

Jainwina



Star Health and Allied Insurance Company Limited

IMPORTANT

13/12/2021

To,

Mr. MAHAVIR BHIKCHAND DOSI,
MANSI DRYFRUITS
RAJA BAZAR
AURANGABAD
Aurangabad (M Corp.), Aurangabad, Maharashtra -431003
Mobile : 7875111017.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2022/023381.

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.

Family Health Optima Insurance Plan
SHAHLIP22030V062122

Policy No. : P/151115/01/2022/023381	Previous Policy No. : P/151115/01/2021/021258
Customer Code : AA0002370683	GSTIN : 27AAJCS4517L1ZY
Customer Name : Mr.MAHAVIR BHIKCHAND DOSI	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 3945218	Issuing Office Code : 151115
Proposer Name : Mr.MAHAVIR BHIKCHAND DOSI	Issuing Office Name : Branch Office - Aurangabad
Address : MANSI DRYFRUITS RAJA BAZAR AURANGABAD Aurangabad (M Corp.),Aurangabad,Maharashtra-431003	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
Tel/Mobile : NIL/7875111017/	Tel/Mobile : 0240-6651003 / 0240-6651004
E-mail id :	E-mail id : aurangabad@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 13/12/2014	Fulfiller Code : SH6642
Date of Inception of first policy : 15-DEC-2014	Intermediary Code : LC0000000248
Renewal Year : Seventh Year	
Collection Number & Date : 1127025708 & 13/12/2021	
Premium : Rs 17440 /- CGST @9% : Rs 1,570/- SGST / UTGST @9% : Rs 1,570/- Total Premium : Rs 20580 /- Stamp Duty : Re 1/-	
Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD	
Tel/Mobile : 02402350377/9850049400	
E-mail id : insurance@kailashjain.in	

Total Premium In Words : Rupees Twenty Thousand Five Hundred Eighty Only

Installation Facility Optn :No Premium Payment Frequency :Annual Installation Amount Rs. : 0

Period of insurance : From : 15/12/2021 00:00 To : Midnight of 14/12/2022

Basic Floater Sum Insured : 1000000

In words : Rupees: Ten Lakhs Only

Bonus: Rs. 0 **Limit of Coverage** : Rs. 1000000 **Recharge Benefit** : Rs. 150000

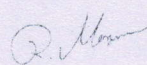
Scheme Description : 2ADULT+2CHILD

Details of Insured Persons :

Sl. No.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Pre Existing Disease	Inception Date
1	MAHVIR DOSI	M	23/09/1976	45	SELF	3945218-1	No PED declared	15/12/2014
2	RUPALI DOSI	F	01/06/1976	45	SPOUSE	3945218-2	No PED declared	15/12/2014
3	MANSI DOSI	F	07/04/1998	23	DEPENDANT CHILD	3945218-3	No PED declared	15/12/2014
4	MIHEER DOSI	M	15/06/2001	20	DEPENDANT CHILD	3945218-4	No PED declared	15/12/2014

Entered By : SH50690
Approved By : SH50690

For Star Health and Allied Insurance Company Ltd.


Authorised Signatory

Attached to and forming part of Policy No. P/151115/01/2022/023381

Nominee Details

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

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 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).

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

"This policy covers 68 other excluded expenses. Accordingly, exclusion (Code Excl 37) appearing in the policy wordings stands deleted"

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.

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.LOA/CSD/201/2021/4896 DATED 29-NOV-2021"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Aurangabad on 13th Day of December 2021.

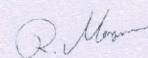
Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease

Entered By : SH50690

Approved By : SH50690

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 271127Y22P001017	Customer ID : AA0002370683
Invoice Date : 13/12/21	Policy No : P/151115/01/2022/023381
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : Mr.MAHAVIR BHIKCHAND DOSI	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : MANSI DRYFRUITS RAJA BAZAR AURANGABAD	Tel/Mobile : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
City : Aurangabad (M Corp.),Aurangabad,Maharashtra- 431003	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 431003	Pincode : 431001
Client Category : IND	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	TaxableValue C = A - B	IGST @ 18% D = C * IGST	CGST @9% E = C *CGST	UT/SGST@9% F = C *UTGST or SGST	CESS@1% G=C*Cess	Total Invoice Value H=C+D+E+F+G
997133	Insurance Services	17440	0	17440		1570	1570		Rs. 20580

Total Invoice Value (in Figures) : Rs. 20580

Total Invoice Value (in Words) : Rupees: Twenty thousand five hundred eighty 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

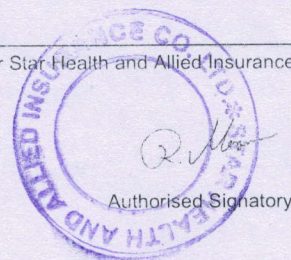
This is a digitally signed document and hence no physical signature is required

Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered By : SH50690

Approved By : SH50690

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/151115/01/2022/023381
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 : Family Health Optima Insurance
- 2017

This is to certify that Mr.MAHAVIR BHIKCHAND DOSI has paid Rs 20580 (Total Premium : Indian Rupees Twenty Thousand Five Hundred Eighty Only) towards Premium for Hospitalization Insurance vide Policy No: P/151115/01/2022/023381 for the Period 15/12/2021 To 14/12/2022 issued on 13-DEC-21.

Payment received by Cheque/Credit/Debit Card vide Receipt No: 1127025708 Receipt Date: 13-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 : 20/12/2021

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.