

IMPORTANT
03/04/2023

To,

DHAMMAKIRAN MILIND AMBHORE,
H.NO 1-19-67, CTS NO.2132, OPP HANUMAN MANDIR,
NEAR SAMARTH ASHOK CHOWK,
GHATI GAUTAM NAGAR, ABAD
Aurangabad,Aurangabad,Maharashtra -**431001**
Mobile : 9158229144.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2024/000180

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
SHAHLIP22030V062122

In consideration of payment of Rs.12862/- towards renewal premium of Policy number: P/151115/01/2023/000188, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151115/01/2024/000180	
Customer Code : AA0004754465	GSTIN : 27AAJCS4517L1ZY
Customer Name : DHAMMAKIRAN MILIND AMBHORE	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 6704579	Issuing Office Code : 151115
Proposer Name : DHAMMAKIRAN MILIND AMBHORE	Issuing Office Name : Branch Office - Aurangabad
Address : H.NO 1-19-67, CTS NO.2132, OPP HANUMAN MANDIR, NEAR SAMARTH ASHOK CHOWK, GHATI GAUTAM NAGAR, ABAD Aurangabad,Aurangabad,Maharashtra - 431001	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
Tel/Mobile : NIL/9158229144/	Tel/Mobile : 0240-6651003 / 0240-6651004
E-mail id : dhammakiran27@gmail.com	E-mail id : aurangabad@starhealth.in, aurangabad.claims@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Proposal date : 08/03/2017	Fulfiller Code : SH6642
Date of Inception of first policy : 31-MAR-2017	Intermediary Code : LC0000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Tel/Mobile : 02402350377/9850049400 E-mail id : insurance@kailashjain.in
Renewal Year : Sixth Year	
Collection Number & Date : 1127000146 & 03/04/2023	
Basic Cover : Rs 10900 /- Section 1(Extra Protect Add-on Cover) : Rs /- Section 2(Extra Protect Add-on Cover) : Rs 0 /- Premium : Rs 10900 /- CGST @9% : Rs 981 /- SGST / UTGST @9% : Rs 981 /- Total Premium : Rs 12862 /- Stamp Duty : Re 1 /-	
Total Premium In Words : Rupees Twelve Thousand Eight Hundred Sixty Two Only	
Installment Facility Optn :No	Premium Payment Frequency :Annual
Installment Amount Rs. : 0	

Period of insurance : From : 03/04/2023 06:57	To : Midnight of 02/04/2024
Basic Floater Sum Insured : 300000	
In words : Rupees: Three Lakhs Only	
Bonus: Rs. 190000	Limit of Coverage : Rs. 490000
Recharge Benefit : Rs. 75000	
Scheme Description : 2ADULT+2CHILD	

Details of Insured Persons :

Sl. No.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Pre Existing Disease	Inception Date
1	DHAMMAKIRAN MILIND AMBHORE	M	27/09/1984	38	SELF	6704579-1	No PED declared	31/03/2017
2	SUVARNA DHAMMAKIRAN AMBHORE	F	23/08/1989	33	SPOUSE	6704579-2	No PED declared	31/03/2017

Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

L66010TN2005PLC056649

Attached to and forming part of Policy No. P/151115/01/2024/000180

3	YASH DHAMMAKIRAN AMBHORE	M	19/04/2015	7	DEPENDANT CHILD	6704579-3	No PED declared	31/03/2017
4	SWARA DHAMMAKIRAN AMBHORE	F	26/10/2018	4	DEPENDANT CHILD	6704579-4		03/04/2021

Pre Existing Disease : No Pre Existing Disease declared

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Age	Relationship with Nominee
1	Suvarna	Spouse	33	100			

Sector Classification

Urban		
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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).

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 .

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 03rd Day of April 2023.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 27A127Y24P000112	Customer ID : AA0004754465
Invoice Date : 03/04/23	Policy No : P/151115/01/2024/000180
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : DHAMMAKIRAN MILIND AMBHORE	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : H.NO 1-19-67, CTS NO.2132, OPP HANUMAN MANDIR, NEAR SAMARTH ASHOK CHOWK, GHATI GAUTAM NAGAR, ABAD	Tel/Mobile : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
City :	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 431001	Pincode : 431001
Client Category : IND	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	CESS@1%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C *CGST	F = C *UTGST or SGST	G=C*Cess	H=C+D+E+F+G
997133	Insurance Services	10900	0	10900		981	981		Rs. 12862

Total Invoice Value (in Figures) : Rs. 12862
 Total Invoice Value (in Words) : Rupees: Twelve thousand eight hundred sixty-two 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

Corporate Identity Number L66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered By : PREMIA
 Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory