

Date : 06-May-2024

To,
MANOJ PANNALAL JAIN ,
BEHIND FIRE BRIGRADE OFFICE, 134, AMBIKA NIWAS, GANDHI NAGAR,
BANSILAL NAGAR

IMPORTANT

Aurangabad Town - M H, Maharashtra-431001
Mobile : 9595858536

Dear Customer,

Re: Health Insurance Policy - 11250899360003

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.

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Family Health Optima Insurance Plan Unique Identification No. SHAHLIP23164V072223

In Consideration of payment of Rs. 33,653/- towards renewal premium of policy number:P/151115/01/2024/002632, the policy stands renewed for a further period of 1 Year as per the details given below

Renewal Endorsement No:11250899360003		
Customer Code : 21851508	GSTIN : 27AAJCS4517L1ZY	
Customer Name : MANOJ PANNALAL JAIN	SAC Code : 997133 / Accident and Health Insurance Services	
Cust CKYC No : -		
Proposer Code : 21851508	Issuing Office Code : 151115	
Proposer Name : MANOJ PANNALAL JAIN	Issuing Office Name : Branch Office - Aurangabad	
Proposer Address : BEHIND FIRE BRIGRADE OFFICE, 134, AMBIKA NIWAS, GANDHI NAGAR, BANSILAL NAGAR	Issuing Office Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner Aurangabad Town - M H Maharashtra 431001	
Phone No : 9595858536	Phone No : 0240-6651003/0240-6651004	
E-mail Id : badal.mjain@yahoo.com	E-mail Id : aurangabad@starhealth.in	
Proposer GSTIN : NO	Place of Supply : Maharashtra	
Proposal date : 12-May-2021	Fulfiller Code : SH6642	
Date of Inception : 12-May-2021 of first policy		
Renewal Year : Third Year	Intermediary Code : LC000000248	
Collection No : 151115/RV/2025/0125467035	Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD	
Collection Date : 06-May-2024	Phone No : 2225747	
Premium : Rs. 28,519/-	E-mail Id : insurance@kailashjain.in	
CGST @ 9% : Rs. 2,567/-		
SGST @ 9% : Rs. 2,567/-		
Total Premium : Rs. 33,653/-		
Stamp Duty : Re. 1/-		
Total Premium In Words : Rupees Thirty Three thousand six hundred fifty three only		
PERIOD OF INSURANCE : From : 12-May-2024 00:00	To : Midnight Of 11-May-2025	Policy Term : 1 Year
Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-		
Scheme Description (Family Size) :2A		Basic Floater Sum Insured :Rs. 5,00,000/-
Bonus : Rs. 2,25,000/-	Limit of Coverage : Rs. 7,25,000/-	Recharge Benefit : Rs. 1,50,000/-

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For Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

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Attached to and forming part of Policy No: 11250899360003

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	MANOJ PANNALAL JAIN	Male	25-Dec-1964	59	Self	21851508-1	12-May-2021
Pre Existing Disease :		Diabetes Mellitus and its complications Hypertension and its complications					
2	SANGITA MANOJ JAIN	Female	19-Jul-1965	58	Spouse	21851508-2	12-May-2021
Pre Existing Disease :		All complications related to the surgeries or procedures performed previously - vocal cord polyp 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	SANGITA MANOJ JAIN	Spouse	58	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).

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 06th Day of May 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.

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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 : 11250899360003

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 MANOJ PANNALAL JAIN has paid Rs 33,653/- (Total Premium : Indian Rupees Thirty Three thousand six hundred fifty three only) towards Premium for Hospitalization Insurance vide Policy No: 11250899360003 for the Period 12-May-2024 To 11-May-2025 issued on 06-May-2024.

Payment received by Payment Gateway vide Receipt No: 151115/RV/2025/0125467035/1 Receipt Date: 06-May-2024

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 : 06-May-2024


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

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For Star Health and Allied Insurance Company Ltd.


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Tax Invoice



Invoice No. : 2724051009970619	Customer ID : 21851508
Invoice Date : 06-May-2024	Policy No. : 11250899360003
Recipient	
GSTIN :	GSTIN : 27AAJCS4517L1ZY
Name : MANOJ PANNALAL JAIN	Name : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : BEHIND FIRE BRIGRADE OFFICE, 134, AMBIKA NIWAS, GANDHI NAGAR, BANSILAL NAGAR	Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner
City : Aurangabad Town - M H	City : Aurangabad Town - M H
Pin Code : 431001	Pin Code : 431001
State : Maharashtra	State : Maharashtra
Client Category : IND	Place of supply : Maharashtra

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	28,519.00	0	28,519.00	0	2,567.00	2,567.00	0	33,653.00

Total Invoice Value (in Figures) : Rs. 33,653/-

Total Invoice Value (in Words) : Rupees Thirty Three thousand six hundred fifty three 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

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