



Star Health And Allied Insurance Company Limited

Date : 14-Oct-2023

IMPORTANT

To,
MR.NARENDRA BABURAO NEVE
AT POST , Bholewada , Chopda , DIST JALGAON

Chopda Tehsil, Maharashtra-425107
Mobile : 9422978089

Dear Customer,

Re: Health Insurance Policy - 11240454538914

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. : 11240454538914 | Previous Policy No : P/151115/01/2023/018562 |
| Customer Code : 2990921 | GSTIN : 27AAJCS4517L1ZY |
| Customer Name : MR.NARENDRA BABURAO NEVE | SAC Code : 997133 / Accident and Health Insurance Services |
| Proposer Code : 2990921 | Issuing Office Code : 151115 |
| Proposer Name : MR.NARENDRA BABURAO NEVE | Issuing Office Name : Branch Office - Aurangabad |
| Proposer Address : AT POST , BHOLEWADA , 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 : 9422978089 | Phone No : 0240-6651003/0240-6651004 |
| E-mail Id : neve.chetan1733@gmail.com | E-mail Id : aurangabad@starhealth.in |
| Proposer GSTIN : NO | Place of Supply : Maharashtra |
| Proposal date : 29-Jul-2009 | Fulfiller Code : SH6642 |
| Date of Inception of first policy : 29-Jul-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 : 191127020251 | |
| Collection Date : 10-Oct-2023 | |
| Base Product Premium : Rs. 35,295/- No Claim Discount : Rs. 1,765/- | |
| Premium : Rs. 33,530/- CGST @ 9% : Rs. 3,018/- SGST @ 9% : Rs. 3,018/- Total Premium : Rs. 39,566/- Stamp Duty : Re. 1/- | |
| Total Premium In Words : Rupees Thirty Nine thousand five hundred sixty six only | |
| PERIOD OF INSURANCE : From : 12-Oct-2023 00:00 To : Midnight Of 11-Oct-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. 4,00,000/- |
| Bonus : Rs. 2,90,000/- | Limit of Coverage : Rs. 6,90,000/- Recharge Benefit : Rs. 1,00,000/- |

Entered by : SH50690
Approved by : SH50690

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: 11240454538914

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 | NARENDRA NEVE | Male | 23-Aug-1958 | 65 | Self | AA0000061328-5 | 29-Jul-2009 |
| Pre Existing Disease : AVN of Right Femoral Head & ITS ALLIED COMPLICATION | | | | | | | |
| 2 | SUNANDA NEVE | Female | 13-Mar-1964 | 59 | Spouse | AA0000061328-2 | 29-Jul-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 | SUNANDA NARENDRA NEVE | Spouse | 60 | 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 14th Day of October 2023.

Entered by : SH50690
Approved by : SH50690

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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Tax Invoice



| | | | |
|---------------------------------------|------------------------------------|---|--------------------------|
| Invoice No. : 2723101002790905 | Customer ID : 2990921 | | |
| Invoice Date : 10-Oct-2023 | Policy No. : 11240454538914 | | |
| 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 : | City : | City : | Pin Code : |
| Chopda Tehsil | Pin Code : | Aurangabad | 431001 |
| | 425107 | Town - M H | |
| State : | Client : | State : | Place of supply : |
| Maharashtra | IND | Maharashtra | Maharashtra |
| | Category | | |

| 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 | 33,530.00 | 0 | 33,530.00 | 0 | 3,018.00 | 3,018.00 | 0 | 39,566.00 |

Total Invoice Value (in Figures) : Rs. 39,566/-
Total Invoice Value (in Words) : Rupees Thirty Nine thousand five hundred 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

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

Entered by : SH50690
 Approved by : SH50690

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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