

IMPORTANT
19/11/2021

To,

JAYSHREE ASHOK BAPHANA,
PLOT NO 75, TUSHAR BUNGLOW,
OPP. JAIN SCHOOL, PAVANA NAGAR, CHINCHWAD, PUNE

Pimpri Chinchwad (M Corp.), Pune, Maharashtra -411033
Mobile : 9372875517.

Dear Customer,

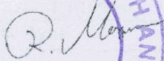
Re: Health Insurance Policy - P/151115/01/2022/021386

We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

Kindly note that the above request is very important and if we do not hear anything from you within 15 days, we would presume that the policy issued by us is in order and the contract is concluded.

We would like to mention that we have incorporated the name of the intermediary as indicated by you. We wish you good health and we look forward to serve you in the days to come.

With kind regards,



Authorised 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
Super Surplus Insurance Policy
Unique Id: SHAHLIP22035V062122

Policy No. : P/151115/01/2022/021386	Previous Policy No. : P/151115/01/2021/020045
Customer Code : AA0016082116	GSTIN : 27AAJCS4517L1ZY
Customer Name : JAYSHREE ASHOK BAPHANA	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 19083084	Issuing Office Code : 151115/Branch Office - Aurangabad
Proposer's Name : JAYSHREE ASHOK BAPHANA	
Address : PLOT NO 75, TUSHAR BUNGLOW, OPP. JAIN SCHOOL, PAVANA NAGAR, CHINCHWAD, PUNE Pimpri Chinchwad (M Corp.),Pune,Maharashtra-411033	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
Tel/Mobile : /9372875517/	Tel/Mobile : 0240-6651003 / 0240-6651004
E-mail Id : tushar.baphana@gmail.com	E-mail Id : aurangabad@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Proposal Date : 27/11/2020	Fulfiller Code : SH6642
Date of Inception of first policy : 27-NOV-2020	Intermediary Code : LC0000000248
Renewal Year : First Year	Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD
Collection Number : 1127023441	Phone : 02402350377/9850049400
Collection Date : 19/11/2021	Email id : insurance@kailashjain.in
Premium : Rs.5,900 /-	
CGST @9% : Rs. 531/- SGST / UTGST @9% :Rs. 531/-	
Total Premium : Rs. 6,962/- Stamp Duty : Re. 1/-	
Total Premium In Words : Indian Rupees Six Thousand Nine Hundred Sixty Two Only	
Period of Insurance : FROM : 27/11/2021 00:00 Hrs TO: Midnight of 26/11/2022	
Plan Type : GOLD	
Instalment facility opted: No Instalment : Annual	

Insured Person Details:

Sl. no.	Name of the Insured	Gender	DOB	Age in Yrs	Relationship with Proposer	ID Card No	Pre-existing Diseases	Sum Insured (Rs.)	Defined Limit (Rs.)	Inception Date
1	JAYSHREE ASHOK BAPHANA	FEMALE	07/07/1959	62	SELF	19083084-1		15,00,000.00	5,00,000.00	27/11/2020

Pre Existing Disease : Diseases related to Thyroid and its Complications

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	ASHOK BAPHANA	Spouse	66	100			

Sector Classification :

Urban	
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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.

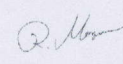
Toll Free No : 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522.

Entered by : PREMIA
Approved by : PORTAL

Place :
Date : 20/11/2021

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

IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in


Authorised Signatory

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 DUTY PAID VIDE PROCEEDING No.CSD/116/2021/3138/21 DATED 23-AUG-2021"

In witness whereof the undersigned being duly authorised here in to set his hand at Branch Office - Aurangabad on 19th Day of November 2021.

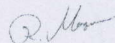
Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
JAYSHREE ASHOK BAPHANA	19083084-1	



Entered by : PREMIA
Approved by : PORTAL
Place :
Date : 20/11/2021

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


Authorised Signatory



Health Insurance
Personal & Caring

Star Health and Allied Insurance Company Limited

The Health Insurance Specialist



Invoice No. : 27H127Y22P001171	Customer ID : AA0016082116
Invoice Date : 19/11/21	Policy No : P/151115/01/2022/021386
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : JAYSHREE ASHOK BAPHANA	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : PLOT NO 75, TUSHAR BUNGLOW, OPP. JAIN SCHOOL, PAVANA NAGAR, CHINCHWAD, PUNE	Address : 2nd Floor, BLOCK 6 & 7, Suyash Complex, Baba Hardas Nagar, Kalda Corner, Aurangabad-431001
City : Pimpri Chinchwad (M Corp.), Pune, Maharashtra-411033	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 411033	Pincode : 431001
Client Category : IND	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	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 * UT/SGST or SGST	G = C * Cess	H = C + D + E + F + G
997133	Insurance Services	5900	0	5900		531	531		Rs. 6962

Total Invoice Value (in Figures) : Rs. 6962
Total Invoice Value (in Words) : Rupees: Six thousand nine hundred sixty-two 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 : PREMIA
Approved by : PORTAL

Place :
Date : 20/11/2021

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/151115/01/2022/021386
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
Policy Revised - 2018

This is to certify that JAYSHREE ASHOK BAPHANA has paid Rs 6962 (Total Premium : Indian Rupees Six Thousand Nine Hundred Sixty-Two Only) towards Premium for Hospitalization Insurance vide Policy No: P/151115/01/2022/021386 for the Period 27/11/2021 To 26/11/2022 issued on 19-NOV-21.
Payment received by Cheque/Credit/Debit Card vide Receipt No: 1127023441 Receipt Date: 19-NOV-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 : 27/11/2021

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



Authorised signatory.

