



# Star Health And Allied Insurance Company Limited

Date : 19-Oct-2023

**IMPORTANT**

To,  
MR. SHRIKANT TRYAMBAK KULKARNI  
SUSHREE, 25/B, VIDHYA VIHAR COLONY, CHOPDA  
DIST. JALGAON

Chopda Tehsil, Maharashtra-425107  
Mobile : 9850049400

Dear Customer,

**Re: Health Insurance Policy - 11240462292815**

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 Unique Identification No. SHAHLIP22199V062122

**In Consideration of payment of Rs. 9,978/- towards renewal premium of policy number:P/151115/01/2023/019096, the policy stands renewed for a further period of 1 Year as per the details given below**

<b>Renewal Endorsement No:11240462292815</b>		
Customer Code : AA0000801185	GSTIN : 27AAJCS4517L1ZY	
Customer Name : MR. SHRIKANT TRYAMBAK KULKARNI	SAC Code : 997133 / Accident and Health Insurance Services	
Proposer Code : 860790	Issuing Office Code : 151115	
Proposer Name : MR. SHRIKANT TRYAMBAK KULKARNI	Issuing Office Name : Branch Office - Aurangabad	
Proposer Address : SUSHREE, 25/B, VIDHYA VIHAR COLONY, CHOPDA DIST. JALGAON Chopda Tehsil Maharashtra 425107	Issuing Office Address : 6 & 7 Suyash Complex Baba Hardas Nagar, Kalda Corner Aurangabad Town - M H Maharashtra 431001	
Phone No : 9850049400	Phone No : 0240-6651003/0240-6651004	
E-mail Id	E-mail Id : aurangabad@starhealth.in	
Proposer GSTIN : NO	Place of Supply : Maharashtra	
Proposal date : 04-Nov-2010	Fulfiller Code : SH6642	
Date of Inception : 07-Nov-2008 of first policy	<b>Intermediary Code : LC000000248</b>	
Renewal Year : Fifteenth Year	<b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b>	
Collection No : 151115/RV/2024/0076630187	<b>Phone No : 2225747</b>	
Collection Date : 18-Oct-2023	<b>E-mail Id : insurance@kailashjain.in</b>	
Premium : Rs. 8,456/-		
CGST @ 9% : Rs. 761/-		
SGST @ 9% : Rs. 761/-		
Total Premium : Rs. 9,978/-		
Stamp Duty : Re. 1/-		
<b>Total Premium In Words : Rupees Nine thousand nine hundred seventy eight only</b>		
<b>PERIOD OF INSURANCE : From : 07-Nov-2023 00:00 To : Midnight Of 06-Nov-2024</b>	<b>Policy Term : 1 Year</b>	
<b>Installment Facility Option: No Premium Payment Frequency : Annual</b>	<b>Installment Amount Rs. : 0/-</b>	
<b>Policy Type : INDIVIDUAL</b>		

Entered by : SH69239  
Approved by : SH69239

**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: 11240462292815**

**Details of Insured Persons :**

Sl. No.	Name	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	OP Limit	Co-Pay	Sum Insured	Inception date
1	SHRIKANT KULKARNI	Male	17-Apr-1945	78	Self	860790-1	0	30	2,00,000	07-Nov-2008
<b>Pre Existing Disease :</b>		No PED Declared								

**Sector Classification:**

Urban
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**"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 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 in proportion to the room rent stated in the policy.

Condition No. 4 regarding delay in payment of claim shall read as follows and not as stated in policy wordings: "The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under 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.**

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

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](http://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 19th Day of October 2023.

Entered by : SH69239  
Approved by : SH69239

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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## Tax Invoice

<b>Invoice No.</b> : 2723101002930727	<b>Customer ID</b> : AA0000801185		
<b>Invoice Date</b> : 18-Oct-2023	<b>Policy No.</b> : 11240462292815		
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b> :	<b>GSTIN</b> : 27AJCS4517L1ZY		
<b>Name</b> : MR. SHRIKANT TRYAMBAK KULKARNI	<b>Name</b> : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad		
<b>Address</b> : SUSHREE, 25/B, VIDHYA VIHAR COLONY, CHOPDA, DIST. JALGAON	<b>Address</b> : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner		
<b>City</b> : Jalgaon Tehsil	<b>City</b> : Aurangabad	<b>Pin Code</b> : 425001	<b>Pin Code</b> : 431001
<b>State</b> : Maharashtra	<b>State</b> : Maharashtra	<b>Client Category</b> : IND	<b>Place of supply</b> : 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	8,456.00	0	8,456.00	0	761.00	761.00	0	9,978.00

**Total Invoice Value (in Figures)** : Rs. 9,978/-

**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 : SH69239

Approved by : SH69239

For Star Health and Allied Insurance Company Ltd.

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