

IMPORTANT

30/12/2021

To,

Mr. SUBHASH BALIRAM CHAUDHARI,
GAT NO. 89/2A, PLOT NO. 5 DADAWADI ROAD
B/H GUJRAL PETRAOL PUMP JALGAON
PIMPRALA DIST JALGAON
Jalgaon, Jalgaon, Maharashtra -425002
Mobile : 9518505925.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2022/024905

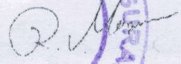
We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

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.9978/- towards renewal premium of Policy number: P/151115/01/2021/022733, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151115/01/2022/024905	
Customer Code : AA0004487462	GSTIN : 27AAJCS4517L1ZY
Customer Name : Mr.SUBHASH BALIRAM CHAUDHARI	SAC Code : 997133/Accident and Health Insurance Services
Proposer's Code : 6407290	Issue Office Code : 151115
Proposer's Name : Mr.SUBHASH BALIRAM CHAUDHARI	Issue Office Name : Branch Office - Aurangabad
Address : GAT NO. 89/2A, PLOT NO. 5 DADAWADI ROAD B/H GUJRAL PETRAOL PUMP JALGAON PIMPALA DIST JALGAON Jalgaon, Jalgaon, Maharashtra-425002	Address : 2nd Floor, BLOCK 6 & 7, Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
Phone No : NIL/9518505925/	Phone No : 0240-6651003 / 0240-6651004
E-mail Id : chaudharikushal87@gmail.com	E-mail Id : aurangabad@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal Date : 10/01/2017	Fulfiller Code : SH6642
Date of Inception of first policy : 10-JAN-2017	Intermediary Code : LC0000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone No : 02402350377/9850049400 E-mail Id : insurance@kailashjain.in
Renewal Year : Fifth Year	
Collection Number : 1127027455	
Collection Date : 30/12/2021	
Premium :Rs 8,456 /- CGST @9% : 761/- SGST / UTGST @9% : 761/- Stamp Duty :Re 1 /- Total Premium :Rs 9,978 /-	
Total Premium In Words : Rupees Nine Thousand Nine Hundred Seventy Eight Only	
Period Of Insurance From : 11/01/2022 00:00 Hrs To : Midnight Of 10/01/2023	
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	Mr.SUBHASH BALIRAM CHAUDHARI	M	04/11/1950	71	SELF	0	6407290-1	200000	10/01/2017

Details of Pre Existing Diseases relating to the above person : NIL

Entered by : SH50690

Approved by : SH50690

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

Attachment Health Insurance Specialist Policy No. P/151115/01/2022/024905

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 30th Day of December 2021.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered by : SH50690

Approved by : SH50690

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Health
Insurance

Star Health and Allied Insurance Company Limited

TAX Invoice



Invoice No. : 271127Y22P002818	Customer ID : AA0004487462
Invoice Date : 30/12/21	Policy No : P/151115/01/2022/024905
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : Mr.SUBHASH BALIRAM CHAUDHARI	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : GAT NO. 89/2A, PLOT NO. 5 DADAWADI ROAD B/H GUJRAL PETRAOL PUMP JALGAON PIMPRALA DIST 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 A	Discount B	Taxable Value 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	8456	0	8456		761	761		Rs. 9978

Total Invoice Value (in Figures) : Rs. 9978

Total Invoice Value (in Words) : Rupees: Nine thousand nine hundred seventy-eight 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 : SH50690

Approved by : SH50690

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory