

21-FEB-23

To,

KUNDAN SANTOSHKUMAR KASAT,
MAHESH NAGAR SELU
PARBHANI

Selu, Parbhani, Maharashtra - 431503
Mobile : 9423141502.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/031378

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.3381/- towards renewal premium of Policy number: P/151115/01/2022/030686, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151115/01/2023/031378	
Customer Code : AA0017429931	GSTIN : 27AAJCS4517L1ZY
Customer Name : KUNDAN SANTOSHKUMAR KASAT	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 20496794	Issuing Office Code : 151115/Branch Office - Aurangabad
Proposer's Name : KUNDAN SANTOSHKUMAR 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/	Tel/Mobile : 0240-6651003 / 0240-6651004
E-mail Id : vkkasat@gmail.com	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 : 1127035055 Receipt Date : 21/02/2023 Premium : Rs. 2,865 /- CGST @9% : Rs. 258 /- SGST /UTGST@9%:Rs. 258 /-	Intermediary Code : LC000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone : 02402350377/9850049400 Email id : insurance@kailashjain.in
Total Premium : Rs. 3,381 /- Stamp Duty : Re. 1 /-	Total Premium In Words : Indian Rupees Three Thousand Three Hundred Eighty One Only
Period of Insurance : FROM : 24/02/2023 00:00 Hrs TO: Midnight of 23/02/2024	
Plan Type : GOLD	Family Size: 2A+2C
Sum Insured : Rs. 1000000	Defined Limit (Rs.) : 1000000
Sum Insured in words: Indian Rupees Ten Lakhs Only	Instalment : Annual
Instalment facility opted: No	

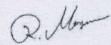
Insured Person Details:

Sl. no.	Name of the Insured	Gender	DOB	Age in Yrs	Relationship with Proposer	ID Card No	Pre-existing Diseases	Inception Date
1	KUNDAN SANTOSHKUMAR KASAT	MALE	18/12/1987	35	SELF	20496794-1	No PED declared	24/02/2021
2	RADHIKA KUNDAN KASAT	FEMALE	18/12/1987	35	SPOUSE	20496794-2	No PED declared	24/02/2021
3	PALAK KUNDAN KASAT	MALE	04/07/2014	8	DEPENDANT CHILD	20496794-3	No PED declared	24/02/2021
4	TARAL KUNDAN KASAT	FEMALE	25/05/2021	1	DEPENDANT CHILD	20496794-4	No PED declared	24/02/2022

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