

**IMPORTANT**

16/03/2023

To,

KIRAN AMBILWADE,  
NEAR BUS STAND, A/P LASUR STATION  
TQ- GANGAPUR, AURANGABAD.

Anantpur, Aurangabad, Maharashtra -**423702**  
Mobile : 98XXXXXX90.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/034244

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.

**Family Health Optima Insurance Plan**  
SHAHLIP22030V062122

In consideration of payment of Rs.10991/- towards renewal premium of Policy number: P/151115/01/2022/033077, the policy stands renewed for a further period of 1 year as per the details given below.

<b>Renewal Endorsement No : P/151115/01/2023/034244</b>		
Customer Code : AA0017743288	GSTIN : 27AAJCS4517L1ZY	
Customer Name : KIRAN AMBILWADE	SAC Code : 997133/Accident and Health Insurance Services	
Proposer Code : 20827340	Issuing Office Code : 151115	
Proposer Name : KIRAN AMBILWADE	Issuing Office Name : Branch Office - Aurangabad	
Address : NEAR BUS STAND, A/P LASUR STATION TQ- GANGAPUR, AURANGABAD.  Anantpur,Aurangabad,Maharashtra -423702	Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner	
Tel/Mobile : 98XXXXXX90 / -	Tel/Mobile : 0240-6651003 / 0240-6651004	
E-mail id : amXXXXXXXX@gmail.com	E-mail id : aurangabad@starhealth.in, aurangabad.claims@starhealth.in	
Proposer GSTIN : -	Place of Supply : -	
Proposal date : 16/03/2021	Fulfiller Code : SH6642	
Date of Inception of first policy : 16-MAR-2021	<b>Intermediary Code : LC0000000248</b>	
Renewal Year : Second Year		
Collection Number & Date : 1127038253 & 16/03/2023		<b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b>
Basic Cover : Rs 9315 /- Section 1(Extra Protect Add-on Cover) : Rs /- Section 2(Extra Protect Add -on Cover) : Rs 0 /- Premium : Rs 9315 /- CGST @9% : Rs 838/- SGST / UTGST @9% : Rs 838/- Total Premium : Rs 10991 /- Stamp Duty : Re 1 /-		<b>Tel/Mobile : 02402350377/9850049400</b> <b>E-mail id : insurance@kailashjain.in</b>
<b>Total Premium In Words : Rupees Ten Thousand Nine Hundred Ninety One Only</b>		
Installment Facility Optn :No	Premium Payment Frequency :Annual	Installment Amount Rs. : 0

<b>Period of insurance</b> : From : 16/03/2023 16:25 To : Midnight of 15/03/2024
<b>Basic Floater Sum Insured</b> : 400000
<b>In words</b> : Rupees: Four Lakhs Only
<b>Bonus: Rs. 115000 Limit of Coverage : Rs. 515000 Recharge Benefit : Rs. 100000</b>
<b>Scheme Description</b> : 2ADULT+1CHILD

**Details of Insured Persons :**

Sl. No.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Pre Existing Disease	Inception Date
1	KIRAN AMBILWADE	M	20/01/1991	32	SELF	20827340-1	No PED declared	16/03/2021
2	MONIKA AMBILWADE	F	14/12/1996	26	SPOUSE	20827340-2	No PED declared	16/03/2021
3	UDAYAN AMBILWADE	M	04/05/2016	6	DEPENDANT CHILD	20827340-3	No PED declared	16/03/2021

Entered By : PREMIA  
Approved By : SH36444

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

**L66010TN2005PLC056649**

Attached to and forming part of Policy No. P/151115/01/2023/034244

**Nominee Details**

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Age	Relationship with Nominee
1	MONIKA AMBILWADE	Spouse	26	100			

**Sector Classification**

Rural		
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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 dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

**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.

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

**"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 authorized by and on behalf of the company has set his hand at Branch Office - Aurangabad on 16th Day of March 2023.

**Permanent Exclusion Details**

Insured Name	ID Card	Permanent Exclusion Disease

Entered By : PREMIA  
Approved By : SH36444

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

## TAX Invoice



Invoice No. : 27L127Y23P002292	Customer ID : AA0017743288
Invoice Date : 16/03/23	Policy No : P/151115/01/2023/034244
<b>Recipient</b>	<b>Supplier</b>
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : KIRAN AMBILWADE	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : NEAR BUS STAND, A/P LASUR STATION TQ- GANGAPUR, AURANGABAD.	Tel/Mobile : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner
City :	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 423702	Pincode : 431001
Client Category : IND	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	CESS@1%	Total Invoice Value
		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	9315	0	9315		838	838		Rs. 10991

Total Invoice Value (in Figures) : Rs. 10991  
Total Invoice Value (in Words) : Rupees: Ten thousand nine hundred ninety-one 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

**Corporate Identity Number L66010TN2005PLC056649 Email ID : stargst@starhealth.in**

Entered By : PREMIA  
Approved By : SH36444

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory