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Star Health and Allied Insurance Company Limited

IMPORTANT

21-FEB-23

To,

SANTOSHKUMAR K KASAT,
MAHESH NAGAR
SELU PARBHANI

Selu, Parbhani, Maharashtra - **431503**
Mobile : 9423141502.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/031374

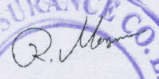
We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

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.

In consideration of payment of Rs.9705/- towards renewal premium of Policy number: P/151115/01/2022/030066, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151115/01/2023/031374	
Customer Code : AA0017437654	GSTIN : 27AAJCS4517L1ZY
Customer Name : SANTOSHKUMAR K KASAT	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 20505406	Issuing Office Code : 151115/Branch Office - Aurangabad
Proposer's Name : SANTOSHKUMAR K KASAT	Fulfiller Code : SH6642
Address : MAHESH NAGAR SELU PARBHANI Selu,Parbhani,Maharashtra	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
Tel/Mobile : /9423141502/ E-mail Id : vkkasat@gmail.com	Tel/Mobile : 0240-6651003 / 0240-6651004 E-mail Id : aurangabad@starhealth.in, aurangabad.claims@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal Date : 24/02/2021 Date of Inception of first policy : 24-FEB-2021 Renewal Year : Second Year Collection Number : 1127035052 Receipt Date : 21/02/2023 Premium : Rs. 8,225 /- CGST @9% : Rs. 740 /- SGST /UTGST@9%:Rs. 740/-	Intermediary Code : LC0000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone : 02402350377/9850049400 Email id : insurance@kailashjain.in
Total Premium : Rs. 9,705 /- Stamp Duty : Re. 1 /-	Total Premium In Words : Indian Rupees Nine Thousand Seven Hundred Five Only
Period of Insurance : FROM : 24/02/2023 00:00 Hrs TO: Midnight of 23/02/2024	
Plan Type : GOLD	Family Size: 2A
Sum Insured : Rs. 1500000	Defined Limit (Rs.): 500000
Sum Insured in words: Indian Rupees Fifteen Lakhs Only	Instalment : Annual
Instalment facility opted: No	

Insured Person Details:

Sl. no.	Name of the Insured	Gender	DOB	Age in Yrs	Relationship with Proposer	ID Card No	Pre-existing Diseases	Inception Date
1	SANTOSHKUMAR K KASAT	MALE	11/09/1960	62	SELF	20505406-1		24/02/2021
Pre Existing Disease : Diabetes & Hypertension and their complications								
2	KANTADEVI SANTOSH KASAT	FEMALE	21/09/1965	57	SPOUSE	20505406-2	No PED declared	24/02/2021

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	KANTADEVI SANTOSH KASAT	Spouse	58	100			

Entered by : SH69239
Approved by : SH69239
Place : Aurangabad
Date : 22/02/2023

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

Authorised Signatory

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