

**IMPORTANT**

05/11/2022

To,

JAYSHREE ASHOK BAPHANA,  
PLOT NO 75, TUSHAR BUNGLOW,  
OPP. JAIN SCHOOL, PAVANA NAGAR, CHINCHWAD, PUNE

Pimpri Chinchwad (M Corp.),Pune,Maharashtra **-411033**  
Mobile : 93XXXXXX17.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/020473

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.

**Policy Schedule**  
**Super Surplus Insurance Policy**  
**Unique Id: SHAHLIP22035V062122**

In consideration of payment of Rs.6962/- towards renewal premium of Policy number: P/151115/01/2022/021386, the policy stands renewed for a further period of 1 year as per the details given below.

**Renewal Endorsement No : P/151115/01/2023/020473**

Customer Code : AA0016082116	GSTIN : 27AAJCS4517L1ZY
Customer Name : JAYSHREE ASHOK BAPHANA	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 19083084	Issuing Office Code : 151115/Branch Office - Aurangabad
Proposer's Name : JAYSHREE ASHOK BAPHANA	
Address : PLOT NO 75, TUSHAR BUNGLOW, OPP. JAIN SCHOOL, PAVANA NAGAR, CHINCHWAD, PUNE Pimpri Chinchwad (M Corp.),Pune,Maharashtra	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
Tel/Mobile : 93XXXXXX17 / -	Tel/Mobile : 0240-6651003 / 0240-6651004
E-mail Id : tuXXXXXXX@gmail.com	E-mail Id : aurangabad@starhealth.in, aurangabad.claims@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Proposal Date : 27/11/2020	Fulfiller Code : SH6642
Date of Inception of first policy : 27-NOV-2020	<b>Intermediary Code : LC0000000248</b> <b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b> <b>Phone : 02402350377/9850049400</b> <b>Email id : insurance@kailashjain.in</b>
Renewal Year : Second Year	
Collection Number : 1127022649	
Collection Date : 05/11/2022	
Premium : Rs.5,900 /-	
CGST @9% : Rs. 531/- SGST / UTGST @9% :Rs. 531/- Total Premium : Rs. 6,962/- Stamp Duty : Re. 1 /-	
Total Premium In Words : Indian Rupees Six Thousand Nine Hundred Sixty Two Only	
Period of Insurance : FROM : 27/11/2022 00:00 Hrs TO: Midnight of 26/11/2023	
<b>Plan Type : GOLD</b>	
<b>Instalment facility opted: No Instalment : Annual</b>	

**Insured Person Details:**

Sl. no.	Name of the Insured	Gender	DOB	Age in Yrs	Relationship with Proposer	ID Card No	Pre-existing Diseases	Sum Insured (Rs.)	Defined Limit (Rs.)	Inception Date
1	JAYSHREE ASHOK BAPHANA	FEMALE	07/07/1959	63	SELF	19083084-1		15,00,000.00	5,00,000.00	27/11/2020

**Pre Existing Disease :** Diseases related to Thyroid and its Complications

**Nominee Details**

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	ASHOK BAPHANA	Spouse	67	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.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 persons given in the Policy 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.

Entered by : PREMIA  
Approved by : PORTAL

Place : Aurangabad  
Date : 11/01/2023

For and on behalf of  
Star Health and Allied Insurance Company Ltd.

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

  
Authorised Signatory

Toll Free No : 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522.

**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.

" CONSOLIDATED CERTIFICATE LOA/CSD/489/2022/4371 DATED 10-OCT-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 duly authorised here in to set his hand at Branch Office - Aurangabad on 05th Day of November 2022.

**Permanent Exclusion Details**

Insured Name	ID Card	Permanent Exclusion Disease
JAYSHREE ASHOK BAPHANA	19083084-1	

Entered by : PREMIA  
Approved by : PORTAL

Place : Aurangabad  
Date : 11/01/2023

For and on behalf of  
Star Health and Allied Insurance Company Ltd.



Authorised Signatory

## TAX Invoice



Invoice No. : 27H127Y23P000367	Customer ID : AA0016082116
Invoice Date : 05/11/22	Policy No : P/151115/01/2023/020473
<b>Recipient</b>	<b>Supplier</b>
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : JAYSHREE ASHOK BAPHANA	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : PLOT NO 75, TUSHAR BUNGLOW, OPP. JAIN SCHOOL, PAVANA NAGAR, CHINCHWAD, PUNE	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
City :	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 411033	Pincode : 431001
Client Category : IND	Place of Supply : 27 - Maharashtra

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	5900	0	5900		531	531		Rs. 6962

Total Invoice Value (in Figures) : Rs. 6962  
 Total Invoice Value (in Words) : Rupees: Six thousand nine hundred sixty-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

Place : Aurangabad  
 Date : 11/01/2023

For and on behalf of  
 Star Health and Allied Insurance Company Ltd.



Authorised Signatory