6 Except any Covers approved by the Authority exempting usage of proposal form, a proposal for grant of insurance cover, will be evidenced by a document in written or electronic or any other format as approved by the Authority. A copy of the Proposal form submitted by the insured will be furnish to the insured, free of charge, within 30 days of the acceptance of a proposal.

5.1.7 Any insurance Covers where a proposal form is not used by the Company as per clause 4.1.6 above, the Company shall record the information obtained orally or in writing or electronically, and confirm it within a period of fifteen (15) days thereof with the prospect and incorporate the information in its policy. Where the Company claims that the prospect suppressed any material information or provided misleading or false information on any matter material to the grant of a Cover, then the onus of proof will rest with the Company only in respect of any information not so recorded.

5.1.8 The Company shall process the proposals with speed and efficiency and the decision on the proposal thereof, shall be communicated in writing to the proposer within a reasonable period but not exceeding fifteen (15) days from the date of receipt of proposals or any requirements called for by the Company. Where a proposal deposit is refundable to a prospect under any circumstances, the same shall be refunded within fifteen (15) days from the date of underwriting decision on the proposal.

5.2 Free look Period

5.2.1 All new individual health insurance policies issued by the Company except those with tenure of less than a year shall have a free look period. The free look period shall be applicable at the inception of the policy.

5.2.2 The insured will be allowed a period of at least fifteen (15) days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. In case of policy is sold through distance marketing modes then the period shall be thirty (30) days from the date of receipt of the policy, if free look is applicable.

5.2.3 If the insured has not made any claim during the free look period, the insured shall be entitled to—

(a) A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;

(b) where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;

(c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

5.2.4 Any refund shall be processed with speed and shall be refunded within fifteen (15) days from the date of receipt of request for free look cancellation.

5.3 Claim Procedure

5.3.1 The Company shall adhere to the procedure laid down under Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016 for settlement of health insurance claims.

5.3.2 The Company shall settle the claim within thirty (30) days from the date of receipt of last necessary document in accordance with the provisions of Regulation 27 of IRDAI (Health Insurance) Regulations, 2016.

5.3.3 In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate two percent (2%) above the bank rate.

5.3.4 However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than thirty (30) days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within forty five (45) days from the date of receipt of last necessary document.

5.3.5 In case of delay beyond stipulated forty five (45) days the Company shall be liable to pay interest at a rate to percent (2%) above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

6. Policy Servicing

6.1 All policy serving requests shall be addressed on priority and expeditiously without causing any inconvenience to the policyholders.

6.2 Any policy servicing request shall be acknowledged by the Company within twenty four (24) working hours of receipt of the request.

6.3 Endeavor shall be made to raise all requirements from the policyholder at one time and that the requirements are not raised for in a piece-meal manner.

6.4 The Policyholder Servicing Turnaround Times (TATs) for the Company shall be as under:-

Service type	Service Request	Turn Around time
Non-Financial Endorsement	Name change , Salutation change, Gender change, Contact details updation, Nominee change, Address change, Others	5
Financial Endorsement	Member addition, Member deletion, Date of Birth correction, Trip extension, Address change	8
Duplicate Document Dispatch Request	Policy document, Policy wordings, Medical reports, Others	8
Cancellation and Refund (prospect/ policyholder request)	Policy cancellation, Prospect cancellation, Premium refund	10

Note *- The turnaround time will be considered from the date of receipt of the last necessary document. All above TATs are in working days excluding the Saturday, Sunday and Company's Holidays.

7. Procedure for Redressal of Policyholders Grievances

7.1 Objective

- 7.1.1 The processes followed by the Company need to be documented to ensure commonness of understanding and transparency in operations. The document also serves as a tool to perform audit and impart trainings. The process note, as below, lists the activities, flow and Contact Persons List for handling Grievance (as defined by IRDAI) by the Grievance Cell of the Company.

7.2 Specific Guidelines

- 7.2.1 All Complaints/ Grievances will be recorded in the CRM system.
- 7.2.2 The Grievance Team based at Head Office (HO) is accountable and responsible for efficient management of complaints with due compliance of IRDAI guidelines.
- 7.2.3 Any deviations (if any) to the process should follow approval mechanism, as detailed in the process for Deviations. The requestor for such deviations would be the SPOC from the Grievance Cell. Records of such deviations shall be maintained by the Grievance Cell SPOC.
- 7.2.4 Approvals taken over phone/ verbally shall to be documented for the implementer to initiate action.
- 7.2.5 The Legal and Compliance Team will handle all cases received in the form of Advocate Notice, Court Notice, Summon, Show Cause Notice issued by any Court / Authority.
- 7.2.6 The designated grievance officers at the branches would be responsible for the management of the complaint documents received at BO/HO and hand over the same along with inputs to the concerned person at Grievance Cell HO.
- 7.2.7 All the grievances of customers are logged into CRM Software which gives 360 degree view of customer feedback. The CRM software helps to manage customer relationships by logging and resolving queries in an organized way PAN India.
- 7.2.8 Based on the type of query received through Call Centre/Web/E-Mail/letter/fax/walk-in/One direct/Customer portal, cases are logged in CRM module and a unique case ID is created for each.

7.3 How to Lodge a Grievance

- 7.3.1 A complainant who wishes to make a complaint against the Company, its intermediaries, distribution channel or other regulated entities involved in insurance sales and services shall approach the respective grievance redressal officer of the Company.
- 7.3.2 Any complainant who has a grievance may contact The Company with the details of grievance through;
- The Apollo Munich Health Web site : www.apollomunichinsurance.com
 - E-mail : customerservice@apollomunichinsurance.com
 - Fax : 0124-4584111
 - Telephone : 1800-102-0333
 - Courier : Any of our Branch office or corporate office (Address provided in this document- Refer annexure)
 - Social Media : As negative comments received via any social media platform
 - Customer Portal : <https://amhi.in/>
 - The customer can approach the grievance cell at the branches during working hours from Monday to Friday.
- 7.3.3 In addition 3-4 PM on every Friday has been earmarked as ‘meet the customer hour’ where customer may approach AMHI offices and get the grievances redressed.
- 7.4 Upon receipt of complaint a dedicated grievance officer will be assigned to review the customer complaint. A written acknowledgement to the complainant will be sent within 3 working days of the receipts of the complaint. The acknowledgement will contain the name and designation of the dedicated grievance officer who will deal with the complaint along with the time taken for resolution of the complaint/dispute.
- 7.5 A complete and fair investigation will be done to understand the relevant facts of the case.
- 7.6 The Company will send the complainant a written response post validating all facts with due diligence which offers redressal or rejection of complaint along with the reasons for doing so within two (2) weeks of its receipt and will share following process:
- (a) Shall share the details of the Insurance Ombudsman giving details of the name and address of the Ombudsman of the competent jurisdiction.
- (b) Shall inform that it will regard the complaint as closed if it does not receive a reply within eight (8) weeks from the date of receipts of response by the insured/ policy holder.
- 7.7 In case there is no revert to the query in two (2) weeks, the customer will have the right to approach the Head of Grievance Redressal Cell directly by writing to the him at :-

GRO
Grievance Redressal Cell
Apollo Munich Health Insurance Co. Ltd.,
Central Processing Center
iLABS Centre, 2nd & 3rd Floor, Plot No 404 - 405,
Udyog Vihar, Phase – III, Gurgaon-122016,
Land - STD - 0124-4584320; Fax - 0124 – 4584111
Email-GRO@apollomunichinsurance.com

7.8 In case either grievance redressal officer of the Company does not respond or the resolution provided by him is not to the satisfaction of the complainant he may register a complaint in grievance redressal management system of the Authority.

7.9 The Company has in place an effective grievance redressal procedure to address complaints of policyholders efficiently and with speed and communicates the action taken by the Company on the complaint to the complainant along with the information in respect of Insurance Ombudsman as may be necessary.

7.10 Grievance Redressal Officer

7.10.1 The Company has a designated Grievance Redressal Officer (GRO) at a level of Chief Operating Officer at the corporate office. The GRO at the corporate office will be the contact person for the Authority. To help achieve the target of document issuance and non-suit claim settlement, the Company has a full fledged grievance cell in the organization. This cell will be headed by the Head of Customer Service, who will be based out of the Headquarters, in Gurgaon.

7.10.2 Every other office of the Company has a designated Grievance Officer who is the head of that office. The details of the GRO/designated Grievance Officer along with the contact details in full is published in the website of the Company and the name and contact details of designated Grievance Officer of respective office and the other Grievance Officers in hierarchy up to GRO at corporate office is also displayed in the notice board of the respective offices.

7.10.3 Every office of the Company displays in prominent place, the name, address and other contact details of the insurance ombudsman within whose jurisdiction the office falls.

7.11 Grievance Redressal System/Procedure:

7.11.1 All the grievances of customers are logged into CRM Software which gives 360 degree view of customer feedback. The CRM software that helps to manage customer relationships by logging & resolving queries in an organized way PAN INDIA.

7.11.2 Based on the type of query received through Call Center/Web/E-Mail/letter/fax/walk in/social media/Customer portal, cases are logged in CRM module and a unique case ID is created for each request. Based on the query the case is assigned automatically to the relevant department. Automated Escalation levels have be defined with defined TAT, within which case has to be resolved. We publicize our grievance redressal procedure by making it available on our website.

7.11.3 Objectives of CRM application

- To develop a platform for effective redressal of customer grievances
- Improve Customer Service & support
- Capture detailed information regarding all customer Interactions
- Provide consistent & appropriate responses
- Improve management & quality assurance capabilities

- 7.11.4 System Overview: PC based integration of phone calls, email, voice mail, letters correspondence, fax, push & pull services. CRM integrates telephone, e-mail, and correspondence processing through a single system. Regardless of the media customer uses, the same trained staff is able to respond quickly and consistently with high quality.
 - 7.11.5 Single interface to process and record all customer interactions: Interactions are logged by customer and a record is retained. Through automated screen pop-ups, Information Specialists know the customer and the issues or problems they have experienced, and they can effectively provide help without requesting history.
 - 7.11.6 Extensive set of management and quality assurance tools and reports: CRM supports immediate elevation of calls to higher levels of management, as required. Offers enhanced monitoring and recording capability for quality assurance and training refinement. The system supports trend analysis (e.g., most frequent subjects) which provides improved understanding of user needs, allowing for development of targeted materials to help reduce or prevent problems for other users.
- 7.12 The Company is a part of the Integrated Grievance Management System (IGMS) put in place by the Authority to facilitate the registering/ tracking of complaint on-line by the policyholders. Our system involves, mirroring of the Grievance database, of AMHI with IGMS and it also facilitates analysis of complaints, mitigation, improvement of processes and system, through constant review.
- 7.13 The Company also has in place system to receive and deal with all kinds of calls including voice/e-mail, relating to grievances, from prospects and policyholders. The system enables and facilitate the required interfacing with the Authority's system of handling calls/e-mails.
- 7.14 Closure of complaint/grievance:
- 7.14.1 A complaint shall be considered as disposed of and closed when
 - a. The Company has acceded to the request of the complainant fully, or
 - b. Where the complainant has indicated in writing, acceptance of the response of the Company, or
 - c. Where the complainant has not responded to the Company within eight (8) weeks of the Company's written response.
 - 7.14.2 Where the grievance is not resolved in favor of the policyholder or partially resolved in favor of the policyholder, then the Company shall inform the complainant of the option to take up the matter before insurance ombudsman giving details of the name and address of the Ombudsman of competent jurisdiction.

8. Review of the Policy

Any amendment or modification to the policy shall be placed before the Board for review and approval. Any such amendment or modification shall take effect from the date so prescribed by the Board.

9. Interpretation

For any clarity over Interpretation of any of the provisions of this policy, the matter shall be referred to the Chief Operations Officer of the Company.

10. Version history

Version Number	Created by	Release date	Status
1.0 (Written)	AMHI Team	1 st August, 2017 (Approved by the BOD on 1 st August, 2017)	Inactive
1.1 (Written)	AMHI Claims and Operations	24 th October ,2017 (Approved by the BOD on 24 th October,2017)	Active

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