

IMPORTANT

05-NOV-22

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/151115/01/2023/020472

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

"Let Star Health help you to become healthier and happier. Star Wellness Benefits includes Mind Body healing and other Condition management programmes (Weight management, Diabetes etc....) Visit www.starhealth.in / customer portal login and start your journey with us to Better Health".

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.

**STAR COMPREHENSIVE INSURANCE POLICY
SCHEDULE (INDIVIDUAL)
UNIQUE ID:SHAHLIP22028V072122**

In consideration of payment of Rs.30386/- towards renewal premium of Policy number: P/151115/01/2022/021223, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151115/01/2023/020472

Customer Code : AA0016030887	GSTIN : 27AAJCS4517L1ZY
Customer Name : JAYSHREE ASHOK BAPHANA	SAC Code : 997133/Accident and Health Insurance Services
Proposer's Code : 19028932	Issuing Office Code : 151115
Proposer's Name : JAYSHREE ASHOK BAPHANA	Issuing Office Name : Branch Office - Aurangabad
Address : PLOT NO 75, TUSHAR BUNGLOW, OPP. JAIN SCHOOL, PAVANA NAGAR, CHINCHWAD, PUNE Pimpri Chinchwad (M Corp.),Pune,Maharashtra -411033	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
Phone No : 93XXXXXX17 / -	Phone No : 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 : 24/11/2020	Fulfiller Code : SH6642
Date of Inception of first policy : 24-NOV-2020	Intermediary Code : LC000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone No : 02402350377/9850049400 E-mail Id : insurance@kailashjain.in
Renewal Year : Second Year	
Collection Number : 1127022648	
Receipt Date : 05/11/2022	
Premium :Rs 25750 /- CGST @9% : 2,318 /- SGST / UTGST @9% : 2,318 /- Stamp Duty :Rs 1 /- Total Premium :Rs 30,386 /-	
Total Premium In Words : Rupees Thirty Thousand Three Hundred Eighty Six Only	Installment Facility Optn :No
Premium Payment Frequency :Annual	Installment Amount : Rs. 0
Period of Insurance : FROM 24/11/2022 00:00	TO : Midnight Of 23/11/2023
	Policy Term: 1 Year

Details of Insured Persons :

Entered by : PREMIA
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID : info@starhealth.in



Authorised Signatory

Attached to and forming part of Policy No : P/151115/01/2023/020472

Sl. no.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Co-Pay	Section 1		Section 10	Pre-Existing Disease	Inception Date
								Basic Sum Insured (Health) (Rs.)	Cumulative Bonus Rs	Capital Sum Insured (Rs.)		
1	JAYSHREE ASHOK BAPHANA	F	07/07/1959	63	SELF	19028932-1	10	500000	500000	500000		24/11/2020

Pre Existing Disease : Diseases related to Thyroid and its Complications
TREATMENT RELATED TO PREVIOUS FRACTURES AND THEIR SEQUELAE.

Buy Back Pre Existing Disease Opted: No

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.

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

" CONSOLIDATED CERTIFICATE LOA/CSD/489/2022/4371 DATED 10-OCT-2022"

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			

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 authorised by and on behalf of the company has set his hand at **Branch Office - Aurangabad** on **05th Day of November 2022.**

Entered by : PREMIA

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Attached to and forming part of Policy No : P/151115/01/2023/020472

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered by : PREMIA
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 27H127Y23P000366	Customer ID : AA0016030887
Invoice Date : 05/11/22	Policy No : P/151115/01/2023/020472
Recipient	Supplier
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	25750	0	25750		2318	2318		Rs. 30386

Total Invoice Value (in Figures) : Rs. 30386
 Total Invoice Value (in Words) : Rupees: Thirty thousand three hundred eighty-six 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
 Aproved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory