

**IMPORTANT**

To,

27/12/2022

Mrs.VARSHA RAJARAM CHANDRATRE,  
FLAT NO.D-203,2ND FLOOR,SNEHNAI RESIDENCY,  
OPP-AMARVILAS HOTEL,AB ROAD,INDORE(MP)452001.

Indore,Indore,Madhya Pradesh -**452001**  
Mobile : 81XXXXXX99.

Dear Customer,

Re: Health Insurance Policy - P/201115/01/2023/018348

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.9978/- towards renewal premium of Policy number: P/201115/01/2022/018126, the policy stands renewed for a further period of 1 year as per the details given below.

<b>Renewal Endorsement No : P/201115/01/2023/018348</b>	
Customer Code : AA0001235764	GSTIN : 23AAJCS4517L1Z6
Customer Name : Mrs.VARSHA RAJARAM CHANDRATRE	SAC Code : 997133/Accident and Health Insurance Services
Proposer's Code : 3276327	Issue Office Code : 201115
Proposer's Name : Mrs.VARSHA RAJARAM CHANDRATRE	Issue Office Name : Branch Office -Indore II
Address : FLAT NO.D-203,2ND FLOOR,SNEHNAI RESIDENCY, OPP-AMARVILAS HOTEL,AB ROAD,INDORE(MP)452001.  Indore,Indore,Madhya Pradesh -452001	Address : MZ Floor, Office No. 3, 169, RNT Marg Station Road Corporate House
Phone No : 94XXXXXX99 / NA	Phone No : 0731- 4031219
E-mail Id : slXXXXXXX@gmail.com	E-mail Id : indore.bo2@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal Date : 24/12/2013	Fulfiller Code : SH19338
Date of Inception of first policy : 25-DEC-2013	<b>Intermediary Code : LC0000000248</b> <b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b> <b>Phone No : 02402350377/9850049400</b> <b>E-mail Id : insurance@kailashjain.in</b>
Renewal Year : Ninth Year	
Collection Number : 1159020245	
Collection Date : 27/12/2022	
Premium :Rs 8,456 /- CGST @9% : 761/- SGST / UTGST @9% : 761/- Stamp Duty :Re 1 /- Total Premium :Rs 9,978 /-	
<b>Total Premium In Words : Rupees Nine Thousand Nine Hundred Seventy Eight Only</b>	
<b>Period Of Insurance From : 28/12/2022 00:00 Hrs To : Midnight Of 27/12/2023</b>	
<b>Policy Type : Individual</b>	
Installment Facility Optn :No	Premium Payment Frequency :Annual
Installment 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	Co-Pay	Sum Insured (Rs.)	Inception Date
1	Mrs.VARSHA RAJARAM CHANDRATRE	F	19/04/1952	70	SELF	0	3276327-1	30	200000	25/12/2013

Details of Pre Existing Diseases relating to the above person : Hypertension and its complications

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/201115/01/2023/018348**

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
1	Rajram	Spouse	76	100			

**"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.03/Gen/2022 DATED 31-JAN-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 -Indore II on 27th Day of December 2022.

**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

**Hospitalisation Benefit Policy**

**Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986**

**Policy No** : P/201115/01/2023/018348 **Type Of Policy** : Individual  
**Issue Office** : 201115 - Branch Office -Indore II  
**Address** : MZ Floor, Office No. 3,  
169, RNT Marg Station Road  
Corporate House  
**Toll Free No** : 0731- 4031219  
**Email** : indore.bo2@starhealth.in

This is to certify that Mrs.VARSHA RAJARAM CHANDRATRE has paid Rs 9978 (Total Premium In Words : Indian Rupees Nine Thousand Nine Hundred Seventy-Eight Only ) towards Premium for Hospitalization Insurance vide Policy No: P/201115/01/2023/018348 for the Period 28-DEC-22 To 27-DEC-23 issued on 27-DEC-22 .  
Payment received by Cheque/Credit/Debit Card vide collection No:1159020245

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

Entered by : PREMIA

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



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**TAX Invoice**

Invoice No. : 23I159Y23P002113	Customer ID : AA0001235764
Invoice Date : 27/12/22	Policy No : P/201115/01/2023/018348
<b>Recipient</b>	<b>Supplier</b>
GSTIN : -	GSTIN : 23AAJCS4517L1Z6
Proposer's Name : Mrs.VARSHA RAJARAM CHANDRATRE	NAME : Star Health and Allied Insurance Co Ltd - Branch Office -Indore II
Address : FLAT NO.D-203,2ND FLOOR,SNEHNAI RESIDENCY, OPP-AMARVILAS HOTEL,AB ROAD,INDORE(MP)452001.	Address : 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 A	Discount B	TaxableValue 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 InvoiceValue 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.  
**I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.**

**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