

IMPORTANT

21-FEB-23

To,

SUNILKUMAR KASTURCHAND KASAT,
JK COLLECTION , STATION ROAD ,
PARTUR, JALNA

Partur, Jalna, Maharashtra - **431501**
Mobile : 9423141502.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/031355

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.

Policy Schedule
Star Super Surplus (Floater) Insurance Policy
Unique id : SHAHLIP22034V062122

In consideration of payment of Rs.12130/- towards renewal premium of Policy number: P/151115/01/2022/029896, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151115/01/2023/031355	
Customer Code : AA0017444526	GSTIN : 27AAJCS4517L1ZY
Customer Name : SUNILKUMAR KASTURCHAND KASAT	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 20512229	Issuing Office Code : 151115/Branch Office - Aurangabad
Proposer's Name : SUNILKUMAR KASTURCHAND KASAT	Fulfiller Code : SH6642
Address : JK COLLECTION , STATION ROAD , PARTUR, JALNA Partur, Jalna, 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 : 25/02/2021 Date of Inception of first policy : 25-FEB-2021 Renewal Year : Second Year Collection Number : 1127035030 Receipt Date : 21/02/2023 Premium : Rs. 10,280 /- CGST @9% : Rs. 925 /- SGST /UTGST@9%:Rs. 925/- Total Premium : Rs. 12,130 /- Stamp Duty : Re. 1/-	Intermediary Code : LC0000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone : 02402350377/9850049400 Email id : insurance@kailashjain.in
Total Premium In Words : Indian Rupees Twelve Thousand One Hundred Thirty Only	
Period of Insurance : FROM : 25/02/2023 00:00 Hrs TO: Midnight of 24/02/2024	
Plan Type : GOLD	Family Size: 2A+1C
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	SUNILKUMAR KASTURCHAND KASAT	MALE	28/12/1966	56	SELF	20512229-1		25/02/2021

Pre Existing Disease : No Pre Existing Disease declared

2	BHARTI SUNIL KASAT	FEMALE	04/02/1960	63	SPOUSE	20512229-2		25/02/2021
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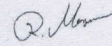
Pre Existing Disease : Diseases related to Thyroid and its Complications
Diabetes & Hypertension and their complications

3	RADHIKA SUNIL KASAT	FEMALE	08/01/1998	25	DEPENDANT CHILD	20512229-3	No PED declared	25/02/2021
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Entered by : SH65594
Approved by : SH65594

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

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