

To,

SUNILKUMAR KASTURCHAND KASAT,
JK COLLECTION, STATION ROAD,
PARTUR, JALNA

IMPORTANT

10-MAR-21

Partur, Jalna, Maharashtra - 431501
Mobile : 9423141502.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2021/028644

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

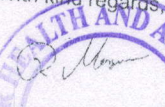
This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void ab initio.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 15 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,


Authorized Signatory

In case of a need for hospitalization, kindly prefer our network hospital (list is available in our website) for a quick response to your claim request.

Please select the room as per your eligibility stipulated in your policy to avoid additional payment from your pocket towards the proportionate increase which would invariably be charged by the hospital for the higher room category occupied.

Sum insured of this Policy is meant for utilization till its expiry. Bearing this aspect in mind, we have no doubt, you will choose appropriate hospital, room rent and treatment charges, etc.

Should you need any assistance, our customer care will be delighted to assist you, whose toll free no. is 1800-425-2255/1800-102-4477.

However, the ultimate decision will be that of yours only.

Policy Schedule
Star Super Surplus (Floater) Insurance Policy
Unique id : SHAHLIP21213V042021

Policy No. : P/151115/01/2021/028644	Previous Policy No. :
Customer Code : AA0017444526	GSTIN :
Customer Name : SUNILKUMAR KASTURCHAND KASAT	SAC Code : 27AAJCS4517L1ZY
Proposer Code : 20512229	997133/Accident and Health Insurance Services
Proposer's Name : SUNILKUMAR KASTURCHAND KASAT	Issuing Office Code : 151115/Branch Office - Aurangabad
Address : JK COLLECTIOIN , STATION ROAD , PARTUR, JALNA Partur, Jalna, Maharashtra-431501	Address : 2nd Floor, BLOCK 6 & 7, Suyash Complex Baba Hardas Nagar , Kaida Corner , Aurangabad-431001
Tel/Mobile : /9423141502/	Tel/Mobile : 0240-6651003 / 0240-6651004
E-mail Id : vkkasat@gmail.com	E-mail Id : aurangabad@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal Date : 25/02/2021	Intermediary Code : LC0000000248
Date of Inception of first policy : 25-FEB-2021	Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD
Renewal Year : NEW	Phone : 02402350377/9850049400
Collection Number : 1127029461	Email id : insurance@kailashjain.in
Collection Date : 25/02/2021	
Premium : Rs. 10,280 /-	
CGST @9% : Rs. 925 /- SGST /UTGST@9%:Rs. 925/-	
Total Premium : Rs 12,130 /- Stamp Duty : Re. 1 /-	
Total Premium in Words : Indian Rupees Twelve Thousand One Hundred Thirty Only	
Period of Insurance : FROM : 25/02/2021 19:49 Hrs TO: Midnight of 24/02/2022	
Plan Type : GOLD	Family Size: 2A+1C
Sum Insured : Rs. 1500000	Defined Limit (Rs.): 500000
Sum Insured in words: Indian Rupees Fifteen Lakhs Only	

Insured Person Details:

Sl. no.	Name of the Insured	Gender	DOB	Age in Yrs	Relationship with Proposer	ID Card No	Pre-existing Diseases	Inception Date
1	SUNILKUMAR KASTURCHAND KASAT	MALE	28/12/1966	54	SELF	20512229-1		25/02/2021

Pre Existing Disease : No Pre Existing Disease declared

2	BHARTI SUNIL KASAT	FEMALE	04/02/1960	61	SPOUSE	20512229-2		25/02/2021
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Pre Existing Disease : Diseases related to Thyroid and its Complications
Diabetes & Hypertension and their complications

3	RADHIKA SUNIL KASAT	FEMALE	08/01/1998	23	DEPENDANT CHILD	20512229-3	No PED declared	25/02/2021
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Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	BHARTI SUNIL KASAT	Spouse	53	100			

Sector Classification :


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Entered by : STAR_PORTAL

Approved by : PORTAL

Place :
Date : 11/03/2021

For and on behalf of
Star Health and Allied Insurance Company Ltd.


Authorised Signatory

Attached to and forming part of Policy No. P/151115/01/2021/028644

Please check whether the details given by you about the Insured persons in the Proposal Form are incorporated correctly in the Policy. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the Insured persons given in the Policy are deemed to have been accepted by you.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio.

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC. ATTACHED.

Toll Free No : 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522.

Important

In the event of hospitalization of insured person, intimation should be given to the Company immediately, however, within 24 hrs from the time of admission.

"Consolidated stamp paid vide certificate No.CSD/350/2020/1071/2020 DATED 06-MAR-2020"

In witness whereof the undersigned being duly authorised here in to set his hand at Branch Office - Aurangabad on 10th Day of March 2021.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
SUNILKUMAR KASTURCHAND KASAT	20512229-1	
BHARTI SUNIL KASAT	20512229-2	
RADHIKA SUNIL KASAT	20512229-3	



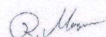
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Approved by : PORTAL

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Date : 11/03/2021

For and on behalf of
Star Health and Allied Insurance Company Ltd.


Authorised Signatory

Emergency Help Line No. 1800 425 2255 / 1800 102 4477
e-mail : support@starhealth.in Website : www.starhealth.in
Please quote the Customer Id No. for assistance

- ▶ This Card is valid until otherwise Cancelled.
- ▶ This ID Card is invalid, if the insurance cover is not in force.
- ▶ Immediate intimation to 'Star' through above Tel Nos. is a must in case of Hospitalisation.

At the time of hospitalization, kindly submit any **Government approved photo ID Card**.

Corporate Identity Number: U66010IN2005PLC056649

Star Health and Allied Insurance Company Limited
Customer Identity Card

Customer ID No. : 20512229-3
Name : RADHIKA SUNIL KASAT
Date Of Birth : 08-JAN-98 Age : 23 Years
Gender : Female Office Code : 151115
Valid From : 25-FEB-21 TA/SSM/SM Code: SH6642
Agent/Broker/TE Code: LC0000000248

IRDAI Regn. No:129

Star Health and Allied Insurance Company Limited
Customer Identity Card

Customer ID No. : 20512229-1
Name : SUNILKUMAR KASTURCHAND KAS
Date Of Birth : 28-DEC-66 Age : 54 Years
Gender : Male Office Code : 151115
Valid From : 25-FEB-21 TA/SSM/SM Code: SH6642
Agent/Broker/TE Code: LC0000000248

IRDAI Regn. No:129

Star Health and Allied Insurance Company Limited
Customer Identity Card

Customer ID No. : 20512229-2
Name : BHARTI SUNIL KASAT
Date Of Birth : 04-FEB-60 Age : 61 Years
Gender : Female Office Code : 151115
Valid From : 25-FEB-21 TA/SSM/SM Code: SH6642
Agent/Broker/TE Code: LC0000000248

IRDAI Regn. No:129



*This is a temporary ID card issued along with the policy. Original ID cards will be dispatched shortly.

Entered by : STAR_PORTAL
Approved by : PORTAL
Place :
Date : 11/03/2021

For and on behalf of
Star Health and Allied Insurance Company Ltd.

[Signature]
Authorised Signatory

TAX Invoice



Invoice No. : 27L127Y21P001107	Customer ID : AA0017444526
Invoice Date : 10/03/21	Policy No : P/151115/01/2021/028644
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : SUNILKUMAR KASTURCHAND KASAT	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : JK COLLECTION , STATION ROAD , PARTUR, JALNA	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
City : Partur,Jalna,Maharashtra-431501	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 431501	Pincode : 431001
Client Category : IND	Place of Supply : 27 - Maharashtra

HSN/ SAC Code	Description of Service(s)	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	CESS@1%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C *CGST	F = C *UTGST or SGST	G=C*Cess	H=C+D+E+F+G
997133	Insurance Services	10280	0	10280		925	925		Rs. 12130

Total Invoice Value (in Figures) : Rs. 12130
 Total Invoice Value (in Words) : Rupees: Twelve thousand one hundred thirty only
 Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act
 In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required
 IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : STAR_PORTAL
 Approved by : PORTAL
 Place :
 Date : 11/03/2021

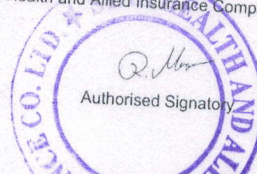
For and on behalf of
 Star Health and Allied Insurance Company Ltd.



Name Of the Product		Star Super Surplus (Floater) Insurance Policy					
Product UIN No.		SHAHLIP21213V042021					
Summary of Important Benefits - Gold Plan							
S.No	Particulars of Coverage / Benefits	Benefit Limits (in Rs.)					Refer to Policy clause No.
		5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	
1	Room Category *Expenses relating to the hospitalization will be considered in proportion to the room rent stated in the policy	Single Standard A/C Room					II (A)
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, Blood, Oxygen, Operation theatre charges, Surgical Appliances, Medicines and Drugs	Actual					II (B)
3	Ambulance Charges (Per hospitalization) up to	3,000	3,000	3,000	3,000	3,000	II (C)
4	Air Ambulance Charges (Per Policy Period)	N/A	Covered up to 10% of Sum Insured				II (C)
5	Medical Second Opinion E-MAIL: "e_medicalopinion@starhealth.in"	Available	Available	Available	Available	Available	II (D)
6	Pre-Hospitalization Expenses	60 days	60 days	60 days	60 days	60 days	II (E)
7	Post-Hospitalization Expenses	90 days	90 days	90 days	90 days	90 days	II (F)
8	Delivery Expenses (Limit Per Policy Period) up to	50,000	50,000	50,000	50,000	50,000	II (G)
9	Organ Donor Expenses	Covered up to Sum Insured					II (H)
10	Day Care Treatments / Procedures	All Day Care Procedures are Covered					II
11	Recharge Benefit	Defined Limit Rs.		Recharge Limit Rs.			II (I)
		3,00,000		50,000			
		5,00,000		75,000			
12	Coverage for Modern Treatment	Covered up to the limits					II (J)
<p>Note: The Company's liability will begin only when the aggregate of the hospitalization expenses admissible under this policy during this policy period exceed the Defined limit</p> <p>- Defined Limit means the limit of admissible hospitalization expenses as per the terms of the policy, opted for and mentioned in the Schedule of the policy, up to which the Company will not be liable during the policy period</p> <p>- For the purpose of calculating the Defined limit, the pre-hospitalization and post-hospitalization expenses will not be taken into account.</p>							
<p>N/A = Benefits not available to the respective Sum Insured.</p> <p>Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.</p>							

Entered by : STAR_PORTAL
Approved by : PORTAL
Place :
Date : 11/03/2021

For and on behalf of
Star Health and Allied Insurance Company Ltd.



Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

Policy No : P/151115/01/2021/028644
Issue Office : 151115 - Branch Office - Aurangabad
Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex
Baba Hardas Nagar , Kalda Corner ,
Aurangabad-431001
Tel / Fax : 0240-6651003 / 0240-6651004 /
Email : aurangabad@starhealth.in

Type of Policy : Star Super Surplus Insurance -
Floater - Revised - 2018

This is to certify that SUNILKUMAR KASTURCHAND KASAT has paid Rs 12130 (Total Premium : Indian Rupees Twelve Thousand One Hundred Thirty Only) towards Premium for Hospitalization Insurance vide Policy No: P/151115/01/2021/028644 for the Period 25/02/2021 To 24/02/2022 issued on 10-MAR-21.
Payment received by Cheque/Credit/Debit Card vide Receipt No: 1127029461 Receipt Date: 25-FEB-21

Note :- This Certificate must be surrendered to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

Date : 18/03/2021

Place :

IRDA Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : info@starhealth.in

For and On behalf of

Star Health and Allied Insurance Company Ltd

