

Welcome to the Policybazaar Family

policybazaar.com®
HAR FAMILY HOGI INSURED

Policy No - 31-25-0585828-00



Plan Name -
Activ One Max

Sum Insured -
₹ 5,00,000



Your policy is active, and so is the Policybazaar promise of care.

And here's how you experience it

A Dedicated Relationship Manager

- Your Relationship Manager is your personal guide for anything you need with this policy.
- Understanding policy features, making changes, or getting info on claims, your RM ensures you get the right help at the right time, just a tap away on [0124-6100000](tel:0124-6100000).



**Scan for instant
policy access!**

Download PB App



Relationship Manager: +91 124 610 0000



care@policybazaar.com



24x7 Claims Helpline: 1800-258-5881



31-25-0585828-00

Munna singh
Mamurdi
Pcmc
Pune
MAHARASHTRA
INDIA
412101
8530674424

16/03/2026

Dear Munna singh,

Thank you for choosing us. In our journey together, we promise to offer you the best insurance and assurance of good health.

Together, we will achieve our goals by making every small step count. Every ladder you climb, every calorie you burn, every lap you swim, every song you dance on - every little act will move the needle towards a healthier you.

Excited? So are we! Get ready to make the most out of your new insurance plan
Activ One - MAX

Thank you once again for partnering with us. With our purpose of Empowering You To Lead A Healthier Life, we ensure you a fruitful and healthful journey.

Warm regards,

Mayank Bathwal
Chief Executive Officer
Aditya Birla Health Insurance Co. Limited.

For assistance, connect with us via the following channels:



Empowering people



Up to **100%** of your
Premium as Health
ReturnsTM



**90 days pre and
180 days post**
Hospitalization Coverage



Any Room of your
Choice up to
Base Sum Insured



Claims Protect: Avail
Claim coverage for listed
Non-Medical expenses



Super Reload: Unlimited
refill up to 100% Sum
Insured from 2nd claim
Onwards

Introducing The Activ Health



**Your health and your
policy, all in one place**



On WhatsApp send
'Hi' to +91 8828800035



Dial 1800-270-7000
to speak to an executive



care.healthinsurance-
@adityabirlacapital.com

Follow us on:



Product Name: Activ One, Product UIN: ADIHLIP24097V012324

Activ One MAX Policy Schedule

This document will serve as a quick guide for you to understand important information regarding your health insurance policy including its key features, coverage limits, premium details and nominee details, among others.

Policy Issuing Office	Unit no 1101 & 1104 11th floor, Unit no 1501& 1502, 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West-400615	Policy Servicing Office	10th Floor, R Tech Park Goregaon Mumbai MAHARASHTRA 400063
Intermediary Name	POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	Intermediary Code	5100357
Intermediary Contact Details	18002585970	Intermediary E-mail ID	healthservice@policybazaar.com
Toll Free Number	18002707000		

I. Details of Policyholder

Policyholder Name	Munna singh
Policyholder Address	Mamurdi Pcmc Pune, 412101, Pune, MAHARASHTRA
Contact Number	8530674424
Email Id	muXXXXXXXXXXXX00@gmail.com
GSTIN	NA

II. Policy Details

Product Name	Activ One		
Plan	MAX		
Policy Number	31-25-0585828-00		
First Policy Start date	16/03/2026		
Start Date of Policy & Time	00:00 hrs on 16/03/2026	Expiry Date & Time of Policy	23:59 hrs on 15/03/2027
Policy Type	Family Floater	Policy Tenure	1 Year
Policy Category	New Business	Enrollment for Automatic renewal premium payment facility	NO
Mode of Premium payment	Monthly		
Portability/Migration	No	Previous Policy Number	NA
GSTIN	NA	GSTIN Account Type	NA

III. Insured Person's Details

Name of Insured person	Start date of Policy of Insured Person (only in case of new member)	Relationship with Proposer	Member ID	Age (completed birthday)	Gender	DOB (DD-MM-YYYY)	Pre-Existing Diseases (PED) (if applicable)	Start date of first policy with us (applicable at policy renewal)
Munna singh	NA	Self	PT50477778	41	Male	01/01/1985	NA	16/03/2026
Ranjani sinha	NA	Spouse	PT50477788	37	Female	01/01/1989	NA	16/03/2026
Nikki Munna singh	NA	Son	PT50477787	16	Male	21/04/2009	NA	16/03/2026
Jyoti Munna singh	NA	Daughter	PT50477785	18	Female	19/07/2007	NA	16/03/2026

Continued and to be read in conjunction of the table above

Base Sum Insured	Initial Waiting Period	Specific disease Waiting period	Pre-Existing Disease Waiting Period	Super Credit Amount	Super Credit %
500000	30 Days	2 Years	3 Years	0	NA
	30 Days	2 Years	3 Years	0	NA
	30 Days	2 Years	3 Years	0	NA
	30 Days	2 Years	3 Years	0	NA

Continued and to be read in conjunction of the table above optional cover opted.

III.B. Chronic Care Details

Name of the Insured Person	Chronic Condition	Waiting Period from Start Date of First Policy	Start Date of Coverage	Chronic Management Program Applicability
Munna singh	No	NA	NA	No
Ranjani sinha	No	NA	NA	No
Nikki Munna singh	No	NA	NA	No
Jyoti Munna singh	No	NA	NA	No

Name of the Insured Person	Special Condition (if applicable)
Munna singh	No
Ranjani sinha	No
Nikki Munna singh	No
Jyoti Munna singh	No

Name of the Insured Person	Pre-Existing Disease Details (if applicable)
Munna singh	NA
Ranjani sinha	NA
Nikki Munna singh	NA
Jyoti Munna singh	NA

HealthReturns™ (Applicable for Renewal Policy)		
Name of the Insured Person	HealthReturns™ carried forward from Previous Year	Total HealthReturns™ available for utilization
Munna singh	NA	0
Ranjani sinha	NA	0
Nikki Munna singh	NA	0
Jyoti Munna singh	NA	0

Trademarks - HealthReturns™, Healthy Heart Score and Active Dayz are owned by MMI Group Limited and used under license by Aditya Birla Health Insurance Co. Limited.

IV. Nominee Details

Nominee Name	Nominee Relationship with Policyholder	Nominee Contact Number
Ranjani sinha	Spouse	NA

Appointee Details: (Required only if Nominee is a Minor)

Appointee Name	Relationship with Nominee
NA	NA
Note - A Minor should not be declared as Appointee.	

VI. Product Benefit Table

	Product Name		Activ One
	Plan Variant		MAX
	Base Sum Insured		Refer Base Sum Insured column under Insured Person's details above
Basic Covers	Hospitalization Treatment	Room Rent	Any Room - Actuals up to Sum Insured
		ICU Charges	Actuals up to Sum Insured
		Road Ambulance Cover (per hospitalization)	Actuals up to Sum Insured
		Day Care Treatments	Actuals up to Sum Insured
		Modern Procedures / Treatments	Actuals up to Sum Insured for listed procedures
		HIV / AIDS and STD Cover	Actuals up to Sum Insured
		Mental Illness Hospitalization	Actuals up to Sum Insured
		Obesity Treatment	Actuals up to Sum Insured
	Pre-Hospitalization Expenses (up to Sum Insured)		90 Days
	Post-Hospitalization Expenses (up to Sum Insured)		180 Days
	Claim Protect (Non-Medical Expense Waiver)		Waiver of Non-Medical Expense Exclusion of Base Policy List as per Annexure 1 (all 4 lists)
	Domiciliary Hospitalization		Actuals up to Sum Insured
	Home Health Care		Actuals up to Sum Insured
	AYUSH Treatment		Actuals up to Sum Insured
	Organ Donor Expenses		Actuals up to Sum Insured
	Annual Health Check up (Listed & Cashless)		Covered
	Super Reload	Unlimited Refill [2nd Claim onwards - Unlimited Times (upto Base Sum Insured)]	Covered
	Super Credit (increases irrespective of claim)		100% of SI per year, up to 500% of Base Sum Insured (up to Max of 3 Cr under this benefit)
	Health Management Program	Health Assessment TM	Available once in a policy year undertaken at our Network Providers / Empaneled Service Providers on a cashless basis only / on digital basis
		HealthReturns TM	Available up to 100% of the Premium

VII. Premium Details (INR)

Premium for Base and Related Covers	Premium for Other Optional Covers (If Opted)	Loading (if applicable)	Discounts (if applicable)	CGST	SGST/UTGST	IGST	Other taxes/Cess	Total Premium
19665.78	0.00	137.68	0	0	0	0	0	19803.00

GST Registration No: 27AANCA4062G1ZN PAN Number :AANCA4062G Category: General Insurance SAC Code: 997133

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 sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Consolidated Stamp Duty paid vide E-challan GRN no. MH015140071202526P dated 12/01/2026

For and on behalf of Aditya Birla Health Insurance Co. Ltd

Date : 16/03/2026

Location : Mumbai



Authorized Signatory

Aditya Birla Health Insurance Co. Limited

1800 270 7000 | care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com
 Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and
 Trademark/Logo HealthReturns, Healthy Heart Score and Active Day are owned by Momentum Metropolitan Life Limited
 (Formerly known as MMI Group Limited). These trademark/Logos are being used by Aditya Birla Health Insurance Co. Limited
 under licensed user agreement(s).

Registered Office:

9th Floor, Tower 1, One World Centre, Jupiter Mills Compound,
 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.
 CIN:U66000MH2015PLC263677
 IRDA Registration No. 153

Premium certificate

For the purpose of deduction under section 80D of Income Tax Act, 1961.

PREMIUM PAID STATEMENT FOR THE YEAR:- 2025-2026

DATE OF ISSUE:- 16-MAR-26

The following premium has been received for MAX of Activ One

Premium certificate for the purpose of deduction under section 80D of Income Tax Act, 1961.

This is to certify that Mr./Ms./Mrs. Munna singh has paid

INR. 1829 (In Words One Thousand Eight Hundred Twenty Nine Only)

towards the premium for Health Insurance vide Direct Credit Transaction ID/Cheque No. RR-25-26-01752294 for the period from 16-MAR-26 To 15-APR-26 Midnight for Policy No. 31-25-0585828-00

DATE: 16-MAR-26

For Aditya Birla Health Insurance Co. Limited

Place: Mumbai

Authorized Signatory

****This certificate must be surrendered to the Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the insurance affecting premium.**

Number of Instalments and Payment mode Payment mode = Monthly	Transaction ID/Cheque No	Premium (Rs)	Service Tax / GST Amount Received	Received Date	Next Due Date
1	RR-25-26-01752294	1650.29	0	16-MAR-26	16-APR-26

This document is electronically generated. In case of any queries, please send mail at care.healthinsurance@adityabirlacapital.com
Our Customer care official will get in touch with you

**Aditya Birla Health
Insurance Co. Ltd.**



HEALTH INSURANCE

Toll Free No. : 1800 270 7000
Website : adityabirlahealthinsurance.com
Email : care.healthinsurance@adityabirlacapital.com

**Aditya Birla Health
Insurance Co. Ltd.**



HEALTH INSURANCE

POLICY NO. 31-25-0585828-00

Name	Membership No.	DOB
Munna singh	PT50477778	01/Jan/1985
Jyoti Munna singh	PT50477785	19/Jul/2007
Nikki Munna singh	PT50477787	21/Apr/2009
Ranjani sinha	PT50477788	01/Jan/1989

Aditya Birla Health Insurance Co. Limited, Regd. No. 153, CIP No. 153/00014/2015/1/200577, Website : www.adityabirlahealthinsurance.com
Fax: 022-6225 7700 Disclaimer: Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and is used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).

Activ One Proposal Form

This document summarizes all relevant information about the person / people proposed to be insured under your health insurance policy including age, medical history lifestyle habits, pre-existing diseases, if any, and the risks to be covered. As an insurer, it helps us to assess risks, determine premiums, establish terms and conditions and to be relevant to you and your health needs. It is vital that you provide us with complete and accurate information.

1. Please choose suitable options wherever applicable and fill the form in BLOCK LETTERS.
2. The proposed policy holder will be referred to in this Proposal Form as "Proposer", "You" or "Your"
3. Please disclose truthfully and accurately all facts and required information that is likely to impact / affect our decision on issuing a health insurance policy or its terms, conditions and exclusions. Incorrect information may lead to policy cancellation / claim rejection. In case of untrue / incorrect statements, misrepresentation, non-description or non-disclosure of any relevant information or material information being withheld by the Proposer or anyone acting on their behalf, particularly in the proposal form / personal statement, declaration and connected documents, the policy shall become void at our discretion. If You are in any doubt, please seek the advice of your insurance advisor
4. In case of a portability proposal, the health insurance policy period will only begin after complete premium payments including loading premium (if applicable) are submitted by You. This may result in a break in coverage period, in which case You may not be covered by any policy. It is therefore recommend that You extend Your porting policy with existing insurer on short period basis until this proposal is accepted and issued by us in case of portability request. The Company's liability does not commence until the acceptance of the proposal has been formally intimated to You and full premium has been realized by the Company.
5. Any changes / cancellations in this form will have to be authenticated by the Proposer.

Application No.



Customer ID

PT50477778

Branch Stamp

I. Proposer Details

Name	Munna singh		
Gender: Male	Date of Birth: 01-01-1985	Marital Status: Married	
Whether Employee of Aditya Birla Group	NA		
Whether Customer of Aditya Birla Group	NA NA		
Whether Corporate GMC Policy Holder	NA NA		
Correspondence Address	Mamurdi Pcmc		
	City: Pune	Town (District): Pune	
	State: MAHARASHTRA	Pincode: 412101	
Permanent Address	Mamurdi Pcmc		
	City: Pune	Town (District): Pune	
	State: MAHARASHTRA	Pincode: 412101	
Nationality	Indian		
Pan (Mandatory)	XXXXXX735K	Form 60 (only in case the customer does not have PAN) Yes	
Aadhaar Number. ((last 4 digits) (By signing the Proposal form I give my consent for using my Aadhaar No. for Authentication of my Aadhaar Details))	GST Registration Status null Please specify GST identity Number: NA (mandatory for Registered dealer & Compounding dealer)		
Proof of Address (POA - any one)	PAN Card		

Contact Details	Mobile Number* <u>8530674424</u>	Alternate Contact Number: <u>NA</u>
Email ID* ((All proposal/policy related communications will be sent on this e-mail id))	<u>muXXXXXXXXXXXX00@gmail.com</u>	
Annual Income (INR)	700000	
Occupation	Self Employed	
Are you a Politically Exposed Persons (PEP)* or related to PEP#?	No	
WhatsApp consent^:	Yes	
Do you have ABHA No:?		
Go Green consent	No I would like to contribute in creating a healthier, greener and cleaner environment by authorizing Aditya Birla Health Insurance Co. Limited to send all my policy & service related communication to the Email ID mentioned in this application form.	

*The registered mobile number will be enrolled for WhatsApp notifications related to your Health Insurance Policy. We respect your privacy and will ensure that promotional content is not shared through this channel. ^If You don't want to give consent and authorize Aditya Birla Health Insurance Co. Limited to send you communication via WhatsApp please select 'No' in WhatsApp consent column.

#Have you ever been entrusted with prominent public functions, for example, Heads of State or of Government, Senior Politicians, Senior Government, Judicial or Militray Officials, Senior Executives of State Owned Corporations or Important Political Party Officials.

IA. Electronic Insurance Account Details of Proposer (E-Mail ID* is mandatory)

Would you like to opt for Electronic Policy Issuance through an e-Insurance Account (eIA) of an Insurance Repository? No	
If you have an eIA, please provide following details	
I) Name of Insurance Repository	
III) EIA No	NA
III) Name as appearing in EIA	Munna singh
If you do not have an eIA, would you like to open an account? Yes	

II. Product / Plan Details

Plan Type:	Sum Insured Options (INR)
MAX	500000
Cover: Family Floater	Tenure: 1 Year
Details of Optional Cover(s) as per Annexure -I	

III. Details of The Proposed To Be Insured Including Proposer

Insured 1: Name: Munna singh				IF PEP# No
Date of Birth: 01/01/1985	Marital Status:	Annual Income: 700000		
Gender: Male	Aadhaar/PAN No: XXXXXX735K	Height: 167.64	Weight: 60	
Mobile No~: 8530674424	Relationship with Proposer: \$ Self	City of Residence: Pune		
Email ID~: muXXXXXXXXXXXX00@gmail.com		Sum Insured: %(INR) 500000		
Do you have ABHA No. NA	If yes please provide ABHA Number (Optional)			

Insured 2: Name: Jyoti Munna singh				IF PEP# No
Date of Birth: 19/07/2007	Marital Status:	Annual Income: 0		
Gender: Female	Aadhaar/PAN No: NA	Height: 157.48	Weight: 48	
Mobile No~: 8530674424	Relationship with Proposer: \$ Daughter	City of Residence: Pune		
Email ID~: muXXXXXXXXXXXX00@gmail.com		Sum Insured: %(INR) 500000		
Do you have ABHA No. NA	If yes please provide ABHA Number (Optional)			

Insured 3: Name: Nikki Munna singh				IF PEP# No
Date of Birth: 21/04/2009	Marital Status:	Annual Income: 0		
Gender: Male	Aadhaar/PAN No: NA	Height: 170.18	Weight: 50	
Mobile No~: 8530674424	Relationship with Proposer: \$ Son	City of Residence: Pune		

Email ID [~] :	muXXXXXXXXXXXX00@gmail.com	Sum Insured: ^{%(INR)} 500000
Do you have ABHA No.	NA	If yes please provide ABHA Number (Optional)

Insured 4: Name: Ranjani sinha				IF PEP# No	
Date of Birth: 01/01/1989		Marital Status:		Annual Income: 0	
Gender: Female		Aadhaar/PAN No: NA		Height: 160.02 Weight: 60	
Mobile No~: 8530674424		Relationship with Proposer: \$ Spouse		City of Residence: Pune	
Email ID~: muXXXXXXXXXXXX00@gmail.com				Sum Insured: %(INR) 500000	
Do you have ABHA No. NA			If yes please provide ABHA Number (Optional)		

^{\$}In case of family floater maximum of 2 Adults and up to 4 Children are allowed (Relationship covered: Self, legally married spouse OR live-in partner (same or opposite sex), Dependent Children (Natural / legally adopted), Parents and Parents-in-law) and **In case of Multi-individual policy, relationship covered:** Self, legally married spouse OR live-in partner (same or opposite sex), son, daughter, brother, sister, grandson, granddaughter, son-in-law, daughter-in-law, brother-in-law, sister-in-law, nephew, niece, parents and parents-in-law.

Mobile Number and E-Mail id is mandatory for each adult insured. Mention the Mobile Number / E-Mail id of the proposer ONLY in case any Insured's Mobile Number is not available.

[%]In case of Multi Individual policy, Sum Insured opted to be filled separately for each Insured Person and in case of Family Floater, the Sum Insured opted in section II Product / Plan details above shall be applicable to all members

IV. Previous / Current Insurance Details

	Do you have Previous / Current policy or proposal applied for Life, Health, Hospital Daily Cash or Critical Illness or Cancer or Personal Accident Insurance?				
	No				
	If Yes, Please fill the following details with respect to insurance policies(s) currently held with us or any other insurance company.				
SR.No	Previous/Current Insurance Details: *	Insured PT50477778	Insured PT50477785	Insured PT50477787	Insured PT50477788
1	Name of the Insurerd Person	Munna singh	Jyoti Munna singh	Nikki Munna singh	Ranjani sinha
2	Claim in previous policy(Yes/No)#	NA	NA	NA	NA
3	Was any proposal/policy declined/ deferred / withdrawn / accepted with modified terms/ cancelled, if “yes” please provide details in additional information (Yes/No)	NA	NA	NA	NA
4	Do you want to consider your health insurance policy for Portability ## (Yes / No)	No	No	No	No

If Claims in Previous Policy is “Yes”, Please mention details of Claim in 'Information On Health And Lifestyle' section.

##In case you want portability of your previous policy, kindly fill the portability form separately.

V. Nominee Details

Nominee Name	Nominee relationship with Proposer	Nominee Contact Number
Ranjani sinha	Spouse	NA

VA. Appointee Details (Required only if nominee is a minor)

Appointee Name	Relationship with Nominee
NA	NA

Note - A Minor should not be declared as Appointee.

In the event of death of the Proposer, any payment due under the policy shall become payable to the nominee and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. For all other persons covered under the Policy, the Proposer will be the nominee.



VI. Information on Health and Lifestyle

Please answer the following questions in "Yes" OR "No" with respect to all persons proposed to be insured.

Note - Please answer all below mentioned questions for each Insured. Please attach discharge card / summary, all consultation papers, investigation reports, histopathology reports, disability certificate from civil surgeon if any.

	Insured 1	Insured 2	Insured 3	Insured 4
A. Have you ever been diagnosed with / advised / taken treatment or observation is suggested or undergone any investigation or consulted a doctor or undergone or advised surgery for any one or more from the following? If YES then please mention Details in the additional information section below.				
1. Cancer, Tumor, Polyp or Cyst	No	No	No	No
2. Any Heart Disease or Disorder, Chest Pain or Discomfort, Irregular Heartbeats, Palpitations or Heart Murmur	No	No	No	No
3. Hypertension / High Blood Pressure (BP) / High Cholesterol / Any other Lipid disorders	No	No	No	No
4. Asthma / Tuberculosis (TB) / COPD / Pleural Effusion / Bronchitis / Emphysema or any other Disease of Lungs, Pleura and Airway or Respiratory Disease?	No	No	No	No
5. Thyroid Disease / Cushing's Disease / Parathyroid Disease / Addison's Disease / Pituitary Tumor / Disease or any other disorder of Endocrine System?	No	No	No	No
6. Diabetes Mellitus / High Blood Sugar / Diabetes on Insulin or Medication	No	No	No	No
7. Motor Neuron Disease / Muscular Dystrophies / Myasthenia Gravis / Demyelinating Disease or any other Disease of Neuromuscular System (Muscles and / or Nervous System)	No	No	No	No
8. Stroke / Paralysis / Transient Ischemic Attack / Multiple Sclerosis / Epilepsy / Mental-Psychiatric Illness / Parkinsonism / Alzheimer's / Depression / Dementia or any other disease of Brain and Nervous System?	No	No	No	No
9. Cirrhosis / Hepatitis / Wilson's Disease / Pancreatitis / Liver Disease / Crohn's Disease / Ulcerative Colitis / Inflammatory Bowel Diseases / Piles or any other Disease of Mouth, Esophagus, Liver, Gall bladder, Stomach or Intestines or any other part of Digestive System?	No	No	No	No
10. Kidney Stones / Renal Failure / Dialysis / Chronic Kidney Disease / Prostate Disease or any other Disease of Kidney, Urinary Tract or Reproductive Organs?	No	No	No	No
11. HIV / SLE / Rheumatoid Arthritis / Scleroderma / Sarcoidosis / Psoriasis / Bleeding or Clotting Disorders or any other Diseases of Blood, Bone Marrow / Immunity or Skin	No	No	No	No
12. Disease or Disorder of Eye, Ear, Nose or Throat (except any sight related problems corrected by prescription lenses)?	No	No	No	No
13. Disease of the Musculoskeletal System / Orthopedic Disorders / Degeneration, Fracture or Dislocation of Bones or Joints / Avascular Necrosis of Joints or any other Disorder related to it?	No	No	No	No

14. Any other Disease / Health Adversity / Injury / Condition / Treatment not mentioned above	No	No	No	No
15. Has any of the Proposed to be Insured been hospitalized / recommended to take investigations / medication or has been under any prolonged treatment / undergone surge for any illness / inju other than for childbirth / minor injuries?	No	No	No	No
16. Has any of the Proposed to be Insured have been suffering / suffered from Covid-19 disease? If yes, confirm if any complications arise due to Covid-19	No	No	No	No
18. Do you consume any of the following substances? (if yes, please mention the quantity)				
Alcohol [30ml (Number of pegs) of hard liquor/ pints of beer/ glasses of wine] per week	No	No	No	No
Pan Masala / Guthaka (Number of small Pouches) per week	No	No	No	No
Smoking (Number of Cigarette/bidi sticks) per week	No	No	No	No
Any Other substance (Name & Quantity) per week	No	No	No	No
Additional Information: Please attach extra sheets if required				
Details	Insured 1	Insured 2	Insured 3	Insured 4
Disease Name	NA	NA	NA	NA
Date of Diganosis	NA	NA	NA	NA
Last Consultation Date	NA	NA	NA	NA
Name of Surgery (if any)	No	No	No	No
Details of Treatment given (Hospitalization / OPD, other)	NA	NA	NA	NA
Disability%	No	No	No	No
Period of Hospitalization (if any)	No	No	No	No
Any Other Information	No	No	No	No

VII. Premium Payment Details:

Mode of Premium	Single				
Payment By:	Online Payment				
Instrument Number	Instrument Date	Instrument Amount	Name of Premium Payer**	Relationship of Payer with Proposer	Bank Details (Bank account Number, Bank name, IFSC code)
PB159279953_604010287	15-03-2026	1829	Munna singh	Self	„

**** Income Tax benefit u/s 80D of Income Tax Act 1961,** is available to the person who pays the health insurance premium by other than cash payment mode for himself and his family member (Spouse, dependent children & parent). Eligibilities u/s 80D are subject to Income Tax Act.

VIII. Bank Account Details

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and / or claims directly to your bank account.

Name as in Bank Account:	Munna singh
Bank Name:	IDBI BANK
IFSC Code:	XXXXXXXX1784
Account Type (Current / Saving)	NA
Account Number:	XXXXXXXXXXXX2091

In case of payment through Debit Card, Credit Card and Online Mode of payment, the refund will go back to the same card or bank account as the case may be. I agree and undertake to intimate in writing to Aditya Birla Health Insurance Co. Ltd. about any change in bank account details. I also hereby certify that the particulars furnished above are correct to the best of my knowledge

Date: NA Place: MUMBAI Signature: _____

ECS (NACH) Mandate:

I would like to avail the renewal premium payment facility by mandating Aditya Birla Health Insurance Co. Ltd. to debit my premium through NACH. For availing NACH, duly filled and signed physical NACH mandate to be submitted.

Note – You will be eligible for 2.5% renewal discount on the renewal premium, if the renewal premium is received through NACH / Standing instruction (where is made either by direct debit of bank account or credit card)

IX. Vernacular Declaration

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Aditya Birla Health Insurance Co. Limited to the Proposer in the language understood by them. The same have been fully understood by them and the replies have been recorded as per the information provided by the Proposer. Replies have been read out to, fully understood and confirmed by the Proposer.

Declarant Name	Munna singh	Declarant Signature		Date	16/03/2026
Proposer Name	Munna singh	Proposer Signature			
Proposer Sign Date		Place	MUMBAI		

X. Declaration & Authorization

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 authorized to propose on behalf of these other persons.

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.

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

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.

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 which includes sharing of my medical data through ABHA.

Declaration / Consent (AML / KYC): "You agree that the Company shall be entitled to share and store any personal information and documents shared by you / for the purpose of AML / KYC compliance with its Vendors and partners for the purpose of validation and AML / KYC compliance and who can store and validate from the concerned authorities / agencies / portals. You also allow the Company to receive, maintain, save and store your AML / KYC related information and documents from third party entities / intermediaries for the purpose of AML / KYC compliance in regard to processing your application for insurance policy and / or its continuation, as the case may be in furtherance to the stipulated norms. In the event you have any concerns or you do not agree to the same, you are requested to kindly visit the nearest Company branch in regards to your Application / Proposal / Policy."

Date: 16/03/2026

Place: MUMBAI

XA. Cookies

Aditya Birla Health Insurance uses the technology known as "cookies" to track usage patterns, traffic trends and user behaviour, as well as to record other information from the website. For certain services provided on this website, cookies allow Aditya Birla Health Insurance and/or its group companies/affiliates to save information locally so that you will not have to re-enter it the next time you visit. Many content adjustments and customer service improvements are made based on the data derived from cookies.

The information we collect from cookies will not be used to create profiles of users and will only be used in aggregate form.

The User may set his/her/its browser to refuse cookies. If the User so chooses, the User may still gain access to most of the Website, but the User may not be able to conduct certain types of transactions (such as shopping) or take advantage of some of the interactive elements offered.

If the User uses any of the sharing features that may be offered by this Site, the User's friend's email address will not be retained on Aditya Birla Health Insurance Website or used in any way by Aditya Birla Health Insurance or its group companies/affiliates.



Business Source Channel: No	
Intermediary Details	
Intermediary Name	POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED
Intermediary Code	5100357
Ref Code 1	NA
Ref Code 2	NA
SP Code (For Corporate Agency channel only)	NA
RM/LG/Ref Code (For Corporate Agency channel only)	No
Sales Manager Name (for All Channels)	Chetan Masand
Sales Manager Code (For All Channels)	442446
ABHI Branch Details (to be filled for all channels)	
Intermediary Branch Name	Head Office
Intermediary Branch Code	NA

I, POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form and verified photograph of proposer, including the nature of the questions contained in this Proposal Form to the Proposer and that any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, or if there has been a non-disclosure of any material fact, the policy issued in his/her favor pursuant to this Proposal may be treated as null and void by the Company and all premiums paid under the Policy may be forfeited to the company. I confirm that the proposal form is filled accurately by the customer to the best of my knowledge.

Date: 16/03/2026

Signature of Agent

(Insurance Advisor Signed date cannot be prior to Customer's Signed date)

Section 41 of Insurance Act 1938 (Prohibition of rebates):

1)No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew 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 a penalty which may extend to ten lakh rupees



XII. Annexure I - Optional Covers

Optional Covers:	Insured 1	Insured 2	Insured 3	Insured 4
Note 1. Additional premium shall be applied for opting below Optional Covers 2. For Optional Covers, - In case of family floater, if opted it is applicable for all insured persons on floater basis. Individual basis (this will depend on nature of optional cover opted) Please tick under Insure. - In case of Individual policy, applicable for the Insured person on individual basis who has chosen the Optional Cover.				

Aditya Birla Health Insurance Co. Limited

1800 270 7000 | care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com
Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and
Trademark/Logo HealthReturns, Healthy Heart Score and Active Day are owned by Moventum Metropolitan Life Limited
(Formerly known as MMI Group Limited). These trademark/Logos are being used by Aditya Birla Health Insurance Co. Limited
under licensed user agreement(s).

Registered Office:

9th Floor, Tower1, One World Centre, Jupiter Mills Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.
CIN:U66000MH2015PLC263677
IRDA Registration No. 153

Application Number : QE1635300232603

We acknowledge with thanks the receipt of your application and amount by Cash/Cheque/Demand Draft/ Others Online Payment of amount of INR 1829 dated 16/03/2026 drawn on 16-03-2026 Neither the submission to Us of a completed proposal for insurance nor any payment for any policy sought obliges Us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion.If We accept a proposal for insurance, it shall be subject to the policy terms and conditions and We shall have no liability whatsoever if premium is not received by Us in full and in time or is not realized. If We do not accept the proposal, We will inform you and refund the payment, post deduction of applicable pre-policy check up charges if any, received from you without interest.'We do not have any liability of claim until the proposal is accepted by us, counter offer if any accepted by you & policy is issued

Name of the Branch Official : Mumbai

Signature of Branch Official :

Date: 16/03/2026

Activ One MAX

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

SR. No.	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
01.	Product Name	Activ One MAX	
02.	Policy Number	31-25-0585828-00	
03.	Type of Insurance Product/Policy	Both Indemnity and Benefit	
04.	Sum Insured (Basis) (Along with amount)	Individual Sum insured – Each member has separate sum Insured under the policy Floater Sum Insured-where all member under the policy have a single sum insured limit which may be utilized by any or all members	
		Insured Person	Family Floater Sum Insured
		Jyoti Munna singh	500000
		Munna singh	
		Nikki Munna singh	
		Ranjani sinha	

05.	Policy Coverage (What the policy covers?)	I. Basic covers	
		1. Hospitalization Treatment	C.1
		2. Pre-Hospitalization Expenses	C.2
		3. Post-Hospitalization Expenses	C.3
		4. Claim Protect (Non-Medical Expense Waiver)	C.4
		5. Domiciliary Hospitalization	C.5
		6. Home Health Care	C.6
		7. AYUSH Treatment	C.7
		8. Organ Donor Expenses	C.8
		9. Annual Health Check-up	C.9
		10. Super Reload	C.10
		11. Super Credit	C.11
		12. Health Management Program	C. 12
		II. Optional Covers: (Available if opted by paying additional premium)	C.13
		13. Reduction in Specific Disease waiting period	C.13.1
		14. Reduction in Pre-Existing Disease waiting period	C.13.2
		15. Room Rent Type Options	C.13.3
		16. Per Claim Deductible	C.13.4
		17. Preferred Provider Network (PPN) Discount	C.13.5
		18. Critical Illness cover	C.13.6

		19. Personal Accident Cover (AD+PTD+PPD)	C.13.7
		20. Chronic Care (Day 1 In-patient Hospitalization)	C.13.8
		21. Chronic Management Program (OPD)	C.13.9
		22. Cancer Booster	C.13.10
		23. Durable Medical Equipment Cover	C.13.11
		24. Compassionate Visit	C.13.12
		25. Second Medical Opinion for listed Major Illness	C.13.13
		26. Annual Screening Package for Cancer Diagnosed Patients	C.13.14
		III. Optional Add-ons: (Available if opted by paying additional premium) – Please refer to Policy Schedule	
06.	Exclusions (What the policy does not cover)	Standard Exclusion: - Investigation & Evaluation (Code- Excl04) - Rest Cure, rehabilitation and respite care (Code- Excl05) - Obesity/ Weight Control (Code- Excl06) - Change-of-Gender treatments: (Code- Excl07) - Cosmetic or plastic Surgery: (Code- Excl08) - Hazardous or Adventure sports: (Code- Excl09) -. - Breach of law: (Code- Excl10) - Excluded Providers: (Code- Excl11) - Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12). - 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. (Code- Excl13) - Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14) - Refractive Error:(Code- Excl15) - Unproven Treatments:(Code- Excl16) - Sterility and Infertility: (Code- Excl17) - Maternity Expenses (Code - Excl18)	D.1.4 to D.1.18
		Specific Exclusions: - Circumstantial Exclusion - Behavioural Exclusions - Medical Exclusions - Prosthesis and Devices - Non-Medical expenses - Specific treatment Exclusion - Activities and Profession Exclusions - Geographical Exclusion	D.2.1 to D.2.8

09.	Claims / Claims Procedure	a. For Cashless Service: Kindly contact us 48 hrs prior for planned hospitalisation or within 24 hours of hospitalisation in case of emergency hospitalisation.	E.2.7						
		Link for Hospital Network details: https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing							
		b. For Reimbursement of Claim:	E.2.7						
		<table><tr><th>Type of claim</th><th>Prescribed Time Limit</th></tr><tr><td>Reimbursement of Hospitalization, Day Care Treatment or Pre Hospitalization Expenses</td><td>Within 30 days of date of discharge from Hospital.</td></tr><tr><td>Reimbursement of Post Hospitalization Expenses</td><td>Within 15 days from completion of post Hospitalization treatment.</td></tr></table>	Type of claim	Prescribed Time Limit	Reimbursement of Hospitalization, Day Care Treatment or Pre Hospitalization Expenses	Within 30 days of date of discharge from Hospital.	Reimbursement of Post Hospitalization Expenses	Within 15 days from completion of post Hospitalization treatment.	
		Type of claim	Prescribed Time Limit						
Reimbursement of Hospitalization, Day Care Treatment or Pre Hospitalization Expenses	Within 30 days of date of discharge from Hospital.								
Reimbursement of Post Hospitalization Expenses	Within 15 days from completion of post Hospitalization treatment.								
c. For Personal Accident and Critical Illnessbenefits - We shall be given an intimation of the claim within 7 days from the date of Accident or diagnosis of the critical illness or admission in the Hospital. - The claims documents must be provided to Us within 30 days of occurrence of the event.	E.2.7.2								
10.	Policy Servicing	In case of any Policy Services the insured person may contact the - Website: https://www.adityabirlacapital.com/healthinsurance/faqs - Toll- Free: 1800 270 7000 - E-mail: care.healthinsurance@adityabirlacapital.com (Senior citizens may write to us at: seniorcitizen.healthinsurance@adityabirlacapital.com) - In case you are not satisfied with the resolution you may write to Head – Customer Care : carehead.healthinsurance@adityabirlacapital.com - Courier: Write to Us at below address Unit no 1101 & 1104 11th floor, Unit no 1501 & 1502 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West - 400601							
11.	Grievances / Complaints	In case of any grievance the insured person may contact the - Website: https://www.adityabirlacapital.com/healthinsurance/faqs - Toll- Free: 1800 270 7000 - E-mail: care.healthinsurance@adityabirlacapital.com (Senior citizens may write to us at: seniorcitizen.healthinsurance@adityabirlacapital.com) - In case you are not satisfied with the resolution you may write to Head – Customer Care : carehead.healthinsurance@adityabirlacapital.com	E.1.8						

		• Courier: Write to Us at below address • Unit no 1101 & 1104 11th floor, Unit no 1501 & 1502 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West – 400601 Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the Redressal of grievance through one of the above methods, insured person may contact the grievance officer at: gro.healthinsurance@adityabirlacapital.com If Insured Person is not satisfied with the Redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per Insurance Ombudsman Rules 2017 (at the addresses given in Annexure II of Policy terms and conditions). Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://bimabharosa.irdai.gov.in/	
12.	Things to remember	a. Free Look period: The Free Look Period shall be applicable on new individual health insurance policies, except for those policies with tenure of less than a year. Free-look shall not be applicable on renewals or at the time of porting / migrating the policy. The Insured Person shall be allowed Free Look Period of thirty days from date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy, and to return the same if not acceptable. A request received by insurer for cancellation of the policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request. b. Policy Renewal: The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years. c. Migration and Portability: The Insured Person will have the option to migrate the Policy to other health insurance products / plans, offered by the Company or to port the Policy to other insurers Process for migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. Process for portability: The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the	E.1.1 E.1.3 E.1.12 & 13

		entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability In case the Insured Person wants to migrate or Port their Health Insurance Policy, then contact Us with the details through: E-mail ID: care.healthinsurance@adityabirlacapital.com Toll Free: 1800 270 7000 Address: Any of Our Branch office or Corporate office d. Changes to Sum Insured on Renewal: You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement. e. 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. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	E.2.5.C E.1.10
13.	Insured's Obligations	a. 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 by the policyholder. b. During the Policy Term any material information changes on Occupation and/ or Medical Conditions shall be communicated to Us in a Change Request Form. This form can be downloaded from Our website or collected from Our branch office or can also be obtained by contacting Us over the telephone.	E.1.14

Please refer Policy Schedule for the applicable benefits

Declaration by the Policy Holder:

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

Place : Pune

Munna singh authenticated via OTP for QE1635300232603

Date :16-MAR-26

On null at 00:00:01

(Signature of the Policy Holder)

LEGAL DISCLAIMER NOTE:

The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Please refer below link for Product related documents

[Aditya Birla Health Insurance Download \(adityabirlacapital.com\)](https://adityabirlacapital.com)

Aditya Birla Health Insurance Co. Limited

1800 270 7000 | care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com
Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and
Trademark/Logo HealthReturns, Healthy Heart Score and Active Day are owned by Momentum Metropolitan Life Limited
(Formerly known as MMF Group Limited). These trademark/Logos are being used by Aditya Birla Health Insurance Co. Limited
under licensed user agreement(s).

Registered Office:

9th Floor, Tower1, One World Centre, Jupiter Mills Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.
CIN:U66000MH2015PLC263677
IRDA Registration No. 153



NOW ANY HOSPITAL IS A CASHLESS HOSPITAL

Dear Customer,

We thank you for choosing ABHI as your trusted partner in your health and healthcare journey.

Keeping up with our commitment to seamlessly serve you, you can now avail the benefit of **Cashless Anywhere** as part of your ABHI policy. This means you can avail of **Cashless Claims at any hospital of your choice**, even if the hospital does not belong to ABHI's network (excluding blacklisted and de-panelled hospitals).

All you have to do is, **choose any one** of the below three ways to **intimate us of your Cashless Claim** (please note that the customer has to raise this request):

How to avail Cashless Claim Facility:



**Call our Customer Care
1800-270-7000**

OR



**Download our
Activ Health App**

(My Policy > Raise a Claim >
Cashless Anywhere)

OR



**Raise a Claim on
ABHI's website**



Or Click Here



Or Click Here

And that's it. Let us now do the work by reviewing your submitted details as per the necessary Terms & Conditions. Once we receive authorization, we will promptly inform you and start processing your claim with the hospital.

Claim intimation requirement to avail the facility:



**Planned Hospitalization - At least
48 hours before hospitalization**



**For Emergency Hospitalization - Within
48 hours of hospitalization**