Optima Restore

Freelook Cancellation Request Form

ApolloMunich HEALTH INSURANCE

10th Floor, Building No. 10, Tower B, DLF City Phase II, DLF Cyber City, Gurgaon-122002

Policy Number : _____

CANCELLATION OF POLICY

Policyholder's name : _____

Policyholder's Address : _____

_____

Contact Number : _____ Email ID : _____

REASONS FOR CANCELLATION

☐ Not Satisfied with Policy terms & conditions

☐ Product differs from what was requested for or features/benefits not disclosed.

Documents Submitted : Policy Kit ☐ ID Cards ☐ 80D Certificate ☐

I hereby submit that I am the holder of an insurance policy no _____ I understand that as per the Policy terms and conditions, Freelook option can be availed by me within 15 days from the date of receipt of the policy documents. I request you to please process the cancellation of my policy under the Freelook option, after adjusting the applicable charges (if any). I understand that cancellation of the Policy results in termination of the insurance contract and all rights/ titles and interest under the Policy shall stand terminated.

DISCLAIMER: AMHI shall not be held responsible for delay or non - receipt of the cheque in case the postal address is incomplete/incorrect in company's records.

Policy Holder Signature : ☑

Date : D D M M Y Y Place : _____

BANK DETAILS FOR DIRECT CREDIT OF FREELOOK CANCELLATION REFUND

Please provide the following bank details and a copy of Cancelled Cheque
(Cancelled Cheque should be of the same bank account in which the refund needs to credited directly)

Name as in Bank Account																																			
Bank Name																																			
Bank Branch																																			
Bank Account No.																																			
IFSC Code																MICR No.																			

Note. The Proposer agrees and undertakes to intimate in writing to Apollo Munich about any change in bank account details.

Policy Holder Signature : ☑

Date : D D M M Y Y Place : _____

ApolloMunich HEALTH INSURANCE

FREELOOK CANCELLATION - CUSTOMER ACKNOWLEDGEMENT SLIP

Policy No : _____

Received by : _____ Date & Time of receipt : _____

Name (AMHI Executive) : _____

Signature (AMHI Executive) ☑

TO/BO Stamp & date

AMHI/PR/H/0004/0063/102010/P