

Date : 14-Dec-2023

IMPORTANT

To,

MR.SUBHASH BALIRAM CHAUDHARI
GAT NO. 89/2A, PLOT NO. 5 DADAWADI ROAD
B/H GUJRAL PETRAOL PUMP JALGAON
PIMPRALA DIST JALGAON
Jalgaon Tehsil, Maharashtra-425002
Mobile : 9518505925

Dear Customer,

Re: Health Insurance Policy - 11240565091807

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,



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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/151115/01/2023/023876, the policy stands renewed for a further period of 1 Year as per the details given below

Renewal Endorsement No:11240565091807	
Customer Code : 6407290	GSTIN : 27AAJCS4517L1ZY
Customer Name : MR.SUBHASH BALIRAM CHAUDHARI	SAC Code : 997133 / Accident and Health Insurance Services
Proposer Code : 6407290	Issuing Office Code : 151115
Proposer Name : MR.SUBHASH BALIRAM CHAUDHARI	Issuing Office Name : Branch Office - Aurangabad
Proposer Address : GAT NO. 89/2A, PLOT NO. 5 DADAWADI ROAD B/H GUJRAL PETRAOL PUMP JALGAON PIMPRALA DIST JALGAON Jalgaon Tehsil Maharashtra 425002	Issuing Office Address : 6 & 7 Suyash Complex Baba Hardas Nagar, Kalda Corner Aurangabad Town - M H Maharashtra 431001
Phone No : 9518505925	Phone No : 0240-6651003/0240-6651004
E-mail Id : chaudharikushal87@gmail.com	E-mail Id : aurangabad@starhealth.in
Proposer GSTIN : NO	Place of Supply : Maharashtra
Proposal date : 10-Jan-2017	Fulfiller Code : SH6642
Date of Inception : 10-Jan-2017 of first policy	Intermediary Code : LC000000248
Renewal Year : Seventh Year	
Collection No : 151115/RV/2024/0086471123	
Collection Date : 14-Dec-2023	Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD
Premium : Rs. 8,456/-	
CGST @ 9% : Rs. 761/-	
SGST @ 9% : Rs. 761/-	
Total Premium : Rs. 9,978/-	
Stamp Duty : Re. 1/-	Phone No : 2225747
Total Premium In Words : Rupees Nine thousand nine hundred seventy eight only	
E-mail Id : insurance@kailashjain.in	
PERIOD OF INSURANCE : From : 11-Jan-2024 00:00	To : Midnight Of 10-Jan-2025
Policy Term : 1 Year	
Installment Facility Option: No Premium Payment Frequency : Annual	
Installment Amount Rs. : 0/-	
Policy Type : INDIVIDUAL	

Entered by : CUSTPORTAL
Approved by : PORTAL

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

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Attached to and forming part of Policy No: 11240565091807

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	MR.SUBHASH BALIRAM CHAUDHARI	Male	04-Nov-1950	73	Self	6407290-1	0	30	2,00,000	10-Jan-2017
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	CHANDRAKALA SUBHASH CHAUDHARI	Spouse	65	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 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"

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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)

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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 14th Day of December 2023.

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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 : 11240565091807

Type of Policy : Senior Citizens Red Carpet Insurance - 2018

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 MR.SUBHASH BALIRAM CHAUDHARI has paid Rs 9,978/- (Total Premium : Indian Rupees Nine thousand nine hundred seventy eight only) towards Premium for Hospitalization Insurance vide Policy No: 11240565091807 for the Period 11-Jan-2024 To 10-Jan-2025 issued on 14-Dec-2023.

Payment received by Payment Gateway vide Receipt No: 151115/RV/2024/0086471123/1 Receipt Date: 14-Dec-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 : 14-Dec-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



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Email ID: info@starhealth.in

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Tax Invoice

Invoice No. : 2723121004685860	Customer ID : 6407290		
Invoice Date : 14-Dec-2023	Policy No. : 11240565091807		
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 :	Aurangabad Town - M H	
State :	State :	Maharashtra	
Pin Code :	Pin Code :	431001	
Client Category :	Client Category :	IND	
Place of supply :	Place of supply :	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

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Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

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