

IMPORTANT
17-NOV-21

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/151115/01/2022/021223


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

"Let Star Health help you to become healthier and happier. Star Wellness Benefits includes Mind Body healing and other Condition management programmes (Weight management, Diabetes etc....) Visit www.starhealth.in / customer portal login and start your journey with us to Better Health".

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.

**STAR COMPREHENSIVE INSURANCE POLICY
SCHEDULE (INDIVIDUAL)
UNIQUE ID:SHAHLIP22028V072122**

Policy No. : P/151115/01/2022/021223	Previous Policy No. : P/151115/01/2021/019797
Customer Code : AA0016030887	GSTIN : 27AAJCS4517L1ZY
Customer Name : JAYSHREE ASHOK BAPHANA	SAC Code : 997133/Accident and Health Insurance Services
Proposer's Code : 19028932	Issuing Office Code : 151115
Proposer's Name : JAYSHREE ASHOK BAPHANA	Issuing Office Name : Branch Office - Aurangabad
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
Phone No : /9372875517/	Phone No : 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 : 24/11/2020	Fulfiller Code : SH6642
Date of Inception of first policy : 24-NOV-2020	Intermediary Code : LC0000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone No : 02402350377/9850049400 E-mail Id : insurance@kailashjain.in
Renewal Year : First Year	
Collection Number : 1127023259	
Receipt Date : 17/11/2021	
Premium :Rs 25,750/- CGST @9% : 2,318/- SGST / UTGST @9% : 2,318/- Stamp Duty :Rs 1/- Total Premium :Rs 30,386/-	
Total Premium In Words : Rupees Thirty Thousand Three Hundred Eighty Six Only	Installation Facility Optn :No
Premium Payment Frequency :Annual	Installation Amount : Rs. 0
Period of Insurance : FROM 24/11/2021 00:00 TO : Midnight Of 23/11/2022	Policy Term: 1 Year

Details of Insured Persons :

Sl. no.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Co-Pay	Section 1		Section 10	Pre-Existing Disease	Inception Date
								Basic Sum Insured (Health) (Rs.)	Cumulative Bonus Rs	Capital Sum Insured (Rs.)		

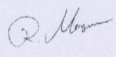
Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person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

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

Sector Classification :

Entered by : PREMIA
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.


Authorised Signatory

IRDAI Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : info@starhealth.in



Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No : P/151115/01/2022/021223

1	JAYSHREE ASHOK BAPHANA	F	07/07/1959	62	SELF	19028932-1	10	500000	250000	500000		24/11/2020
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Pre Existing Disease : TREATMENT RELATED TO PREVIOUS FRACTURES AND THEIR SEQUELAE.
Diseases related to Thyroid and its Complications

Buy Back Pre Existing Disease Opted: No

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

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.

Urban

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

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

AYUSH Hospital means a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

1. Central or State Government AYUSH Hospital or
2. Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine/Central Council for Homeopathy; or
3. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Nominee Details

Appointee 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			

In witness whereof the undersigned being authorised by and on behalf of the company has set his hand at Branch Office - Aurangabad on 7th Day of November 2021.

For Star Health and Allied Insurance Company Ltd.

Entered by : PREMIA
Approved by : PORTAL

Authorized Signatory

Attached to and forming part of Policy No : P/151115/01/2022/021223

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered by : PREMIA
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.


Authorised Signatory

TAX Invoice

Invoice No. : 27H127Y22P000995	Customer ID : AA0016030887
Invoice Date : 17/11/21	Policy No : P/151115/01/2022/021223
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 A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST @ 9% F = C * UT/SGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	25750	0	25750		2318	2318		Rs. 30386

Total Invoice Value (in Figures) : Rs. 30386

Total Invoice Value (in Words) : Rupees: Thirty thousand three hundred eighty-six 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

For Star Health and Allied Insurance Company Ltd.

