



Star Health And Allied Insurance Company Limited

Date : 26-Sep-2023

IMPORTANT

To,
CHANDULAL BADRILAL AGRAWAL,
PLOT NO. 38, VIVEKANAND NAGAR, BHADGAON ROAD
PACHORA, JALGAON

Pachora Town, Maharashtra-424201
Mobile : 9422283829

Dear Customer,

Re: Health Insurance Policy - 11240425334814

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 Unique Identification No. SHAHLIP23164V072223 POLICY SCHEDULE

Policy No. : 11240425334814	Previous Policy No : P/151115/01/2023/016503
Customer Code : AA0000067714	GSTIN : 27AAJCS4517L1ZY
Customer Name : CHANDULAL BADRILAL AGRAWAL	SAC Code : 997133 / Accident and Health Insurance Services
Proposer Code : AA0000067714	Issuing Office Code : 151115
Proposer Name : CHANDULAL BADRILAL AGRAWAL	Issuing Office Name : Branch Office - Aurangabad
Proposer Address : PLOT NO. 38, VIVEKANAND NAGAR, BHADGAON ROAD PACHORA, JALGAON Pachora Town Maharashtra 424201	Issuing Office Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner Aurangabad Town - M H Maharashtra 431001
Phone No : 9422283829	Phone No : 0240-6651003/0240-6651004
E-mail Id : dtcpachora@gmail.com	E-mail Id : aurangabad@starhealth.in
Proposer GSTIN : NO	Place of Supply : Maharashtra
Proposal date : 16-Sep-2009	Fulfiller Code : SH6642
Date of Inception of first policy : 16-Sep-2009	Intermediary Code : LC0000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone No : 2225747 E-mail Id : insurance@kailashjain.in
Policy Category : Fourteenth Year	
Collection No : 191127018204	
Collection Date : 22-Sep-2023	
Premium : Rs. 57,837/-	
CGST @ 9% : Rs. 5,205/-	
SGST @ 9% : Rs. 5,205/-	
Total Premium : Rs. 68,247/-	
Stamp Duty : Re. 1/-	
Total Premium In Words : Rupees Sixty Eight thousand two hundred forty seven only	
PERIOD OF INSURANCE : From : 23-Sep-2023 00:00	To : Midnight Of 22-Sep-2024
Policy Term : 1 Year	
Installment Facility Option : No	Premium Payment Frequency : Annual
Installment Amount Rs. : 0/-	
Scheme Description (Family Size) : 2A	Basic Floater Sum Insured : Rs. 10,00,000/-
Bonus : Rs. 3,75,000/-	Limit of Coverage : Rs. 13,75,000/-
Recharge Benefit : Rs. 1,50,000/-	

Entered by : SH65594
Approved by : SH65594

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: 11240425334814

Details of Insured Persons :

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	CHANDULAL AGRAWAL	Male	17-Feb-1954	69	Self	AA0000067714-1	16-Sep-2009
Pre Existing Disease : No PED Declared							
2	JYOTIKIRAN AGRAWAL	Female	27-Jan-1962	61	Spouse	AA0000067714-2	16-Sep-2009
Pre Existing Disease : No PED Declared							

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	DINESH CHANDULAL AGRAWAL	Son	31	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).

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.

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Aurangabad on 26th Day of September 2023.

Entered by : SH65594
Approved by : SH65594

For Star Health and Allied Insurance Company Ltd.



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Tax Invoice

Invoice No. : 2723091002203955	Customer ID : AA0000067714		
Invoice Date : 22-Sep-2023	Policy No. : 11240425334814		
Recipient		Supplier	
GSTIN :	GSTIN :	GSTIN : 27AJCS4517L1ZY	
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 :
Pachora Town	424201	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	57,837.00	0	57,837.00	0	5,205.00	5,205.00	0	68,247.00

Total Invoice Value (in Figures) : Rs. 68,247/-

Total Invoice Value (in Words) : Rupees Sixty Eight thousand two hundred forty seven 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

Entered by : SH65594

Approved by : SH65594

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Forming part of Policy Number : 11240425334814

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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