

Date : 28-Dec-2023

**IMPORTANT**

To,  
MRS.VARSHA RAJARAM CHANDRATRE,  
FLAT NO.D-203,2ND FLOOR,SNEHNAI RESIDENCY,  
OPP-AMARVILAS HOTEL,AB ROAD,INDORE(MP)452001.  
INDORE  
Indore Town,Madhya Pradesh-452001  
Mobile : 9479981299/9039215355

Dear Customer,

**Re: Health Insurance Policy - 11240594586910**

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/201115/01/2023/018348, the policy stands renewed for a further period of 1 Year as per the details given below**

<b>Renewal Endorsement No:11240594586910</b>		
Customer Code : AA0001235764	GSTIN : 23AAJCS4517L1Z6	
Customer Name : VARSHA RAJARAM CHANDRATRE	SAC Code : 997133 / Accident and Health Insurance Services	
Proposer Code : 3276327	Issuing Office Code : 201115	
Proposer Name : MRS.VARSHA RAJARAM CHANDRATRE	Issuing Office Name : Branch Office - Indore II	
Proposer Address : FLAT NO.D-203,2ND FLOOR,SNEHNAI RESIDENCY, OPP-AMARVILAS HOTEL,AB ROAD,INDORE(MP)452001. INDORE Indore Town 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 : 9479981299/9039215355	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 : 24-Dec-2013	Fulfiller Code : SH19338	
Date of Inception : 25-Dec-2013 of first policy		
Renewal Year : Tenth Year	<b>Intermediary Code : LC0000000248</b>	
Collection No : 201115/RV/2024/0088527851		
Collection Date : 20-Dec-2023		
Premium : Rs. 8,456/-	<b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b>	
CGST @ 9% : Rs. 761/-	<b>Phone No : 2225747</b>	
SGST @ 9% : Rs. 761/-	<b>E-mail Id : insurance@kailashjain.in</b>	
Total Premium : Rs. 9,978/-		
Stamp Duty : Re. 1/-		
<b>Total Premium In Words : Rupees Nine thousand nine hundred seventy eight only</b>		
<b>PERIOD OF INSURANCE : From : 28-Dec-2023 00:00</b>	<b>To : Midnight Of 27-Dec-2024</b>	<b>Policy Term : 1 Year</b>
<b>Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-</b>		
<b>Policy Type : INDIVIDUAL</b>		

Entered by : SH62959  
Approved by : SH62959

**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: 11240594586910**

**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	MRS.VARSHA RAJARAM CHANDRATRE	Female	19-Apr-1952	71	Self	3276327-1	0	30	2,00,000	25-Dec-2013
<b>Pre Existing Disease :</b>		Hypertension and its complications								

**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	RAJRAM	Spouse	77	100			

**Sector Classification:**

Urban	Urban
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**"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 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"

**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 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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Approved by : SH62959

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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](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 - Indore II on 28th Day of December 2023.

Entered by : SH62959  
Approved by : SH62959

For Star Health and Allied Insurance Company Ltd.



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## Tax Invoice

<b>Invoice No.</b> : 2323121001018345	<b>Customer ID</b> : AA0001235764		
<b>Invoice Date</b> : 23-Dec-2023	<b>Policy No.</b> : 11240594586910		
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b> :	<b>GSTIN</b> :	<b>GSTIN</b> : 23AAJCS4517L1Z6	
<b>Name</b> :	<b>Name</b> :	Star Health and Allied Insurance Co Ltd - Branch Office - Indore II	
<b>Address</b> :	<b>Address</b> :	Office No. 3, 169, R.N.T. Marg Station Road Corporate House,	
<b>City</b> :	<b>City</b> :	Indore Tehsil	Indore Town
<b>State</b> :	<b>State</b> :	Madhya Pradesh	Madhya Pradesh
<b>Pin Code</b> :	<b>Pin Code</b> :	452001	452001
<b>Client Category</b> :	<b>Place of supply</b> :	IND	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	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**

Entered by : SH62959

Approved by : SH62959

For Star Health and Allied Insurance Company Ltd.

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## ENDORSEMENT SCHEDULE

### Senior Citizens Red Carpet Health Insurance Policy Unique Identification No. SHAHLIP22199V062122

<b>Policy No.</b> : 11240594586910 <b>Policy Period</b> : 28-Dec-2023 00:00 To 27-Dec-2024	<b>Date</b> : 28-Dec-2023
<b>Proposer's Code</b> : 3276327 <b>Proposer's Name</b> : MRS.VARSHA RAJARAM CHANDRATRE <b>Address</b> : FLAT NO.D-203,2ND FLOOR,SNEHNAI RESIDENCY, OPP-AMARVILAS HOTEL,AB ROAD,INDORE(MP)452001. INDORE Indore Town Madhya Pradesh 452001 <b>Phone No</b> : 9479981299/9039215355 <b>E-mail Id</b> : slibindore@gmail.com	<b>Issuing Office Code</b> : null <b>Issuing Office Name</b> : null <b>Address</b> : null null null null null null <b>Phone No</b> : null <b>E-mail Id</b> : null
<b>Fulfiller Code</b> : SH19338	<b>Intermediary Code</b> : null <b>Name</b> : null <b>Phone No</b> : null <b>E-mail Id</b> : null

#### Description :

#### Covering Flu Vaccination Approved by ICMR under Health Check Up benefit and Home Care Treatment

Notwithstanding anything stated to the contrary in the within mentioned policy it is hereby agreed and declared that this Policy would hereinafter provide the following covers without charging additional premium till policy expiry or 31.03.2024 whichever is earlier.

1. Cover for Flu Vaccine Approved by ICMR under Health check up benefit as per relevant clause with the same limits and conditions provided therein.

**Home care treatment** : Payable up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year, for treatment availed by the Insured Person at home, only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided

- The Medical practitioner advises the Insured person to undergo treatment at home
- There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment
- Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained
- Insured can avail "Home Care Treatment" service on **cashless basis**, if availed from the list of our Home Health Care Network service providers given in our website "[www.starhealth.in](http://www.starhealth.in)"

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Approved by : SH62959

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## List of Conditions covered under Home care treatment

1. Fever and Infectious diseases which can be managed as Inpatient
2. Uncomplicated Urinary tract infections but needing Parenteral Antibiotics
3. Asthma and COPD -Mild Exacerbations needing Home Nebulization
4. Acute Gastritis/Gastroenteritis
5. I.V. Chemotherapy [Where advised by the doctor]
6. Palliative Cancer care requiring medical assistance
7. Acute Vertigo
8. Diabetic foot and Cellulitis
9. IVDP[Cervical and Lumbar disc diseases]
10. Major Surgeries/Arthroplasties needing IV Antibiotics Post Discharge
11. Care for Brain and Spinal Injury Cases Post Discharge
12. Post CVA Care at Home after Discharge
13. Chronic Severe Refractory Asthma

In witness whereof the undersigned being authorised by and on behalf of the company has herein to set his hand at Branch Office -

Entered by : SH62959  
Approved by : SH62959

For Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory

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