

Date : 30-Nov-2023

To,  
SEEMA KAMLESH GUJRATHI  
TARAKUNJ, GUJRATHI GALLI, CHOPDA, JALGAON  
JALGAON

**IMPORTANT**

Chopda Tehsil, Maharashtra-425107  
Mobile : 8888849450

Dear Customer,

**Re: Health Insurance Policy - 11240536409614**

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.

## Medi Classic Insurance Policy (Individual) Unique Identification No. SHAHLIP23037V072223

**In Consideration of payment of Rs. 46,425/- towards renewal premium of policy number:P/151115/01/2023/023442, the policy stands renewed for a further period of 1 Year as per the details given below**

<b>Renewal Endorsement No:11240536409614</b>	
Customer Code : 896559	GSTIN : 27AAJCS4517L1ZY
Customer Name : SEEMA KAMLESH GUJRATHI	SAC Code : 997133 / Accident and Health Insurance Services
Proposer Code : 896559	Issuing Office Code : 151115
Proposer Name : SEEMA KAMLESH GUJRATHI	Issuing Office Name : Branch Office - Aurangabad
Proposer Address : TARAKUNJ, GUJRATHI GALLI, CHOPDA, JALGAON 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 : 8888849450	Phone No : 0240-6651003/0240-6651004
E-mail Id : sham@jainuineinsurance.co.in	E-mail Id : aurangabad@starhealth.in
Proposer GSTIN : NO	Place of Supply : Maharashtra
Proposal date : 10-Dec-2022	Fulfiller Code : SH6642
Date of Inception : 05-Dec-2009 of first policy	<b>Intermediary Code : LC0000000248</b>
Renewal Year : Fourteenth Year	
Collection No : 151115/RV/2024/0083714858	
Collection Date : 30-Nov-2023	<b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b>
Premium : Rs. 39,343/-	
CGST @ 9% : Rs. 3,541/-	
SGST @ 9% : Rs. 3,541/-	
Total Premium : Rs. 46,425/-	<b>Phone No : 2225747</b>
Stamp Duty : Re. 1/-	
<b>Total Premium In Words : Rupees Forty Six thousand four hundred twenty five only</b>	
<b>PERIOD OF INSURANCE : From : 10-Dec-2023 00:00 To : Midnight Of 09-Dec-2024 Policy Term : 1 Year</b>	
<b>Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-</b>	

Entered by : CUSTPORTAL

Approved by : PORTAL

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 2 of 5

Attached to and forming part of Policy No: 11240536409614

Details of Insured Persons :

No. of Persons Insured : 1

Sl. no.	Name	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	Sum Insured (Rs.)	Cumulative Bonus (Rs.)	ID Card No	Optional Covers Opted			Inception date
									Gold Plan	Hospital Cash	Patient Care	
1	SEEMA GUJRATHI	Female	13-Oct-1960	63	Self	10,00,000	37,500	896559-3	Yes	No	No	05-Dec-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	Aniket Shah	Son	30	100			

The wording mentioned below appearing under Optional Cover 1(S) in policy wording stands deleted. "Note: Yoga and Naturopathy systems of treatment are excluded from the scope of coverage under AYUSH treatment".

Sector Classification:

Urban
-------

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

**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.**

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.

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 30th Day of November 2023.**

Entered by : CUSTPORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorized Signatory

Page 3 of 5

## Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

**Policy No** : 11240536409614

**Type of Policy** : Medi classic Individual Revised  
2022

**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 SEEMA KAMLESH GUJRATHI has paid Rs 46,425/- (Total Premium : Indian Rupees Forty Six thousand four hundred twenty five only ) towards Premium for Hospitalization Insurance vide Policy No: 11240536409614 for the Period 10-Dec-2023 To 09-Dec-2024 issued on 30-Nov-2023.

Payment received by Payment Gateway vide Receipt No: 151115/RV/2024/0083714858/1 Receipt Date: 30-Nov-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** : 30-Nov-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**

Entered by : CUSTPORTAL  
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory

Page 4 of 5

## Tax Invoice



<b>Invoice No.</b> : 2723111004218901	<b>Customer ID</b> : 896559		
<b>Invoice Date</b> : 30-Nov-2023	<b>Policy No.</b> : 11240536409614		
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b> :	<b>GSTIN</b> :	<b>GSTIN</b> : 27AAJCS4517L1ZY	
<b>Name</b> :	<b>Name</b> :	Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad	
<b>Address</b> :	<b>Address</b> :	6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner	
<b>City</b> :	<b>City</b> :	<b>City</b> :	<b>Pin Code</b> :
Chopda Tehsil	<b>Pin Code</b> :	Aurangabad	431001
	425107	Town - M H	
<b>State</b> :	<b>Client Category</b> :	<b>State</b> :	<b>Place of supply</b> :
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	39,343.00	0	39,343.00	0	3,541.00	3,541.00	0	46,425.00

**Total Invoice Value (in Figures)** : Rs. 46,425/-  
**Total Invoice Value (in Words)** : Rupees Forty Six thousand four hundred twenty five 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 : CUSTPORTAL  
 Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory      Page 5 of 5