

IMPORTANT

08/12/2021

To,

Mrs.HIRAMANI KANHIYALAL JUMANI,
PLOT NO. 20,3, SHRIKRUSHNA COLONY
NEAR GANESH COLONY
JALGAON
Jalgaon,Jalgaon,Maharashtra -**425002**
Mobile : 9423188792.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2022/023025

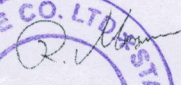
We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

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.

In consideration of payment of Rs.5252/- towards renewal premium of Policy number: P/151115/01/2021/020848, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151115/01/2022/023025									
Customer Code : AA0002358011	GSTIN : 27AAJCS4517L1ZY								
Customer Name : Mrs.HIRAMANI KANHIYALAL JUMANI	SAC Code : 997133/Accident and Health Insurance Services								
Proposer's Code : 3929168	Issue Office Code : 151115								
Proposer's Name : Mrs.HIRAMANI KANHIYALAL JUMANI	Issue Office Name : Branch Office - Aurangabad								
Address : PLOT NO. 20,3, SHRIKRUSHNA COLONY NEAR GANESH COLONY JALGAON Jalgaon,Jalgaon,Maharashtra-425002	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001								
Phone No : NIL/9423188792/	Phone No : 0240-6651003 / 0240-6651004								
E-mail Id : svkhona@gmail.com	E-mail Id : aurangabad@starhealth.in								
Proposer GSTIN : -	Place of Supply : -								
Proposal Date : 05/12/2014	Fulfiller Code : SH6642								
Date of Inception of first policy : 05-DEC-2014	Intermediary Code : LC0000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone No : 02402350377/9850049400 E-mail Id : insurance@kailashjain.in								
Renewal Year : Seventh Year									
Collection Number : 1127025307									
Collection Date : 08/12/2021									
Premium :Rs 4,450 /- CGST @9% : 401/- SGST / UTGST @9% : 401/- Stamp Duty :Re 1 /- Total Premium :Rs 5,252 /-									
Total Premium In Words : Rupees Five Thousand Two Hundred Fifty Two Only									
Period Of Insurance From : 10/12/2021 00:00 Hrs To : Midnight Of 09/12/2022									
Policy Type : Individual									
Installation Facility Optn :No	Premium Payment Frequency :Annual								
Installation Amount Rs. : 0									
Details of Insured Persons :									
Sl. No.	Name	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	OP Limit Rs.	ID Card No	Sum Insured (Rs.)	Inception Date
1	HIRAMANI KANHIYALAL JUMANI	F	01/06/1953	68	SELF	0	3929168-1	100000	05/12/2014
Details of Pre Existing Diseases relating to the above person : NIL									

Entered by : SH60656

Approved by : SH60656

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

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No. P/151115/01/2022/023025

Co-Payment:

For Sum Insured Options Up to Rs.10,00,000/- :-

Copay for PED Claims : 50%

Copay for Non PED Claims : 30% irrespective of sum insured

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 dishonour of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Expenses relating to the hospitalisation will be considered in proportion to the room rent stated in the policy.

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.

Sector Classification :

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

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/201/2021/4896 DATED 29-NOV-2021"

In the event of the policy being withdrawn in future, intimation about the withdrawal will be sent 3 months prior to the date when renewal falls due. The insured will have the option of migrating to any other similar health insurance policy offered by the Company at the relevant time. Continuity of benefits for waiting period and bonus, if any and if applicable, will be given provided the insured had been renewing the policy without any break (or renewing within the grace period offered)

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Aurangabad on 08th Day of December 2021.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered by : SH60656

Approved by : SH60656

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

TAX Invoice



Invoice No. : 271127Y22P000629	Customer ID : AA0002358011
Invoice Date : 08/12/21	Policy No : P/151115/01/2022/023025
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : Mrs.HIRAMANI KANHIYALAL JUMANI	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : PLOT NO. 20,3, SHRIKRUSHNA COLONY NEAR GANESH COLONY JALGAON	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
City : Jalgaon,Jalgaon,Maharashtra-425002	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 425002	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 InvoiceValue
		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	4450	0	4450		401	401		Rs. 5252

Total Invoice Value (in Figures) : Rs. 5252
 Total Invoice Value (in Words) : Rupees: Five thousand two hundred fifty-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

RDAl Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID:stargst@starhealth.in

Entered by : SH60656
 Approved by : SH60656

For 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/151115/01/2022/023025
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 : Senior Citizens Revised 2019
Individual

This is to certify that Mrs.HIRAMANI KANHIYALAL JUMANI has paid Rs 5252 (Total Premium : Indian Rupees Five Thousand Two Hundred Fifty-Two Only) towards Premium for Hospitalization Insurance vide Policy No: P/151115/01/2022/023025 for the Period 10/12/2021 To 09/12/2022 issued on 08-DEC-21.

Payment received by Cheque/Credit/Debit Card vide Receipt No: 1127025307 Receipt Date: 08-DEC-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 : 09/12/2021

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.