

**IMPORTANT**

To,

30/06/2022

PRAKASH G AGARWAL,  
C/O, MAHARAJ TENT HOUSE, BALAJI MANDIR CHOWK  
ASHA TALKIES ROAD, CHOPDA, DIST: JALGAON.

Chopda, Jalgaon, Maharashtra -**425107**  
Mobile : 99XXXXXX62.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/007937

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.

**SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY**  
**Schedule**  
**Unique Identification No.SHAHLIP22199V062122**

In consideration of payment of Rs.10502/- towards renewal premium of **Policy number: P/151115/01/2022/008051**, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151115/01/2023/007937										
Customer Code	: AA0000416733	GSTIN	: 27AAJCS4517L1ZY							
Customer Name	: PRAKASH G AGARWAL	SAC Code	: 997133/Accident and Health Insurance Services							
Proposer's Code	: 724990	Issue Office Code	: 151115							
Proposer's Name	: PRAKASH G AGARWAL	Issue Office Name	: Branch Office - Aurangabad							
Address	: C/O, MAHARAJ TENT HOUSE, BALAJI MANDIR CHOWK ASHA TALKIES ROAD, CHOPDA, DIST: JALGAON.  Chopda,Jalgaon,Maharashtra -425107	Address	: 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001							
Phone No	: 98XXXXXX26 / 0	Phone No	: 0240-6651003 / 0240- 6651004							
E-mail Id	: paXXXXXXX@gmail.com	E-mail Id	: aurangabad@starhealth.in, aurangabad.claims@starhealth.in							
Proposer GSTIN	: -	Place of Supply	: -							
Proposal Date	: 02/07/2008	Fulfiller Code	: SH6642							
Date of Inception of first policy	: 02-JUL-2008	<b>Intermediary Code : LC0000000248</b>								
Renewal Year	: Fourteenth Year									
Collection Number	: 1127008728									
Collection Date	: 30/06/2022									
Premium :Rs 8,900 /-		Name	: M/S.JAINUINE INSURANCE BROKERS PVT LTD							
CGST @9% : 801/- SGST / UTGST @9% : 801/-		Phone No	: 02402350377/9850049400							
Stamp Duty :Re 1 /- Total Premium :Rs 10,502 /-		E-mail Id	: insurance@kailashjain.in							
<b>Total Premium In Words : Rupees Ten Thousand Five Hundred Two Only</b>										
<b>Period Of Insurance From : 07/07/2022 00:00 Hrs To : Midnight Of 06/07/2023</b>										
<b>Policy Type : Individual</b>										
Installment Facility Optn :No			Premium Payment Frequency :Annual				Installment Amount Rs. : 0			
<b>Details of Insured Persons :</b>										
Sl. No.	Name	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	OP Limit Rs.	ID Card No	Co-Pay	Sum Insured (Rs.)	Inception Date
1	PRAKASH AGARWAL	M	19/06/1940	82	SELF	0	724990-1	30	100000	02/07/2008
Details of Pre Existing Diseases relating to the above person : NIL										
2	LALITA AGARWAL	F	01/07/1941	81	SPOUSE	0	724990-2	30	100000	02/07/2008
Details of Pre Existing Diseases relating to the above person : NIL										

Entered by : PREMIA

Approved by : PORTAL

**IRDAI Regn. No 129**  
**Corporate Identity Number L66010TN2005PLC056649**  
**Email ID : info@starhealth.in**

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

**Attached to and forming part of Policy No. P/151115/01/2023/007937**

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/360/2022/2398 DATED 03-Jun-2022"**

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 June 2022.

**Permanent Exclusion Details**

Insured Name	ID Card	Permanent Exclusion Disease
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Approved by : PORTAL

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/151115/01/2023/007937 **Type Of Policy** : Individual  
**Issue Office** : 151115 - Branch Office - Aurangabad  
**Address** : 2nd Floor,BLOCK 6 & 7,Suyash Complex  
Baba Hardas Nagar , Kalda Corner ,  
Aurangabad-431001  
**Toll Free No** : 0240-6651003 / 0240-6651004  
**Email** : aurangabad@starhealth.in,  
aurangabad.claims@starhealth.in

This is to certify that PRAKASH G AGARWAL has paid Rs 10502 (Total Premium In Words : Indian Rupees Ten Thousand Five Hundred Two Only ) towards Premium for Hospitalization Insurance vide Policy No: P/151115/01/2023/007937 for the Period 07-JUL-22 To 06-JUL-23 issued on 30-JUN-22 .  
Payment received by Cheque/Credit/Debit Card vide collection No:1127008728

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.

Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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For Star Health and Allied Insurance Company Ltd.



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**TAX Invoice**

Invoice No. : 27C127Y23P003106	Customer ID : AA0000416733
Invoice Date : 30/06/22	Policy No : P/151115/01/2023/007937
<b>Recipient</b>	<b>Supplier</b>
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : PRAKASH G AGARWAL	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : C/O, MAHARAJ TENT HOUSE, BALAJI MANDIR CHOWK, ASHA TALKIES ROAD, CHOPDA, DIST: JALGAON.	Address : 2nd Floor, BLOCK 6 & 7, Suyash Complex, Baba Hardas Nagar, Kalda Corner, Aurangabad-431001
City :	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 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	8900	0	8900		801	801		Rs. 10502

Total Invoice Value (in Figures) : Rs. 10502  
 Total Invoice Value (in Words) : Rupees: Ten thousand five hundred 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

**IRDAI Regn. No 129 Corporate Identity Number L66010TN2005PLC056649 Email ID:stargst@starhealth.in**

Entered by : PREMIA  
 Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory