

09/12/2022

To,

SEEMA KAMLESH GUJRATHI,
TARAKUNJ, GUJRATHI GALLI, CHOPDA, JALGAON
JALGAON

Chopda, Jalgaon, Maharashtra -**425107**
Mobile : 99XXXXXX23.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/023442

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.

Medi Classic Insurance Policy (Individual)

SCHEDULE

Unique Identification No. SHAHLIP23037V072223

Policy No. : P/151115/01/2023/023442	Previous Policy No. : P/151115/01/2022/023220
Customer Code : AA0000979934	GSTIN : 27AAJCS4517L1ZY
Customer Name : SEEMA KAMLESH GUJRATHI	SAC Code : 997133/Accident and Health Insurance Services
Proposer's Code : 896559	Issuing Office Code : 151115
Proposer's Name : SEEMA KAMLESH GUJRATHI	Issuing Office Name : Branch Office - Aurangabad
Address : TARAKUNJ, GUJRATHI GALLI, CHOPDA, JALGAON JALGAON Chopda,Jalgaon,Maharashtra - 425107	Issuing Office Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
Phone No : 25XXXXXX71 / 0	Phone No : 0240-6651003 / 0240-6651004
E-mail Id : shXXXXXXX@jainuineinsurance.co.in	E-mail Id : aurangabad@starhealth.in, aurangabad.claims@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 10-DEC-22	Fulfiller Code : SH6642
Date of Inception of first policy : 05-DEC-2009	Intermediary Code : LC0000000248
Renewal Year : Fourteenth Year	Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD
Collection Number : 1127026024	Phone No : 02402350377/9850049400
Collection Date : 09/12/2022	E-mail Id : insurance@kailashjain.in
Premium :Rs 39,343 /- CGST @9% :Rs 3,541/- SGST / UTGST @9% :Rs 3,541 /- Stamp Duty :Rs 1 /- Total Premium :Rs 46425 /-	
Total Premium In Words : Rupees Forty Six Thousand Four Hundred Twenty Five Only	Installment Facility Optn :No
Premium Payment Frequency :Annual	Installment Amount : Rs. 0
PERIOD OF INSURANCE : FROM : 10/12/2022 00:00 TO : Midnight Of 09/12/2023	Policy Term : 1 Year

Details of Insured Persons :

No. of Persons Insured: 1

Sl. no.	Name	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	Sum Insured (Rs.)	Cumu.Bonus (Rs.)	ID Card No	Pre Existing Disease	Inception Date
1	SEEMA GUJRATHI	F	13/10/1960	62	SELF	1000000	165000	896559-3	No PED declared	05/12/2009

Optional Covers Opted : Gold Plan: Yes

Hospital Cash:No

Patient Care: No

IMPORTANT

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC. ATTACHED. 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.

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

Approved by : PORTAL



Authorised Signatory

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID : support@starhealth.in

Please see overleaf 2 of 4

Attached to and forming part of Policy No : P/151115/01/2023/023442

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.

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.

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

The wording mentioned below appearing under Optional Cover 1(S) in policy wording stands deleted.

"Note: Yoga and Naturopathy systems of treatment are excluded from the scope of coverage under AYUSH treatment".

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Aurangabad on 09th 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

Please see overleaf 3 of 4

TAX Invoice



Invoice No. : 271127Y23P000798	Customer ID : AA0000979934
Invoice Date : 09/12/22	Policy No : P/151115/01/2023/023442
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : SEEMA KAMLESH GUJRATHI	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : TARAKUNJ, GUJRATHI GALLI, CHOPDA, JALGAON 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	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	39343	0	39343		3541	3541		Rs. 46425 /-

Total Invoice Value (in Figures) : Rs. 46425 /-
 Total Invoice Value (in Words) : Rupees: Forty-six thousand four hundred twenty-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.

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

Please see overleaf 4 of 4