

**IMPORTANT**

08/03/2023

To,

SHASHIMOHAN A. BAHETI,  
KAPILA RESIDENCY  
FLAT NO 402 1 NANDANVAN VOLONY  
JALGAON  
Jalgaon, Jalgaon, Maharashtra -425001  
Mobile : 99XXXXXX73.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/033091

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.9978/- towards renewal premium of Policy number: P/151115/01/2022/031239, the policy stands renewed for a further period of 1 year as per the details given below.

<b>Renewal Endorsement No : P/151115/01/2023/033091</b>										
Customer Code : AA0001443541				GSTIN : 27AAJCS4517L1ZY						
Customer Name : SHASHIMOHAN A. BAHETI				SAC Code : 997133/Accident and Health Insurance Services						
Proposer's Code : 634780				Issue Office Code : 151115						
Proposer's Name : SHASHIMOHAN A. BAHETI				Issue Office Name : Branch Office - Aurangabad						
Address : KAPILA RESIDENCY FLAT NO 402 1 NANDANVAN VOLONY JALGAON Jalgaon,Jalgaon,Maharashtra -425001				Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner						
Phone No : 99XXXXXX73 / 0				Phone No : 0240-6651003 / 0240-6651004						
E-mail Id : aaXXXXXXX@gmail.com				E-mail Id : aurangabad@starhealth.in, aurangabad.claims@starhealth.in						
Proposer GSTIN : -				Place of Supply : Maharashtra / State Code : 27						
Proposal Date : 18/03/2010				Fulfiller Code : SH6642						
Date of Inception of first policy : 20-MAR-2009				<b>Intermediary Code : LC0000000248</b> <b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b> <b>Phone No : 02402350377/9850049400</b> <b>E-mail Id : insurance@kailashjain.in</b>						
Renewal Year : Fourteenth Year										
Collection Number : 1127036966										
Collection Date : 08/03/2023										
Premium :Rs 8,456 /- CGST @9% : 761/- SGST / UTGST @9% : 761/- Stamp Duty :Re 1 /- Total Premium :Rs 9,978 /-										
<b>Total Premium In Words : Rupees Nine Thousand Nine Hundred Seventy Eight Only</b>										
<b>Period Of Insurance From : 20/03/2023 00:00 Hrs To : Midnight Of 19/03/2024</b>										
<b>Policy Type : Individual</b>										
Installment Facility Optn :No			Premium Payment Frequency :Annual				Installment Amount Rs. : 0			
<b>Details of Insured Persons :</b>										
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	SHASHIMOHAN BAHETI	M	11/09/1941	81	SELF	0	634780-1	30	200000	20/03/2009
Details of Pre Existing Diseases relating to the above person : <b>No Pre Existing Disease declared</b>										

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

Approved by : PORTAL

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



Authorised Signatory

**Attached to and forming part of Policy No. P/151115/01/2023/033091**

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	Premlata Baheti	Spouse	70	100			

**"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE ORDER NO. LOA/CSD/550/2022/5451/22 DATED.22/DEC/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 - Aurangabad on 08th Day of March 2023.

**Permanent Exclusion Details**

Insured Name	ID Card	Permanent Exclusion Disease
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**Hospitalisation Benefit Policy**

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

**Policy No** : P/151115/01/2023/033091 **Type Of Policy** : Individual  
**Issue Office** : 151115 - Branch Office - Aurangabad  
**Address** : 6 & 7  
Suyash Complex  
Baba Hardas Nagar , Kalda Corner  
**Toll Free No** : 0240-6651003 / 0240-6651004  
**Email** : aurangabad@starhealth.in,  
aurangabad.claims@starhealth.in

This is to certify that SHASHIMOHAN A. BAHETI has paid Rs 9978 (Total Premium In Words : Indian Rupees Nine Thousand Nine Hundred Seventy-Eight Only ) towards Premium for Hospitalization Insurance vide Policy No: P/151115/01/2023/033091 for the Period 20-MAR-23 To 19-MAR-24 issued on 08-MAR-23 .  
Payment received by Cheque/Credit/Debit Card vide collection No:1127036966

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.



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For Star Health and Allied Insurance Company Ltd.



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4 of 5



**TAX Invoice**

Invoice No. : 27L127Y23P000981	Customer ID : AA0001443541
Invoice Date : 08/03/23	Policy No : P/151115/01/2023/033091
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : SHASHIMOHAN A. BAHETI	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : KAPILA RESIDENCY FLAT NO 402 1 NANDANVAN VOLONY JALGAON	Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner
City :	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 425001	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 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	8456	0	8456		761	761		Rs. 9978

Total Invoice Value (in Figures) : Rs. 9978  
 Total Invoice Value (in Words) : Rupees: Nine thousand nine hundred seventy-eight 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 For Star Health and Allied Insurance Company Ltd.  
 Approved by : PORTAL

Authorised Signatory