

Date : 05-Dec-2023

IMPORTANT

To,
MR.MAHAVID BHICHAND DOSI ,
MANSI DRYFRUITS
RAJA BAZAR
AURANGABAD
Aurangabad Town - M H, Maharashtra-431003
Mobile : NIL/7875111017

Dear Customer,

Re: Health Insurance Policy - 11240547611909

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. : 11240547611909	Previous Policy No : P/151115/01/2023/023980
Customer Code : 3945218	GSTIN : 27AAJCS4517L1ZY
Customer Name : MR.MAHAVIR BHIKCHAND DOSI	SAC Code : 997133 / Accident and Health Insurance Services
Proposer Code : 3945218	Issuing Office Code : 151115
Proposer Name : MR.MAHAVIR BHIKCHAND DOSI	Issuing Office Name : Branch Office - Aurangabad
Proposer Address : MANSI DRYFRUITS RAJA BAZAR AURANGABAD Aurangabad Town - M H Maharashtra 431003	Issuing Office Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner Aurangabad Town - M H Maharashtra 431001
Phone No : NIL/7875111017	Phone No : 0240-6651003/0240-6651004
E-mail Id :	E-mail Id : aurangabad@starhealth.in
Proposer GSTIN : NO	Place of Supply : Maharashtra
Proposal date : 13-Dec-2014	Fulfiller Code : SH6642
Date of Inception : 15-Dec-2014 of first policy	Intermediary Code : LC000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone No : 2225747 E-mail Id : insurance@kailashjain.in
Policy Category : Ninth Year	
Collection No : 191127023460	
Collection Date : 05-Dec-2023	
Premium : Rs. 21,884/-	
CGST @ 9% : Rs. 1,970/-	
SGST @ 9% : Rs. 1,970/-	
Total Premium : Rs. 25,824/-	
Stamp Duty : Re. 1/-	
Total Premium In Words : Rupees Twenty Five thousand eight hundred twenty four only	
PERIOD OF INSURANCE : From : 15-Dec-2023 00:00 To : Midnight Of 14-Dec-2024 Policy Term : 1 Year	
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. 0/-	Limit of Coverage : Rs. 10,00,000/- Recharge Benefit : Rs. 1,50,000/-

Entered by : SH50690
Approved by : SH50690

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: 11240547611909

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	MAHVIR DOSI	Male	23-Sep-1976	47	Self	3945218-1	15-Dec-2014
Pre Existing Disease : No PED Declared							
2	RUPALI DOSI	Female	01-Jun-1976	47	Spouse	3945218-2	15-Dec-2014
Pre Existing Disease : No PED Declared							
3	MIHEER DOSI	Male	15-Jun-2001	22	Son	3945218-4	15-Dec-2014
Pre Existing Disease : No PED Declared							

Sector Classification:

Urban	Urban
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"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 05th Day of December 2023.

Entered by : SH50690
Approved by : SH50690

For Star Health and Allied Insurance Company Ltd.



Authorized Signatory

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Tax Invoice



Invoice No. : 2723121004412412	Customer ID : 3945218		
Invoice Date : 05-Dec-2023	Policy No. : 11240547611909		
Recipient		Supplier	
GSTIN :	GSTIN :	Name :	Name :
Name :	Name :	Address :	Address :
Address :	Address :	City :	City :
City :	City :	Pin Code :	Pin Code :
State :	State :	Client Category :	Place of supply :

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	21,884.00	0	21,884.00	0	1,970.00	1,970.00	0	25,824.00

Total Invoice Value (in Figures) : Rs. 25,824/-

Total Invoice Value (in Words) : Rupees Twenty Five thousand eight hundred twenty 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 : SH50690

Approved by : SH50690

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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