

IMPORTANT
12/08/2022

To,

AJIT SOHANLAL LODHA,
SAMARTH NAGAR, GOOD FELLOW SOCIETY,
PLOT NO. 187, OPP. GITANJALI HOSPITAL

Aurangabad (M Corp.),Aurangabad,Maharashtra -**431003**
Mobile : 9822112401.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/012550

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

Policy No. : P/151115/01/2023/012550	Previous Policy No. : P/151115/01/2022/012745
Customer Code : AA0002140371	GSTIN : 27AAJCS4517L1ZY
Customer Name : Mr.AJIT SOHANLAL LODHA	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 770977	Issuing Office Code : 151115
Proposer Name : AJIT SOHANLAL LODHA	Issuing Office Name : Branch Office - Aurangabad
Address : SAMARTH NAGAR, GOOD FELLOW SOCIETY, PLOT NO. 187, OPP. GITANJALI HOSPITAL Aurangabad (M Corp.),Aurangabad,Maharashtra -431003	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
Tel/Mobile : 0240-2354426/9822112401/	Tel/Mobile : 0240-6651003 / 0240-6651004
E-mail id :	E-mail id : aurangabad@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 14/08/2009	Fulfiller Code : SH6642
Date of Inception of first policy : 14-AUG-2009	Intermediary Code : LC0000000248
Renewal Year : Thirteenth Year	
Collection Number & Date : 1127013759 & 12/08/2022	
Premium : Rs 18415 /- CGST @9% : Rs 1,657 /- SGST / UTGST @9% : Rs 1,657 /- Total Premium : Rs 21729 /- Stamp Duty : Re 1 /-	
Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD	
Tel/Mobile : 02402350377/9850049400	
E-mail id : insurance@kailashjain.in	

Total Premium In Words : Rupees Twenty One Thousand Seven Hundred Twenty Nine Only

Installment Facility Optn :No Premium Payment Frequency :Annual Installment Amount Rs. : 0

Period of insurance : From : 13/08/2022 00:00 To : Midnight of 12/08/2023
Basic Floater Sum Insured : 500000
In words : Rupees: Five Lakhs Only
Bonus: Rs. 230000 Limit of Coverage : Rs. 730000 Recharge Benefit : Rs. 150000
Scheme Description : 2ADULT+2CHILD

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	AJIT SOHANLAL LODHA	M	14/01/1976	46	SELF	770977-1	No PED declared	14/08/2009
2	SUREKHA AJIT LODHA	F	22/09/1978	43	SPOUSE	770977-2	No PED declared	14/08/2009
3	KAMAL AJIT LODHA	M	12/11/2003	18	DEPENDANT CHILD	770977-3	No PED declared	14/08/2009
4	MINEET AJIT LODHA	M	01/11/2010	11	DEPENDANT CHILD	770977-4	No PED declared	14/08/2011

Entered By : PREMIA
Approved By : SH48028

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

L66010TN2005PLC056649

Attached to and forming part of Policy No. P/151115/01/2023/012550

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

Sector Classification

Urban		
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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).

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

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 PAID VIDE PROCEEDING No.LOA/CSD/412/2022/3175 DATED 21-JUL-2022"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Aurangabad on 12th Day of August 2022.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered By : PREMIA
Approved By : SH48028

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 27E127Y23P001095	Customer ID : AA0002140371
Invoice Date : 12/08/22	Policy No : P/151115/01/2023/012550
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : AJIT SOHANLAL LODHA	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : SAMARTH NAGAR, GOOD FELLOW SOCIETY, PLOT NO. 187, OPP. GITANJALI HOSPITAL	Tel/Mobile : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
City :	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 431003	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	18415	0	18415		1657	1657		Rs. 21729

Total Invoice Value (in Figures) : Rs. 21729
 Total Invoice Value (in Words) : Rupees: Twenty-one thousand seven hundred twenty-nine 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.

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 : SH48028

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory