

Date : 23-Mar-2024

To,

IMPORTANT

MR.KAILASH BANSILAL AGRAWAL ,
219,ADARSH NAGAR,
SHIRPUR,
DHULE,MH-425405
Shirpur Tehsil,Maharashtra-**425405**
Mobile : NA/9890601111

Dear Customer,

Re: Health Insurance Policy - 11240799952306

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.

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

In Consideration of payment of Rs. 26,550/- towards renewal premium of policy number:P/201115/01/2023/025566, the policy stands renewed for a further period of 1 Year as per the details given below

| Renewal Endorsement No:11240799952306 | | | |
|--|---|--|-------------------------------------|
| Customer Code : AA0006772047 | GSTIN : 23AAJCS4517L1Z6 | | |
| Customer Name : KAILASH BANSILAL AGRAWAL | SAC Code : 997133 / Accident and Health Insurance Services | | |
| Cust CKYC No : - | | | |
| Proposer Code : 8991507 | Issuing Office Code : 201115 | | |
| Proposer Name : MR.KAILASH BANSILAL AGRAWAL | Issuing Office Name : Branch Office - Indore II | | |
| Proposer Address : 219,ADARSH NAGAR, SHIRPUR, DHULE,MH-425405 Shirpur Tehsil Maharashtra 425405 | Issuing Office Address : Office No. 3, 169, R.N.T. Marg Station Road Corporate House, Indore Town Madhya Pradesh 452001 | | |
| Phone No : NA/9890601111 | Phone No : 0731-4031219 | | |
| E-mail Id : agrawalcoldstorage@gmail.com | E-mail Id : indore.bo2@starhealth.in | | |
| Proposer GSTIN : NO | Place of Supply : Madhya Pradesh | | |
| Proposal date : 26-Mar-2018 | Fulfiller Code : SH19338 | | |
| Date of Inception : 26-Mar-2018 of first policy | Intermediary Code : LC0000000248 | | |
| Renewal Year : Sixth Year | | | |
| Collection No : 201115/RV/2024/0117369429 | | | |
| Collection Date : 21-Mar-2024 | | | |
| Premium : Rs. 22,500/- | | | |
| IGST @ 18% : Rs. 4,050/- | Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD | | |
| Total Premium : Rs. 26,550/- | Phone No : 2225747 | | |
| Stamp Duty : Re. 1/- | E-mail Id : insurance@kailashjain .in | | |
| Total Premium In Words : Rupees Twenty Six thousand five hundred fifty only | | | |
| PERIOD OF INSURANCE : From : 28-Mar-2024 00:00 | To : Midnight Of 27-Mar-2025 | Policy Term :1 Year | |
| Installment Facility Option:No | | Premium Payment Frequency :Annual | Installment Amount Rs. : 0/- |
| Policy Type : INDIVIDUAL | | | |

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.

Authorised Signatory

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Attached to and forming part of Policy No: 11240799952306

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 | MR.KAILASH BANSILAL AGRAWAL | Male | 28-May-1956 | 67 | Self | 8991507-1 | 1,400 | 30 | 10,00,000 | 26-Mar-2018 |
| Pre Existing Disease : | | Diabetes Mellitus and its complications 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 | LATA AGRAWAL | Spouse | 62 | 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 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)

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 - Indore II on 23rd Day of March 2024.

As per Section 34 of CGST Act of 2017, Policy Issued in one Financial Year and Cancelled in another Financial Year on or after 01st of December, then Only Premium Amount will be Refunded to the Customer and GST Amount will Not be Refunded. Customer has to Claim the Refund of GST Amount from the GST Portal.

Entered by : SH62959
Approved by : SH62959

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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Tax Invoice



| | | | |
|---------------------------------------|--|------------------|--|
| Invoice No. : 232403I001625594 | Customer ID : AA0006772047 | | |
| Invoice Date : 23-Mar-2024 | Policy No. : 11240799952306 | | |
| Recipient | | Supplier | |
| GSTIN : | | GSTIN : | 23AAJCS4517L1Z6 |
| Name : | KAILASH BANSILAL AGRAWAL | Name : | Star Health and Allied Insurance Co Ltd - Branch Office - Indore II |
| Address : | 219,ADARSH NAGAR, SHIRPUR, DHULE,MH-425405 | Address : | Office No. 3, 169, R.N.T. Marg Station Road Corporate House, . |
| City : | Shirpur Tehsil | City : | Indore Town |
| | Pin Code : 425405 | | Pin Code : 452001 |
| State : | Maharashtra | State : | Madhya Pradesh |
| | Client Category : IND | | Place of supply : Madhya Pradesh |

| HSN / SAC Code | Description of Service(s) | Total | Discount | Taxable Value | 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 | 22,500.00 | 0 | 22,500.00 | 4,050.00 | 0 | 0 | 0 | 26,550.00 |

Total Invoice Value (in Figures) : Rs. 26,550/-

Total Invoice Value (in Words) : Rupees Twenty Six thousand five hundred fifty 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.

Authorised Signatory

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Forming part of Policy Number : 11240799952306

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 31.03.2024:

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.
2. Cover for Home Care Treatment as per the details provided herein.

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 that:

- a. The Medical practitioner advises the Insured person to undergo treatment at home
- b. 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
- c. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained
- d. 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"

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

