

IMPORTANT
05/11/2022

To,

Mr.PRAVEEN JINDAL,
42,MANISH BBAGH COLONY,
BEHIND VIKRAM TOWER,
INDORE(MP)452001
Indore,Indore,Madhya Pradesh -**452001**
Mobile : 88XXXXXX09.

Dear Customer,

Re: Health Insurance Policy - P/201115/01/2023/014609

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

In consideration of payment of Rs.18685/- towards renewal premium of Policy number: P/201115/01/2022/014123, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/201115/01/2023/014609		
Customer Code : AA0002973034	GSTIN : 23AAJCS4517L1Z6	
Customer Name : Mr.PRAVEEN JINDAL	SAC Code : 997133/Accident and Health Insurance Services	
Proposer Code : 4658088	Issuing Office Code : 201115	
Proposer Name : Mr.PRAVEEN JINDAL	Issuing Office Name : Branch Office -Indore II	
Address : 42,MANISH BBAGH COLONY, BEHIND VIKRAM TOWER, INDORE(MP)452001 Indore,Indore,Madhya Pradesh -452001	Address : MZ Floor, Office No. 3, 169, RNT Marg Station Road Corporate House	
Tel/Mobile : 88XXXXXX09 / -	Tel/Mobile : 0731- 4031219	
E-mail id : SLXXXXXXX@GMAIL.COM	E-mail id : indore.bo2@starhealth.in	
Proposer GSTIN : -	Place of Supply : Madhya Pradesh / State Code : 23	
Proposal date : 15/10/2015	Fulfiller Code : SH19338	
Date of Inception of first policy : 11-NOV-2015	Intermediary Code : LC0000000248	
Renewal Year : Seventh Year		
Collection Number & Date : 1159016034 & 04/11/2022		
Basic Cover : Rs 15835 /- Section 1(Extra Protect Add-on Cover) : Rs /- Section 2(Extra Protect Add -on Cover) : Rs /- Premium : Rs 15835 /- CGST @9% : Rs 1,425/- SGST / UTGST @9% : Rs 1,425/- Total Premium : Rs 18685 /- Stamp Duty : Re 1 /-		
Total Premium In Words : Rupees Eighteen Thousand Six Hundred Eighty Five Only		
Installment Facility Optn :No	Premium Payment Frequency :Annual	Installment Amount Rs. : 0

Period of insurance : From : 11/11/2022 00:00	To : Midnight of 10/11/2023	
Basic Floater Sum Insured : 1000000		
In words : Rupees: Ten Lakhs Only		
Bonus: Rs. 475000	Limit of Coverage : Rs. 1475000	Recharge Benefit : Rs. 150000
Scheme Description : 2ADULT+1CHILD		

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	Mr.PRAVEEN JINDAL	M	18/03/1984	38	SELF	4658088-1	No PED declared	11/11/2015
2	MRS.ANKITA JINDAL	F	30/06/1987	35	SPOUSE	4658088-2	No PED declared	11/11/2015
3	MISS.PARNIKA JINDAL	F	25/04/2013	9	DEPENDANT CHILD	4658088-3	No PED declared	11/11/2015

Entered By : PREMIA
Approved By : SH5448

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

L66010TN2005PLC056649

Attached to and forming part of Policy No. P/201115/01/2023/014609

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
1	ANKITA JINDAL	Spouse	35	100			

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).

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.03/Gen/2022 DATED 31-JAN-2022"

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 -Indore II on 05th Day of November 2022.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease

Entered By : PREMIA

Approved By : SH5448

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 23H159Y23P000230	Customer ID : AA0002973034
Invoice Date : 05/11/22	Policy No : P/201115/01/2023/014609
Recipient	Supplier
GSTIN : -	GSTIN : 23AAJCS4517L1Z6
Proposer Name : Mr.PRAVEEN JINDAL	NAME : Star Health and Allied Insurance Co Ltd - Branch Office -Indore II
Address : 42,MANISH BBAGH COLONY, BEHIND VIKRAM TOWER, INDORE(MP)452001	Tel/Mobile : MZ Floor, Office No. 3, 169, RNT Marg Station Road Corporate House
City :	City : INDORE II
State : Madhya Pradesh	State : Madhya Pradesh
Pincode : 452001	Pincode : 452001
Client Category : IND	Place of Supply : 23 - Madhya Pradesh

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	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	15835	0	15835		1425	1425		Rs. 18685

Total Invoice Value (in Figures) : Rs. 18685
 Total Invoice Value (in Words) : Rupees: Eighteen thousand six hundred eighty-five 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 L66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered By : PREMIA
 Approved By : SH5448

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory