

Policy No. :FHA-10-25-0004866-00-000

Date : 25/03/2025

Mr. Soham

A3 204, Grans, THANE, MAHARASHTRA, INDIA, 400606

Telephone(Mob) :9876543210

Email :soham@ABCInsurance.in

60053339-F12

Dear Soham

Welcome to the ABC Insurance Experience. We thank you for choosing us for your insurance requirements. Your Policy No. is **AIH-10-25-0004866-00-000**.

Our initiatives will provide you with the highest standards of service, convenience and quality in insurance and it is our endeavour to constantly better your experience by innovating and evolving our basket of conveniences.

The policy has been issued on the basis of the proposal form. A copy has been enclosed for your reference. We would request you to peruse the policy and satisfy yourself that it meets your requirements fully. Please confirm that the proposal form contains the correct information and is signed by you.

In case of any service requirement, do call our care lines below:

1800-220-233, 1860-500-3333, 022-67837800

The claims would be serviced through our In-House Health Administrator, ABC Insurance Health(AIH). Cashless facility can be availed on producing the AIH - Health ID Card along with a photo identification proof. In case cashless facility is not availed, the claim documents can be submitted directly to the below mentioned address, for reimbursement.

Note: The Customer Information Sheet is a part of this policy document. It tells you about the basic features in your policy and provides necessary information on it. Please read its contents for easy and quick understanding of your policy and send us your acknowledgement for it, by clicking on

ABC Insurance Health (AIH)

ABC Insurance Company Ltd Office No. 4, 4th

Floor, Building A, H - I - Square Sr. No. 249 + 250,

Near Mankar Chowk

Baner, Baner Link Road, Baner Pune,

Maharashtra - 411 057

For any claim related queries please call :

Toll free number - 1800 209 1016 / 1800 103 8889

Toll free Fax - 1800 209 1017 / 1800 103 9998

Email ID - aih@ABCInsurance.in

We would like to assure you that the electronic copy of your policy is as authentic and valid as the physical copy and it can be used as a proof of insurance wherever required.

Once again, thank you for choosing to insure with ABC Insurance and we look forward to being of service to you.

Assuring you of our best services at all times.

If undelivered, please return to:

For ABC Insurance Co. Ltd.

ABC Insurance Company Limited

Registered And Corporate Office Address, Embassy 24X7 Park, 601 And 602, 6Th Floor

C.R.Vyas Marg, Vikhroli - West,

MUMBAI,

MAHARASHTRA - 400083

(Authorized Signatory)

Please review the communication address, email or contact nos. noted on this letter for correctness. In case of any change please contact our nearest branch or call our care lines mentioned above. This will ensure you do not miss out on 'Service Updates' and 'Renewal Reminders'.

Now you can buy Health, Personal Accident, Travel, Home, Motor insurance & also renew your ABC Insurance Private Car Insurance policy online. Visit us at www.ABCInsurance.in



Tax Invoice

INSURED DETAILS	
Policy Number : AIH-10-25-0004866-00-000	Address of Service Provider : Registered And Corporate Office Address, Embassy 24X7 Park, 601 And 602, 6Th Floor C.R.Vyas Marg, Vikhroli - West, MUMBAI, MAHARASHTRA - 400083
Invoice Number : 272403I000158354	Area Code : MUMBAI,Branch Office,
Reverse Charge : No	AIH State Code : 27
Name of Insured/Proposer : Mr. Soham	AIH GSTIN Number : 27AABCF0191R2Z8
Address : A3 204, Grans, THANE, MAHARASHTRA, INDIA, 400606	AIH Pan Number : ABCF0191R
Place of Supply (State Code) : 27	Intermediary Name/Code : Direct
GSTIN / UIN Number : NA	Date of Issue/Invoice date : 25/03/2025
Pan Number : NA	HSN : 997133
Period of Insurance : From 00:00 hours of 25/03/2025 To Midnight of 24/03/2026	Nature of Service : Health Insurance Service

Received with thanks from Mr. Soham a sum of Rs 9460 towards Premium on the above mentioned policy.

PARTICULARS	TAX (%)	PREMIUM (Rs)
Gross Premium		8017.20
Add : CGST	9%	721.55
Add : SGST	9%	721.55
Total (Rounded to the nearest rupee)		9460


We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under subrule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

NOTE:

1. In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance cover provided under this receipt automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.
2. Excess amount, if any, will be adjusted against subsequent policies, or will be refunded on demand.

For ABC Insurance Co. Ltd.

(Authorized Signatory)

Date: 2025.03.25 13:52:11 

Note: This document is digitally signed by ABC Insurance Company Limited on 25/03/2025 .



AIH HEALTH ABSOLUTE - INDIVIDUAL POLICY SCHEDULE

Policy Servicing Office : Registered And Corporate Office Address, Embassy 24X7 Park, 601 And 602, 6Th Floor C.R.Vyas Marg, Vikhroli - West, MUMBAI, MAHARASHTRA - 400083

Policy Number	AIH-10-25-0004866-00-000	Period of Insurance	From 00:00 hours of 25/03/2025 To Midnight of 24/03/2026
Name of Insured/ Policyholder	Mr. Soham	Policy Term	1 Year
CKYC No.	60083446321984	Intermediary Name/ Code	Direct
Address	A3 204, Grans Squire, THANE, MAHARASHTRA, INDIA, 400606	Telephone (Mob,Hom)	1800220233
		Email Id	Policy.Advisor@ABCInsurance.IN
		Previous Policy No	NA
		First Inception Date	25/03/2025
GSTIN Number:	NA	AIH GSTIN Number:	27AABC191R2Z8

Details of the Plan

Plan Type :Individual

Details of Insured Person(s)

Name of the Insured Person/s	Age/Date of birth	Gender	Relation of the Insured with the Proposer	Plan Name	Sum Insured (Rs.)	Voluntary Deductible (Rs.)	Cumulative Bonus (Rs.)	Pre-Existing Condition	Underwriting Loading	Specific Conditions
Soham	37 Y	Male	Self	Classic Plan	500000	0.00	0.00	NIL	NIL	NIL

Nominee Details

Name of the insured person's	Nominee Name	Relation with the Insured Person's
Soham	Sumo Babu	Mother

Policy Loadings and Discount

Schedule of Premium

Installment Loading (%)	0.00	Gross Premium	(Rs.) 8017.20
Long Term Discount (%)	0.00	Goods and Services Tax	(Rs.) 1443.10
Family Discount (%)	0.00	Total Premium	(Rs.) 9460
Discount (%)	15.0	Premium Installment Frequency	Not Applicable
Voluntary Deductible Discount (%)	0.00		

Special Clauses, Conditons, Exclusion and Warranties

NA	NA
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Important :

- In the case of premium payment by cheque, in the event of dishonor of cheque for any reason whatsoever cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.
- The above records the information of pre-existing illness/ hospitalization etc. details given by the insured, in the proposal form. If the information shown above is found to be either incomplete or incorrect at the time of claim, the same shall be construed as non-disclosure of material information.
- This Policy of Insurance is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorized officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.
- All terms, conditions and exclusions shall be as per the Policy Wordings and Endorsement wordings attached with this schedule.
- In case of change in Goods and Services tax the premiums will stand revised
- For complete terms, conditions and exclusions, please visit
- For any redressal of grievance and for escalation matrix, please refer to
- Sanctions clause - No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America and/or Indian governmental notifications.
- Territorial exclusion clause - The Insurer shall not indemnify the Insured for any liability:
 - in respect of any judgment, award, payment, legal costs and expenses or settlement delivered, made or incurred where legal actions are brought in a court of law within countries which operate under the laws of Fully Embargoed and Comprehensive Sanctioned Countries/ Territories, or any order made anywhere in the world to enforce such judgment, award, payment, legal costs and expenses or settlement either in whole or in part.
 - incurred by the government of Fully Embargoed and Comprehensive Sanctioned Countries/ Territories or resulting from activities that involve or benefit the government of Fully Embargoed and Comprehensive Sanctioned Countries/ Territories, or where the payment of such indemnity by the Insurer will benefit the government of Fully Embargoed and Comprehensive Sanctioned Countries/ Territories.
 - in respect of any settlement agreed or incurred outside of a court of law, prior to any legal actions being brought, by, or to the benefit of, persons or entities resident in Fully Embargoed and Comprehensive Sanctioned Countries/ Territories. Entities shall include any parent company, direct or



indirect holding company owned or controlled by the government of Fully Embargoed and Comprehensive Sanctioned Countries/ Territories, persons or entities resident in Fully Embargoed and Comprehensive Sanctioned Countries/ Territories. For the purpose of this clause, the dynamic list of Fully Embargoed and Comprehensive Sanctioned Countries/ Territories is contained at and shall be applicable, in all its variations, to the policy contracts throughout the corresponding policy period, as appears in the policy schedule.

Claims Assistance

This policy is administered by:-
In-house Administrator – ABC Insurance Health (AIH)
ABC Insurance India Insurance Co. Ltd.
OfficeNo.4, 4th Floor
Building-A, H-I-Square,
Sr. No. 249+250, Near Mankar Chowk,
Baner,Baner Link Road, Baner, Pune,
Maharashtra - 411 057
Toll free number - 1800 206 1016 / 1800 103 8889
Toll free Fax - 1800 209 1017 / 1800 103 9998
Email ID - aih@abcinsurance.in

For ABC Insurance INDIA INSURANCE CO. LTD.

Receipt No: X2263717

Date of Issue: 25/03/2025

(Authorized Signatory)

Place of Issuance: Mumbai*

*Address as mentioned below

Note:This document is digitally signed by Signatory of ABC Insurance India Insurance Company Limited on 25/03/2025 .

Stamp duty of Rs. 16.00 is paid as provided under Article Policy of Insurance 47C(b) of Indian Stamp Act,1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps,Mumbai at General Stamp Office,Fort, MUMBAI-400001.,vide this Order No. (NO. NO.LOA/ENF-2/CSD/08/2025 (Validity Period Dt.23/01/2025 To Dt. 31/03/2026)OW NO. 271, Dated 16/01/2025.)GRN NO MH013959858202425E ,DATE 08/01/2025 ,Bank Of Maharashtra ,and DEFACE NO 0007869003202425 ,DEFACE DATE 13/01/2025

Product UIN :AIIHLIP25039V022425



Premium details for the purpose of deduction under Section 80D of Income Tax Act

This is to certify that Mr. Soham has paid the premium under AI HEALTH ABSOLUTE Individual Policy number **AIH-10-25- 0004866-00-000** for the period- 25/03/2025 to 24/03/2026, details of the same are as under-

Installment Frequency	Not Applicable	
No of Installments	Not Applicable	
Premium Amount	Payment Status	Date of Payment/Payment Due
9460.30	Raised and paid	25/03/2025

Note :

1. This is subject to the provisions of Section 80D of Income Tax Act, 1961 as amended from time to time.
2. 80 D benefit is applicable for only Self, Spouse, Dependent Children and Dependent parents.
3. The benefit is available only to the extent of the premium paid during the financial year. The receipt for payment of subsequent installment premiums will be the proof to claim this benefit subject to Section 80 D of the Income Tax Act, 1961.

**For ABC Insurance India Insurance Co. Ltd.
(Authorized Signatory)**



AI HEALTH ABSOLUTE - TRANSCRIPT/DECLARATION

Dear Mr Soham

Important Note:

1. Insurance is the contract of utmost good faith requiring of the proposer and the insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the Proposal Form.
2. The information in this transcript are a replication of the responses given by the Proposer in the Proposal Form, which forms the basis on which We have issued the Policy bearing Policy number AIH-10-25-0004866-00-000
3. The Proposer / Policyholder is requested to review this transcript. In case of any disagreement or objection or any desired change with respect to information mentioned in this transcript, We request the Proposer / Policyholder to inform US, in writing, within a period of 15 days from date of receipt of this transcript, failing which it will be deemed that the Proposer /Policyholder is satisfied with the correctness of the information herein.
4. Suppression of facts that are material to the assessment of the risk or provision of misleading/partial information may cause rejection of Proposal / cancellation of Policy

Policy No : AIH-10-25-0004866-00-000

Date of Proposal : 25/03/2025

Proposer's Details

Name of proposer	Mr Soham
Date of Birth	30/01/1988
Marital Status	Single
Nationality	India
Gender	Male
Email ID	soham@abcinsurance.in
Occupation	Service
PAN	NA
Address	B6 806, Hrans Sq, THANE, MAHARASHTRA, INDIA, 400606
Telephone (M)	986724454

PLAN DETAILS

Cover Type	1 Year
Policy Period	Individual

PROPOSED INSURED DETAILS***INSURED DETAILS**

Name	Date of Birth	Gender	Relationship with Proposer	Height	
Soham	30/01/1988	Male	Self	179	
Weight	Occupation	Plan Name	Sum Insured	Voluntary Deductible	ABHA Number
78	Service	Classic Plan	500000	0	NA

NOMINEE DETAILS

Nominee	Nominee Age	Relationship of Nominee with Insured	Appointee Name	Appointee relationship with Nominee
Soham	64Year	Mother	NA	NA

MEDICAL AND HEALTH INFORMATION

1. Are you in good health and free from physical and mental disease or infirmity or medical complaints or deformity?	2. Do you consume tobacco in any form? Type – Gutkha/ Others.– Since when?	3. Do you consume alcohol in any form? Type – Beer/Hard liquor/Wine/Others?	4. Is the number of persons to be insured is more than six and any of the proposed insured person is suffering from/suffered in the past/taking treatment for any illness/disease or injury?	5. Is any of the female insured pregnant? If yes, please mention the expected date of delivery?
Yes	No	No	No	No

ADDITIONAL INFORMATION

CONCURRENT/PREVIOUS INSURANCE POLICY DETAILS

Are you having existing Health Policy of ABC Insurance or are you insured under any other Health Insurance Policy?	No	No	No	No
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PREMIUM PAYMENT AND BANK DETAILS

Installment Facility	Not Opted
Installment Frequency	Not Applicable
E-mandate/E-NACH*(Mandate Type)	NA

Payment Details :

Loading on Standard Premium in case of Installment payment(%)	0.00
Long Term discount (In case of Single payment of premium for long term policy)(%)	0.00
Family discount(%) (Individual SI policies)	0.00
Discount(%)	0.00
Premium charged Including Goods and Services Tax	9460.00

True to our Go Green initiative, we will send the digitally signed and authenticated policy document to your e-mail address, as you've mentioned in this proposal, and you may download and save a copy of it. If you still need a physical copy, please confirm - Yes

DECLARATION

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.

2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.

3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

6. I further declare that:

There is no other material / relevant information, that has not been disclosed to AIICL and if any information given in this proposal is found to be untrue, the Insurance policy shall be void ab initio and the premium shall be forfeited to AIICL.

I agree to receive Service related information from AIICL and its service providers, through electronic and telecom modes including Whatsapp and further understand that no unsolicited information will be sent to me.

The information/ data provided by me through this Proposal Form, to AIICL and / or AIICL authorized personnel / agency shall be stored by AIICL, throughout the currency of my relationship with AIICL and used for the purpose relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by AIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold AIICL and / or its authorized partners / agency / personnel liable for legal utilization of the submitted information / data.

7. I declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I understand that AIICL reserves the right to call for documents and information to establish the source of funds and has also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I am found to be named in any recognized sanction list/happen to have violated any provisions of law.

8. I/We hereby confirm that the premium payment have been paid by a person having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account.

9. I am (please tick all that are applicable) HNI NRI Politically Exposed Person Jeweler NGO Film Actor Producer Others

10. ABHA Declaration (Applicable only if you have shared the ABHA number with Us) - I, hereby declare that I am voluntarily sharing Ayushman Bharat Health Account number (NA) for the proposed Insured Persons, with ABC Insurance India Insurance Company Limited, for the sole purpose of accessing my records of medical history, which will be used to verify/share relevant information provided herein on confidential basis within its Group and /or third party agencies in connection with the Claims, for the purpose of facilitating insurance/ reinsurance services and ancillary services

Optional Declaration:

I hereby give my/our consent to the Company to use my/our personal information for quality and data analysis purpose which may be carried out by an empaneled third party vendors

I hereby acknowledge that I have read and understood the contents of the prospectus and have been explained the features, contents and terms of the * Prospectus/ Product by the Intermediary/Agent to my/our satisfaction (*to download a copy of the Prospectus and for further details about the product,



please visit our website <https://abcinsurance.in>)

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.

2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.



HEALTH CARD

AI HEALTH ABSOLUTE

Customer Information sheet/Know Your Policy

This document provides key information about the policy. You are also advised to go through your policy document.

SI No	Title	Description	Policy Clause Number	
1	Name of the Insurance Product /Policy	AI HEALTH ABSOLUTE	Not Applicable	
2	Policy Number	AIH-10-25-0004866-00-000	Not Applicable	
3	Type of Insurance Product/Policy	Both Indemnity and benefit	Not Applicable	
4	Sum Insured (Basis)	• Plan Opted - Classic Plan	Not Applicable	
		• Individual Sum Insured –		
		<table border="1"><tr><td>Insured Name</td><td>Sum Insured (Rs.)</td></tr><tr><td>Soham</td><td>500000</td></tr></table>		Insured Name
Insured Name	Sum Insured (Rs.)			
Soham	500000			

5	Policy Coverage (What the policy covers?)	Expenses in respect of:	
		Hospitalization Medical Expenses - Admission in a hospital for a minimum period of 24 inpatient Care consecutive hours.	2.1
		Day Care Treatment Expenses - Specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.	2.2
		Pre-Hospitalization Medical Expenses for number of days, as per the plan opted.	2.3
		Post-Hospitalization Medical Expenses within the number of days, from the date of discharge	2.4
		Maternity Expenses - Medical expenses towards pregnancy (delivery/termination).	2.5
		Newborn Baby Expenses (applicable for Sum Insured Rs 15 lac and above).	2.6
		Infertility Expenses (applicable for Sum Insured Rs 15 lac and above), on hospitalization or day care basis.	2.7
		Organ Donor Expenses - Medical Expense incurred for an organ donor s surgery for the harvesting of the organ donated.	2.8
		Patient Care - Charges for a Qualified Nurse for the Insured Person for a period of up to 10 days immediately following the discharge from Hospital.	2.9
		Accidental Hospitalization - Increase in Sum Insured by 25% of the available balance Sum Insured or up to maximum up to Rs 10,00,000, if the Insured Person is hospitalized solely and directly due to an Accident	2.10
		Accompanying Person - Fixed per day payment towards the person accompanying the hospitalized Insured Person (Child who is 12 years of age or below)	2.11
		Road Ambulance Charges incurred for transportation of an Insured Person by a Road Ambulance.	2.12
		Emergency medical evacuation (Applicable for SI 15 Lakhs and above only) - incurred for transportation of an Insured Person by an Air Ambulance.	2.13
		Home Health Care Expenses - Medical Expenses incurred for Home Health Care Services, up to maximum of 20% of the Sum Insured.	2.14
		OPD Treatment incurred for Outpatient treatment.	2.15
		Child vaccination benefits (Applicable for SI 50 Lakhs and above only) - for vaccinations of Insured person who is a child of age 12 years or less.	2.16
E opinion in respect of Illness or Injury towards an admitted claim, from a Medical Practitioner from our Panel. The benefit is limited to 2 e-opinions in a Policy Year.	2.17		



Alternative Treatment - expenses towards Hospitalization for Ayurveda, Yoga and Naturopathy, Unani, Siddha or Homoeopathy treatment.	2.18
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	Medical treatment abroad (Applicable for SI 50 Lakhs and above only) - medical treatment for hospitalization incurred outside India for listed treatment / surgical procedures as mentioned in the Policy Wordings.	2.19
	Wellness Benefits - Insured Person is eligible to avail below wellness benefits under the Policy - a) Value Added Services - Tele Counselling / Health Contents / Webinars / Discount Vouchers / Health Check-up b) Wellness Reward Points - Can be earned by participating into various wellness activities (Stress & Happiness Index score / Expert Wellness Assessment / participation in All organized events / Lifestyle disease monitor / Enrolment to Wellness / Fitness or Healthy Lifestyle tracking). The earned points can be burned for utilization of various benefits as mentioned in the Policy Wordings.	2.20
	Cumulative Bonus - The Sum Insured will be enhanced by 50% for each claim free policy year.	2.21
	Restoration of Sum Insured - Under this benefit a Restore Sum Insured (equal to 100% of the base Sum Insured excluding Cumulative Bonus-if any) will automatically be available for the particular Policy year for a second claim being reported during the Policy Year and accepted as payable by Us.	2.22
	Bariatric Surgery - Covers medical expenses for undergoing bariatric surgery.	2.23
	Note: All the above covers are offered under this Product. However, the cover offerings are plan specific and shall be applicable as per the opted plan.	

6	Exclusions (What the policy does not cover)	<p>Standard Exclusions</p> <ul style="list-style-type: none"> • Investigation & Evaluation • Rest Cure, rehabilitation and respite care • Obesity/ Weight Control • Change-of-Gender treatments • Cosmetic or Plastic Surgery • Hazardous or Adventure sports • Breach of law • Excluded Providers • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. • Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. • Dietary supplements and substances that can be purchased without prescription. • Refractive Error • Unproven Treatments • Sterility and Infertility <p>Specific Exclusions</p> <ul style="list-style-type: none"> • Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not). • Circumcision, unless necessary for treatment of an Illness or necessitated due to an Accident. • Vaccination/ inoculation (except as post bite treatment) • Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment, namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the Hospital. 	Section 3
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|--|--|--|--|
| | | <ul style="list-style-type: none"> • Venereal /Sexually Transmitted disease other than HIV/AIDS. • External Congenital Anomaly and related Illness/ defect. • Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons/materials. • Stem cell storage. • Non-prescribed drugs and medical supplies, hormone replacement therapy. • Personal comfort and convenience items or services • Outpatient diagnostic, medical and Surgical Procedures or treatments. • Dental Treatment or Surgery of any kind unless requiring Hospitalization as a result of Injury. • A Medical Practitioner's home visit charges during pre and post Hospitalization period and attendant nursing charges. • Treatment outside India. • Intentional self-Injury. • Any complications arising out of the Infertility treatment. • Standard list of excluded items as mentioned in Annexure III and on our website
 • Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the insured. | |
|--|--|--|--|

		<p>Specific Exclusions for OPD Treatment claims</p> <p>a) Cost of an Annual Health Check-up. b) Any expense which are not related to Mental/ Psychiatric illness in case of Classic Plan c) Any expenses for consultation, diagnostics, medications which are not duly supported with medical documents from the Medical Practitioner mentioning: (i) Diagnosis; (ii) Referral for diagnostic test; (iii) Prescription for medications</p>	
7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/ treatments are not covered. • It is counted from the beginning of the policy coverage 	<ul style="list-style-type: none"> • Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) 	3.1.1.3
		<ul style="list-style-type: none"> • Specific waiting periods: (Not applicable for claims arising due to an accident) <p>a) 24 months waiting period for Cataracts, Benign Prostatic Hypertrophy, Hernia of all types, Deviated Nasal Septum, Hypertrophied Turbinate, All types of nasal and paranasal sinuses related disorders, Hydrocele ,Fistulae, hemorrhoids, fissure in ano, Dysfunctional uterine bleeding, Fibromyoma, Endometriosis, Hysterectomy, All internal or external tumors/cysts/nodules/polyps of any kind including breast lumps with exception of malignant tumor or growth, Surgery for prolapsed inter vertebral disc unless arising from Accident, Surgery of varicose veins and varicose ulcers, Any types of gastric or duodenal ulcers, Stones in the urinary and biliary systems ,Surgery on ears and tonsils.</p> <p>b) 36 months for Rheumatoid Arthritis, Gout, joint replacement Surgery due to degenerative condition, Age related Osteoarthritis and Osteoporosis unless such joint replacement Surgery is Medically Necessary due to Injury, Lasik Surgery, Infertility Expenses</p> <p>c) 36 months for Bariatric Surgery</p> <p>d) Maternity Expenses –</p> <p>i) In case Female Insured Person along with Spouse are covered - Waiting period is 24 months from the date of inception of first AI Health Absolute policy with Us.</p> <p>ii) In case only Female Insured Person is covered - Waiting period is 36 months from the date of inception of first AI Health Absolute policy with Us.</p>	3.1.1.2
		<ul style="list-style-type: none"> • Pre-existing diseases: covered after 24 months. 	3.1.1.1



8	<p>Financial Limits of Coverage</p> <p>i. Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)</p>	<p>The Policy will pay only up to the Sub limits specified hereunder for the following diseases/procedures. In case of claim, this policy require you to share the following costs: Expenses exceeding the following Sub-limits.</p> <table border="1" data-bbox="370 546 1267 1043"> <tr> <td data-bbox="370 546 639 723">Cataract</td> <td data-bbox="639 546 1267 723">10% of the Sum Insured for each eye, subject to a maximum of the amount mentioned in the schedule of benefits.</td> </tr> <tr> <td data-bbox="370 723 639 848">Lasik's Surgery</td> <td data-bbox="639 723 1267 848">up to the sub limit as specified in the Schedule of Benefits.</td> </tr> <tr> <td data-bbox="370 848 639 1043">Bariatric Surgery</td> <td data-bbox="639 848 1267 1043">Up To 50% SI, subject to a maximum of the amount mentioned in the schedule of benefits per policy year</td> </tr> </table>	Cataract	10% of the Sum Insured for each eye, subject to a maximum of the amount mentioned in the schedule of benefits.	Lasik's Surgery	up to the sub limit as specified in the Schedule of Benefits.	Bariatric Surgery	Up To 50% SI, subject to a maximum of the amount mentioned in the schedule of benefits per policy year	4.2.2.2
Cataract	10% of the Sum Insured for each eye, subject to a maximum of the amount mentioned in the schedule of benefits.								
Lasik's Surgery	up to the sub limit as specified in the Schedule of Benefits.								
Bariatric Surgery	Up To 50% SI, subject to a maximum of the amount mentioned in the schedule of benefits per policy year								
	<p>ii. Co-payment – (It is a specified amount / percentage of the admissible claim amount to be paid by policy holder/ Insured)</p>	<p>Any Insured Person aged 61 years and above, being covered for the first time in a AI Health Absolute Policy, shall bear 20% of each and every admissible claim and Our liability, if any, shall only be in excess of that sum. This Co-payment will be continued in all the subsequent renewal policies. The co-payment shall be applicable for claims under all Benefits other than Section 2.15 (OPD Expenses) and Section 2.20 (Wellness Benefits)</p>	4.2.2.3						

	<p>iii. Deductible- (It is a specified amount up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount))</p>	<p>Voluntary Deductible – Rs. 0 per year</p>	<p>4.2.2.4</p>
	<p>iv. Any other limit (as applicable)</p>	<p>Not Applicable</p>	<p>Not Applicable</p>

9	Claims/ Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility -2 hours (from the time of receipt of last necessary documents)</p> <p>ii. TAT for cashless final bill authorization: 2 hours (from the time of receipt of last necessary documents)</p> <p>Provide the details /web link for following:</p> <p>i. Network hospital details - Helpline Number - 1800 204 1016 / 1800-103-8389</p> <p>ii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. -</p> <p>iii. Downloading/getting claim form -</p>	4.2.2
10	Policy Servicing	<p>a) Call Centre number of Insurer Policy Servicing:1800 220 233/1860 500 3333/ 022-67837800 Timing: 7 am to 10 pm Claims Servicing: 1800 103 8889/1800 209 1016 Timing: 24*7</p> <p>b) Details of company officials</p> <p>Policy Servicing Office: Registered And Corporate Office Address, Embassy 24X7 Park, 601 And 602, 6Th Floor C.R.Vyas Marg, Vikhroli - West, MUMBAI, MAHARASHTRA - 400083</p>	4.1.11

11	Grievances /Complaints	<p>Details of</p> <ul style="list-style-type: none"> -Grievance Redressal Officer of the Insurer: -Insurance Company grievance portal / Department: <ul style="list-style-type: none"> • Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 • Email: • Website: -Ombudsman: The guidelines of taking up a complaint in ombudsman and the addresses of ombudsman are available on: 	Grievance Redressal Procedure
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12	Things to remember	<ul style="list-style-type: none"> • Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of policy. <p>The Free Look Period shall only be applicable for new policies and shall not be available on renewal policies, ported policies and migrated policies.</p> <p>In the event you want to exercise Free Look Cancellation, you will need to place a request for the same through registered email id or registered contact number by calling on our Helpline Numbers 1800-220-233, 1860-500-3333, 022-67837800 or by submitting a request at any of our branch offices.</p> <p>If you have not made any claim during the Free Look Period, then you shall be entitled to</p> <ol style="list-style-type: none"> a) a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person 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 Insured Person, a deduction towards the proportionate risk premium for period of cover or c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period 	4.1.3
		<ul style="list-style-type: none"> • Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. 	4.2.3.1

<p>• Migration And Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy with other Insurer.</p> <p>The e-mail and address to be contacted for outward portability is: Customer Service Cell, ABC Insurance India Insurance Company Ltd. Corporate And Registered Office 601 and 602, 6th floor, Tower C, Embassy 247 Park, C.R Vyas Marg, Vikhroli (W), Mumbai – 400083 Email:</p> <p>For Detailed Guidelines on migration and portability, kindly refer the link</p>	<p>4.2.1.6 & 4.2.1.7</p>
<p>• Change in Sum Insured- Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For Increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured</p>	
<p>Moratorium Period - After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p>	<p>4.1.8</p>

13	Your Obligations	<p>Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement. Disclosure of other material information during the policy period.</p>	4.1.1				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of the Insured Person/s</td> <td style="width: 50%;">Pre-Existing Condition/Deformity</td> </tr> <tr> <td>MR Soham</td> <td>NIL</td> </tr> </table>	Name of the Insured Person/s	Pre-Existing Condition/Deformity	MR Soham	NIL	
Name of the Insured Person/s	Pre-Existing Condition/Deformity						
MR Soham	NIL						

14	Premium Illustration Premium Illustration in respect of policies offered on individual and family floater basis.										
	Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)			Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)				
		Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
	50 years	21,319	2,000,000	21,319	2132	19,187	2,000,000	21,319	0	21,319	2,000,000
	42 years	16,803	2,000,000	16,803	1680	15,123	2,000,000	16,803	6721	10,082	
	17 years	8,453	2,000,000	8,453	845	7,608	2,000,000	8,453	5072	3,381	
	20 years	12,875	2,000,000	12,875	1288	11,588	2,000,000	12,875	7081	5,794	
	27 years	14,174	2,000,000	14,174	1417	12,757	2,000,000	14,174	7087	7,087	
	27 years	14,174	2,000,000	14,174	1417	12,757	2,000,000	14,174	7087	7,087	
	32 years	14,528	2,000,000	14,528	1453	13,075	2,000,000	14,528	6538	7,990	
	35 years	14,528	2,000,000	14,528	1453	13,075	2,000,000	14,528	6538	7,990	
	36 years	15,468	2,000,000	15,468	1547	13,921	2,000,000	15,468	6961	8,507	
	40 years	15,468	2,000,000	15,468	1547	13,921	2,000,000	15,468	6961	8,507	
	52 years	31,125	2,000,000	31,125	3113	28,013	2,000,000	31,125	12450	18,675	
	57 years	41,679	2,000,000	41,679	4168	37,511	2,000,000	41,679	14588	27,091	
	65 years	69,404	2,000,000	69,404	6940	62,464	2,000,000	69,404	24291	45,113	
	65 years	69,404	2,000,000	69,404	6940	62,464	2,000,000	69,404	24291	45,113	
	70 years	97,998	2,000,000	97,998	9800	88,198	2,000,000	97,998	34299	63,699	
Total Premium for all members of the family is 457,400/-, when each member is covered separately. Sum insured available for each individual is 2,000,000				Total Premium for all members of the family is 411,660/-, when they are covered under a single policy. Sum insured available for each family member is 2,000,000			Total Premium when policy is opted on floater basis is 287,435/-. Sum insured of 2,000,000 is available for the entire family.				
Note: 1. This is just an illustration of premium calculation. Persons entered the Policy											



before the age of 61 years (premium considered is without co-payment).
2. Premiums may vary with respect to Plan and Sum Insured opted by the insured.
3. Premium rates specified in the above illustration are the standard premium rates without considering any loading and/or discounts like – Online (Website) Sales discount etc.
4. In case premium is paid on instalment basis, the loading will be applicable accordingly.
Premium rates are exclusive of Goods and Services Tax applicable.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details:

Place _____

Date _____ (Signature of the Policy Holder)

Note-

- i. The web-link, where the product related documents including the Customer Information Sheet are available on the website of AIII, is at
- ii. In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.
- iii. Your confirmation, being the policyholder, regarding receiving of the Customer Information Sheet is necessary

AIH HEALTH ABSOLUTE | Customer Information Sheet
UIN: AIHIHLIP25039V022425

