

IMPORTANT

21-FEB-23

To,

SANTOSHKUMAR K KASAT,
MAHESH NAGAR
SELU PARBHANI

Selu, Parbhani, Maharashtra - **431503**
Mobile : 94XXXXXX02.

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.

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

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 : 94XXXXXX02 / - | Tel/Mobile : 0240-6651003 / 0240-6651004 |
| E-mail Id : vkXXXXXXX@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 : 1127035052 Receipt Date : 21/02/2023 | Intermediary Code : LC0000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone : 02402350377/9850049400 Email id : insurance@kailashjain.in |
| Premium : Rs. 8,225 /- CGST @9% : Rs. 740 /- SGST /UTGST@9%:Rs. 740/- | |
| 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 facility opted: No | Instalment : Annual |

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 : 27/03/2023

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

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID : info@starhealth.in


Authorised Signatory

Attached to and forming part of Policy No. P/151115/01/2023/031374

Sector Classification :

| | | |
|-------|--|--|
| Urban | | |
|-------|--|--|

Please check whether the details given by you about the Insured persons in the Proposal Form are incorporated correctly in the Policy. 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 persons given in the Policy 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.

Toll Free No : 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522.

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.

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE ORDER NO. LOA/CSD/550/2022/5451/22 DATED.22/DEC/2022"

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 duly authorised here in to set his hand at Branch Office - Aurangabad on 21st Day of February 2023.

Permanent Exclusion Details

| Insured Name | ID Card | Permanent Exclusion Disease |
|----------------------------|------------|-----------------------------|
| SANTOSHKUMAR K KASAT | 20505406-1 | |
| KANTADEVI SANTOSH KASAT | 20505406-2 | |

Entered by : SH69239

Approved by : SH69239

Place : Aurangabad

Date : 27/03/2023

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



Authorised Signatory

TAX Invoice



| | |
|--|---|
| Invoice No. : 27K127Y23P002425 | Customer ID : AA0017437654 |
| Invoice Date : 21/02/23 | Policy No : P/151115/01/2023/031374 |
| Recipient | Supplier |
| GSTIN : - | GSTIN : 27AAJCS4517L1ZY |
| Proposer's Name : SANTOSHKUMAR K KASAT | NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad |
| Address : MAHESH NAGAR SELU PARBHANI | Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001 |
| City : | City : AURANGABAD |
| State : Maharashtra | State : Maharashtra |
| Pincode : 431503 | Pincode : 431001 |
| Client Category : IND | Place of Supply : 27 - Maharashtra |

| 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 Invoice Value H=C+D+E+F+G |
|----------------|---------------------------|------------|---------------|---------------------------|----------------------------|-------------------------|------------------------------------|---------------------|------------------------------------|
| 997133 | Insurance Services | 8225 | 0 | 8225 | | 740 | 740 | | Rs. 9705 |

Total Invoice Value (in Figures) : Rs. 9705
 Total Invoice Value (in Words) : Rupees: Nine thousand seven hundred 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 : SH69239
 Approved by : SH69239

Place : Aurangabad
 Date : 27/03/2023

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


 Authorised Signatory