

IMPORTANT

22/03/2023

To,

Mrs.TARABAI RATANLAL AGRAWAL,
219,ADARSH NAGAR,
NEAR RC PATEL SCHOOL MAIN BUILDING,
SHIRPUR,DHULE-425405
Shirpur,Dhule,Maharashtra -**425405**
Mobile : 98XXXXXX11.

Dear Customer,

Re: Health Insurance Policy - P/201115/01/2023/025789

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.

SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY
Schedule
Unique Identification No.SHAHLIP22199V062122

In consideration of payment of Rs.26550/- towards renewal premium of **Policy number: P/201115/01/2022/025540**, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/201115/01/2023/025789										
Customer Code	: AA0006771894	GSTIN	: 23AAJCS4517L1Z6							
Customer Name	: Mrs.TARABAI RATANLAL AGRAWAL	SAC Code	: 997133/Accident and Health Insurance Services							
Proposer's Code	: 8991298	Issue Office Code	: 201115							
Proposer's Name	: Mrs.TARABAI RATANLAL AGRAWAL	Issue Office Name	: Branch Office -Indore II							
Address	: 219,ADARSH NAGAR, NEAR RC PATEL SCHOOL MAIN BUILDING, SHIRPUR,DHULE-425405 Shirpur,Dhule,Maharashtra -425405	Address	: Office No. 3, 169, R.N.T. Marg Station Road Corporate House,							
Phone No	: 98XXXXXX11 / -	Phone No	: 0731- 4031219							
E-mail Id	: agXXXXXXX@gmail.com	E-mail Id	: indore.bo2@starhealth.in							
Proposer GSTIN	: -	Place of Supply	: -							
Proposal Date	: 26/03/2018	Fulfiller Code	: SH19338							
Date of Inception of first policy	: 26-MAR-2018	Intermediary Code : LC0000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone No : 02402350377/9850049400 E-mail Id : insurance@kailashjain.in								
Renewal Year	: Fifth Year									
Collection Number	: 1159028348									
Collection Date	: 22/03/2023									
Premium :Rs 22,500 /- IGST @18% : 4,050 /- Stamp Duty :Re 1 /- Total Premium :Rs 26,550 /-										
Total Premium In Words : Rupees Twenty Six Thousand Five Hundred Fifty Only										
Period Of Insurance From : 28/03/2023 00:00 Hrs To : Midnight Of 27/03/2024										
Policy Type : Individual										
Installment Facility Optn :No			Premium Payment Frequency :Annual				Installment Amount Rs. : 0			
Details of Insured Persons :										
Sl. No.	Name	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	OP Limit Rs.	ID Card No	Co-Pay	Sum Insured (Rs.)	Inception Date
1	Mrs.TARABAI RATANLAL AGRAWAL	F	20/09/1951	71	SELF	1400	8991298-1	30	1000000	26/03/2018
Details of Pre Existing Diseases relating to the above person : Diabetes, Hypertension, Cardiovascular diseases & their complications.										

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

Approved by : SH5448

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

Authorised Signatory

Attached to and forming part of Policy No. P/201115/01/2023/025789

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.

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 (from inception).

Expenses relating to the hospitalisation will be considered in proportion to the room rent stated in the policy.

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.

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.

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	SAURABH AGRAWAL	Son	38	100			

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.03/Gen/2022 DATED 31-JAN-2022"

In the event of the policy being withdrawn in future, intimation about the withdrawal will be sent 3 months prior to the date when renewal falls due. The insured will have the option of migrating to any other similar health insurance policy offered by the Company at the relevant time. Continuity of benefits for waiting period and bonus, if any and if applicable, will be given provided the insured had been renewing the policy without any break (or renewing within the grace period offered)

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 authorized by and on behalf of the company has set his hand at Branch Office -Indore II on 22nd Day of March 2023.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered by : PREMIA

Approved by : SH5448

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

Policy No : P/201115/01/2023/025789 **Type Of Policy** : Individual
Issue Office : 201115 - Branch Office -Indore II
Address : Office No. 3, 169, R.N.T. Marg Station Road
Corporate House,
Toll Free No : 0731- 4031219
Email : indore.bo2@starhealth.in

This is to certify that Mrs.TARABAI RATANLAL AGRAWAL has paid Rs 26550 (Total Premium In Words : Indian Rupees Twenty-Six Thousand Five Hundred Fifty Only) towards Premium for Hospitalization Insurance vide Policy No: P/201115/01/2023/025789 for the Period 28-MAR-23 To 27-MAR-24 issued on 22-MAR-23 .
Payment received by Cheque/Credit/Debit Card vide collection No:1159028348

Note :- This Certificate must be surrendered to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Entered by : PREMIA

Approved by : SH5448

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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TAX Invoice

Invoice No. : 23L159Y23P002345	Customer ID : AA0006771894
Invoice Date : 22/03/23	Policy No : P/201115/01/2023/025789
Recipient	Supplier
GSTIN : -	GSTIN : 23AAJCS4517L1Z6
Proposer's Name : Mrs.TARABAI RATANLAL AGRAWAL	NAME : Star Health and Allied Insurance Co Ltd - Branch Office -Indore II
Address : 219,ADARSH NAGAR, NEAR RC PATEL SCHOOL MAIN BUILDING, SHIRPUR,DHULE-425405	Address : Office No. 3, 169, R.N.T. Marg Station Road Corporate House,
City :	City : INDORE II
State : Maharashtra	State : Madhya Pradesh
Pincode : 425405	Pincode : 452001
Client Category : IND	Place of Supply : 23 - Madhya Pradesh

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	CESS@1%	Total InvoiceValue
		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	22500	0	22500	4050				Rs. 26550

Total Invoice Value (in Figures) : Rs. 26550
 Total Invoice Value (in Words) : Rupees: Twenty-six thousand five hundred fifty 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 : SH5448

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory