



Star Health And Allied Insurance Company Limited

Date : 06-Nov-2023

IMPORTANT

To,
MR.PRAVEEN JINDAL
42,MANISH BBAGH COLONY,
BEHIND VIKRAM TOWER,
INDORE(MP)452001
Indore Tehsil, Madhya Pradesh-452001
Mobile : NA/8889290009

Dear Customer,

Re: Health Insurance Policy - 11240493236008

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. : 11240493236008	Previous Policy No : P/201115/01/2023/014609
Customer Code : AA0002973034	GSTIN : 23AAJCS4517L1Z6
Customer Name : PRAVEEN JINDAL	SAC Code : 997133 / Accident and Health Insurance Services
Proposer Code : 4658088	Issuing Office Code : 201115
Proposer Name : MR.PRAVEEN JINDAL	Issuing Office Name : Branch Office - Indore II
Proposer Address : 42,MANISH BBAGH COLONY, BEHIND VIKRAM TOWER, INDORE(MP)452001 Indore Tehsil Madhya Pradesh 452001	Issuing Office Address : Office No. 3, 169, R.N.T. Marg Station Road Corporate House, Indore Town Madhya Pradesh 452001
Phone No : NA/8889290009	Phone No : 0731-4031219
E-mail Id : SLIBINDORE@GMAIL.COM	E-mail Id : indore.bo2@starhealth.in
Proposer GSTIN : NO	Place of Supply : Madhya Pradesh
Proposal date : 15-Oct-2015	Fulfiller Code : SH19338
Date of Inception of first policy : 11-Nov-2015	Intermediary Code : LC000000248
Policy Category : Eighth Year	
Collection No : 201115/RV/2024/0079536639	
Collection Date : 06-Nov-2023	
Premium : Rs. 20,588/-	Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone No : 2225747 E-mail Id : insurance@kailashjain.in
CGST @ 9% : Rs. 1,853/-	
SGST @ 9% : Rs. 1,853/-	
Total Premium : Rs. 24,294/- Stamp Duty : Re. 1/-	
Total Premium In Words : Rupees Twenty Four thousand two hundred ninety four only	
PERIOD OF INSURANCE : From : 11-Nov-2023 00:00	To : Midnight Of 10-Nov-2024
Installment Facility Option :No	Premium Payment Frequency :Annual
Installment Amount Rs. : 0/-	
Scheme Description (Family Size) :2A+1C	Basic Floater Sum Insured :Rs. 10,00,000/-
Bonus : Rs. 5,75,000/-	Limit of Coverage : Rs. 15,75,000/-
Recharge Benefit : Rs. 1,50,000/-	

Entered by : SH5448
Approved by : SH5448

IRDAI 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: 11240493236008

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	MR.PRAVEEN JINDAL	Male	18-Mar-1984	39	Self	4658088-1	11-Nov-2015
Pre Existing Disease : No PED Declared							
2	MRS.ANKITA JINDAL	Female	30-Jun-1987	36	Spouse	4658088-2	11-Nov-2015
Pre Existing Disease : No PED Declared							
3	MISS.PARNIKA JINDAL	Female	25-Apr-2013	10	Daughter	4658088-3	11-Nov-2015
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	ANKITA JINDAL	Spouse	36	100			

Sector Classification:

Urban

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING NO.03/GEN/2022 DATED 31-JAN-2022"

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 - Indore II on 06th Day of November 2023.

Entered by : SH5448
Approved by : SH5448

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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Tax Invoice



Invoice No. : 232311000738364	Customer ID : AA0002973034		
Invoice Date : 06-Nov-2023	Policy No. : 11240493236008		
Recipient		Supplier	
GSTIN :	GSTIN :	GSTIN : 23AAJCS4517L1Z6	
Name :	Name :	Star Health and Allied Insurance Co Ltd -	
Address :	Address :	Branch Office - Indore II	
42,MANISH BBAGH COLONY, BEHIND VIKRAM TOWER, INDORE(MP)452001		Office No. 3, 169, R.N.T. Marg Station Road Corporate House,	
City :	Pin Code :	City :	Pin Code :
Indore Tehsil	452001	Indore Town	452001
State :	Client Category :	State :	Place of supply :
Madhya Pradesh	IND	Madhya Pradesh	Madhya Pradesh

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	20,588.00	0	20,588.00	0	1,853.00	1,853.00	0	24,294.00

Total Invoice Value (in Figures) : Rs. 24,294/-

Total Invoice Value (in Words) : Rupees Twenty Four thousand two hundred ninety four 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 : SH5448

Approved by : SH5448

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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