

Date : 07-Dec-2023

IMPORTANT

To,
RAMESHCHANDRA NANDALAL JAISWAL
58/B VIDYAVIHAR COLONY
CHOPDA DIST JALGAON

Chopda Tehsil, Maharashtra-425107
Mobile : 9921004147

Dear Customer,

Re: Health Insurance Policy - 11240552296315

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. : 11240552296315	Previous Policy No : P/151115/01/2023/024814
Customer Code : 912304	GSTIN : 27AAJCS4517L1ZY
Customer Name : RAMESHCHANDRA NANDALAL JAISWAL	SAC Code : 997133 / Accident and Health Insurance Services
Proposer Code : 912304	Issuing Office Code : 151115
Proposer Name : RAMESHCHANDRA NANDALAL JAISWAL	Issuing Office Name : Branch Office - Aurangabad
Proposer Address : 58/B VIDYAVIHAR COLONY 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 : 9921004147	Phone No : 0240-6651003/0240-6651004
E-mail Id : sanjogjaiswal@gmail.com	E-mail Id : aurangabad@starhealth.in
Proposer GSTIN : NO	Place of Supply : Maharashtra
Proposal date : 11-Dec-2008	Fulfiller Code : SH6642
Date of Inception of first policy : 11-Dec-2008	Intermediary Code : LC000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone No : 2225747 E-mail Id : insurance@kailashjain.in
Policy Category : Fifteenth Year	
Collection No : 151115/RV/2024/0085369606	
Collection Date : 07-Dec-2023	
Base Product Premium : Rs. 45,884/- No Claim Discount : Rs. 2,294/-	
Premium : Rs. 43,590/- CGST @ 9% : Rs. 3,923/- SGST @ 9% : Rs. 3,923/- Total Premium : Rs. 51,436/- Stamp Duty : Re. 1/-	
Total Premium In Words : Rupees Fifty One thousand four hundred thirty six only	
PERIOD OF INSURANCE : From : 23-Dec-2023 00:00 To : Midnight Of 22-Dec-2024 Policy Term : 1 Year	
Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-	

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.

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Attached to and forming part of Policy No: **11240552296315**

Scheme Description (Family Size) :2A	Basic Floater Sum Insured :Rs. 4,00,000/-
Bonus : Rs. 1,20,000/-	Limit of Coverage : Rs. 5,20,000/-
	Recharge Benefit : Rs. 1,00,000/-

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	RAMESHCHANDRA JAISWAL	Male	01-Jun-1953	70	Self	912304-1	11-Dec-2008
Pre Existing Disease : HYPERTENSION & ITS COMPLICATIONS							
2	KALPANA JAISWAL	Female	29-Aug-1959	64	Spouse	912304-2	11-Dec-2008
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	KALPANA JAISWAL	Spouse	64	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 07th Day of December 2023.

Entered by : CUSTPORTAL
Approved by : PORTAL

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 : 11240552296315 **Type of Policy** : Family Health Optima Insurance - 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 RAMESHCHANDRA NANDALAL JAISWAL has paid Rs 51,435/- (Total Premium : Indian Rupees Fifty One thousand four hundred thirty five only) towards Premium for Hospitalization Insurance vide Policy No: 11240552296315 for the Period 23-Dec-2023 To 22-Dec-2024 issued on 07-Dec-2023.

Payment received by Payment Gateway vide Receipt No: 151115/RV/2024/0085369606/1 Receipt Date: 07-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 : 07-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


Authorised Signatory

Email ID: info@starhealth.in

Entered by : CUSTPORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.


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Tax Invoice



Invoice No. : 2723121004486475	Customer ID : 912304		
Invoice Date : 07-Dec-2023	Policy No. : 11240552296315		
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	Pin Code : 431001
State :	State :	Maharashtra	Place of supply : Maharashtra
Pin Code :	Client Category :	425107	IND

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	43,590.00	0	43,590.00	0	3,923.00	3,923.00	0	51,436.00

Total Invoice Value (in Figures) : Rs. 51,436/-

Total Invoice Value (in Words) : Rupees Fifty One thousand four hundred thirty 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 : CUSTPORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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