

IMPORTANT

10/12/2021

To,

SEEMA KAMLESH GUJRATHI,  
TARAKUNJ, GUJRATHI GALLI, CHOPDA, JALGAON  
JALGAON

Chopda, Jalgaon, Maharashtra -425107  
Mobile : 8888849450.

Dear Customer,

**Re: Health Insurance Policy - P/151115/01/2022/023220**

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.

**Medi classic Insurance Policy (Individual)  
SCHEDULE  
Unique Identification No. SHAHLIP22037V062122**

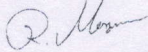
<b>Policy No.</b> : P/151115/01/2022/023220	<b>Previous Policy No.</b> : P/151115/01/2021/021406									
<b>Customer Code</b> : AA0000979934	<b>GSTIN</b> : 27AAJCS4517L1ZY									
<b>Customer Name</b> : SEEMA KAMLESH GUJRATHI	<b>SAC Code</b> : 997133/Accident and Health Insurance Services									
<b>Proposer's Code</b> : 896559	<b>Issuing Office Code</b> : 151115									
<b>Proposer's Name</b> : SEEMA KAMLESH GUJRATHI	<b>Issuing Office Name</b> : Branch Office - Aurangabad									
<b>Address</b> : TARAKUNJ, GUJRATHI GALLI, CHOPDA, JALGAON JALGAON  Chopda, Jalgaon, Maharashtra-425107	<b>Issuing Office Address</b> : 2nd Floor, BLOCK 6 & 7, Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001									
<b>Phone No</b> : 02586 - 220471/8888849450/0	<b>Phone No</b> : 0240-6651003 / 0240-6651004									
<b>E-mail Id</b> : SHAM@KAILASHJAIN.IN	<b>E-mail Id</b> : aurangabad@starhealth.in									
<b>Proposer GSTIN</b> : -	<b>Place of Supply</b> : -									
<b>Proposal date</b> : 10-DEC-21	<b>Fulfiller Code</b> : SH6642									
<b>Date of Inception of first policy</b> : 05-DEC-2009	<b>Intermediary Code</b> : LC0000000248									
<b>Renewal Year</b> : Thirteenth Year	<b>Name</b> : M/S.JAINUINE INSURANCE BROKERS PVT LTD									
<b>Collection Number</b> : 1127025514	<b>Phone No</b> : 02402350377/9850049400									
<b>Collection Date</b> : 10/12/2021	<b>E-mail Id</b> : insurance@kailashjain.in									
<b>Premium</b> :Rs 28,500 /- <b>CGST @9%</b> :Rs 2,565/- <b>SGST / UTGST @9%</b> :Rs 2,565/- <b>Stamp Duty</b> :Rs 1 /- <b>Total Premium</b> :Rs 33630 /-										
<b>Total Premium In Words</b> : Rupees Thirty Three Thousand Six Hundred Thirty Only										
<b>Premium Payment Frequency</b> :Annual	<b>Installment Facility Optn</b> :No									
<b>Installment Amount</b> : Rs. 0										
<b>PERIOD OF INSURANCE</b> : FROM : 10/12/2021 00:00 TO : Midnight Of 09/12/2022										
<b>Policy Term</b> : 1 Year										
<b>Details of Insured Persons :</b> No. of Persons Insured: 1										
<b>Sl. no.</b>	<b>Name</b>	<b>Sex</b>	<b>Date of Birth</b>	<b>Age in Yrs</b>	<b>Relationship with Proposer</b>	<b>Sum Insured (Rs.)</b>	<b>Cumu. Bonus (Rs.)</b>	<b>ID Card No</b>	<b>Pre Existing Disease</b>	<b>Inception Date</b>
1	SEEMA GUJRATHI	F	13/10/1960	61	SELF	1000000	250000	896559-3	No PED declared	05/12/2009
<b>Optional Covers Opted</b> : Gold Plan: No		<b>Hospital Cash</b> :No		<b>Patient Care</b> : No						

**IMPORTANT**

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

Entered by : SH48028  
Approved by : SH48028

For Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory

**RAI Regn. No 129**  
**Corporate Identity Number U66010TN2005PLC056649**  
**Email ID : support@starhealth.in**



# Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No : P/151115/01/2022/023220

**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.

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.

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

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Aurangabad on 10th Day of December 2021.

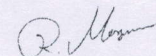
**Permanent Exclusion Details**

Insured Name	ID Card	Permanent Exclusion Disease
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Entered by : SH48028

Approved by : SH48028

For Star Health and Allied Insurance Company Ltd.

  
Authorized Signatory

## TAX Invoice



Invoice No. : 271127Y22P000841	Customer ID : AA0000979934
Invoice Date : 10/12/21	Policy No : P/151115/01/2022/023220
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : SEEMA KAMLESH GUJRATHI	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : TARAKUNJ, GUJRATHI GALLI, CHOPDA, JALGAON JALGAON	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
City : Chopda, Jalgaon, Maharashtra- 425107	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 425107	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 *UTGST or SGST	G=C*Cess	H=C+D+E+F+G
997133	Insurance Services	28500	0	28500		2565	2565		Rs. 33630 /-

Total Invoice Value (in Figures) : Rs. 33630 /-

Total Invoice Value (in Words) : Rupees: Thirty-three thousand six 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 : SH48028

Approved by : SH48028

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

**Hospitalisation Benefit Policy**

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

**Policy No** : P/151115/01/2022/023220  
**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** : Mediclassic Individual Revised

This is to certify that SEEMA KAMLESH GUJRATHI has paid Rs 33630 (Total Premium : Indian Rupees Thirty-Three Thousand Six Hundred Thirty Only ) towards Premium for Hospitalization Insurance vide Policy No: P/151115/01/2022/023220 for the Period 10/12/2021 To 09/12/2022 issued on 10-DEC-21.

Payment received by Cheque/Credit/Debit Card vide Receipt No: 1127025514 Receipt Date: 10-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** : 13/12/2021

**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.