



Star Health And Allied Insurance Company Limited

Date : 29-Sep-2023

IMPORTANT

To,
SHARDA YUVRAJ PARDESHI ,
25, SMRUTI HOUSING SOCIETY, STATION ROAD,
BABUGENU MARG, GADALKAR MALA, AHMADNAGAR

Ahmad Nagar Town, Maharashtra-**414001**
Mobile : 9657039473

Dear Customer,

Re: Health Insurance Policy - 11240430154803

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

"Let Star Health help you to become healthier and happier. Star Wellness Benefits includes Mind Body healing and other Condition management programmes (Weight management, Diabetes etc....) Visit www.starhealth.in/ customer portal login and start your journey with us to Better Health".

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.

Star Comprehensive Insurance Policy (Individual) Unique Identification No. SHAHLIP22028V072122 POLICY SCHEDULE

In Consideration of payment of Rs. 22,066/- towards renewal premium of policy number:P/151115/01/2023/017184, the policy stands renewed for a further period of 1 Year as per the details given below

Renewal Endorsement No:11240430154803		
Customer Code : 18105810	GSTIN : 27AAJCS4517L1ZY	
Customer Name : SHARDA YUVRAJ PARDESHI	SAC Code : 997133 / Accident and Health Insurance Services	
Proposer Code : 18105810	Issuing Office Code : 151115	
Proposer Name : SHARDA YUVRAJ PARDESHI	Issuing Office Name : Branch Office - Aurangabad	
Proposer Address : 25, SMRUTI HOUSING SOCIETY, STATION ROAD, BABUGENU MARG, GADALKAR MALA, AHMADNAGAR Ahmad Nagar Town Maharashtra 414001	Issuing Office Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner Aurangabad Town - M H Maharashtra 431001	
Phone No : 9657039473	Phone No : 0240-6651003/0240-6651004	
E-mail Id : poojasingh281963@gmail.com	E-mail Id : aurangabad@starhealth.in	
Proposer GSTIN : NO	Place of Supply : Maharashtra	
Proposal date : 30-Sep-2020	Fulfiller Code : SH6642	
Date of Inception : 30-Sep-2020 of first policy		
Renewal Year : Third Year	Intermediary Code : LC0000000248	
Collection No : 191127018962		
Collection Date : 29-Sep-2023		
Premium : Rs. 18,700/-	Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD	
CGST @ 9% : Rs. 1,683/-	Phone No : 2225747	
SGST @ 9% : Rs. 1,683/-	E-mail Id : insurance@kailashjain .in	
Total Premium : Rs. 22,066/-		
Stamp Duty : Re. 1/-		
Total Premium In Words : Rupees Twenty Two thousand sixty six only		
PERIOD OF INSURANCE : From : 30-Sep-2023 00:00	To : Midnight Of 29-Sep-2024	Policy Term : 1 Year
Installment Facility Option: No	Premium Payment Frequency : Annual	Installment Amount Rs. : 0/-

Entered by : CUSTPORTAL
Approved by : PORTAL

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Attached to and forming part of Policy No: **11240430154803**

Details of Insured Persons :

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Section 1			Section 10	Buy Back PreExisting Disease Opted	Inception Date
							Basic Sum Insured (Health) (Rs.)	Cumulative Bonus Rs	Basic sum insured plus the accrued cumulative bonus	Capital Sum Insured (Rs.)		
1	SHARDA YUVRAJ PARDESHI	Female	19-Mar-1965	58	Self	181058 10-1	5,00,000	5,00,000	10,00,000	5,00,000	No	30-Sep-2020

Pre Existing Disease : Diseases related to Thyroid and its Complications

Nominee Details:

Nominee Details for the Proposer					Appointee Details		
S.No	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1	POOJA YUVRAJ PARDESHI	Daughter	30	100			

Sector Classification:

Urban

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE NO. LOA/CSD/667/2023/1172 DT. 28/MAR/2023"

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

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 29th Day of September 2023.

Entered by : CUSTPORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



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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 : 11240430154803

Type of Policy : Star Comprehensive Revised - 2019

Issue Office : 151115-Branch Office - Aurangabad

Address : 6 & 7
Suyash Complex
Baba Hardas Nagar , Kalda Corner
Aurangabad Town - M H Maharashtra 431001

Tel / Fax : 0240-6651003/0240-6651004

Email : aurangabad@starhealth.in

This is to certify that SHARDA YUVRAJ PARDESHI has paid Rs 22,066/- (Total Premium : Indian Rupees Twenty Two thousand sixty six only) towards Premium for Hospitalization Insurance vide Policy No: 11240430154803 for the Period 30-Sep-2023 To 29-Sep-2024 issued on 29-Sep-2023.

Payment received by Payment Gateway vide Receipt No: 191127018962/1 Receipt Date: 29-Sep-2023

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.

Date : 29-Sep-2023

For and on behalf of

Place : Branch Office - Aurangabad

Star Health and Allied Insurance Company Ltd.

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649



Authorised Signatory

Email ID: info@starhealth.in

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Tax Invoice

Invoice No. : 2723091002300448	Customer ID : 18105810		
Invoice Date : 29-Sep-2023	Policy No. : 11240430154803		
Recipient		Supplier	
GSTIN :	GSTIN :	GSTIN : 27AAJCS4517L1ZY	
Name :	Name :	Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad	
Address :	Address :	6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner	
City :	Pin Code :	City :	Pin Code :
Ahmad Nagar Town	414001	Aurangabad Town - M H	431001
State :	Client Category :	State :	Place of supply :
Maharashtra	IND	Maharashtra	Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value 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	18,700.00	0	18,700.00	0	1,683.00	1,683.00	0	22,066.00

Total Invoice Value (in Figures) : Rs. 22,066/-

Total Invoice Value (in Words) : Rupees Twenty Two thousand sixty six 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

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: stargst@starhealth.in

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Forming part of Policy Number : 11240430154803

Covering Flu Vaccination Approved by ICMR under Health Check Up benefit and Home Care Treatment

Notwithstanding anything stated to the contrary in the within mentioned policy it is hereby agreed and declared that this Policy would hereinafter provide the following covers without charging additional premium till 31.03.2024:

1. Cover for Flu Vaccine Approved by ICMR under Health check up benefit as per relevant clause with the same limits and conditions provided therein.

2. Cover for Home Care Treatment as per the details provided herein.

Home care treatment : Payable up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year, for treatment availed by the Insured Person at home, only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

a. The Medical practitioner advises the Insured person to undergo treatment at home

b. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment

c. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained

d. Insured can avail "Home Care Treatment" service on **cashless basis**, if availed from the list of our Home Health Care Network service providers given in our website "www.starhealth.in"


List of Conditions covered under Home care treatment

1. Fever and Infectious diseases which can be managed as Inpatient
2. Uncomplicated Urinary tract infections but needing Parenteral Antibiotics
3. Asthma and COPD -Mild Exacerbations needing Home Nebulization
4. Acute Gastritis/Gastroenteritis
5. I.V. Chemotherapy [Where advised by the doctor]
6. Palliative Cancer care requiring medical assistance
7. Acute Vertigo
8. Diabetic foot and Cellulitis
9. IVDP[Cervical and Lumbar disc diseases]
10. Major Surgeries/Arthroplasties needing IV Antibiotics Post Discharge
11. Care for Brain and Spinal Injury Cases Post Discharge
12. Post CVA Care at Home after Discharge
13. Chronic Severe Refractory Asthma

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