

Date : 30-May-2024

**IMPORTANT**

To,  
MR.KESHAV SATISH DESHMUKH  
S/O. SITARAM, DNYANI HOUSE,  
SARASWATI COLONY NO 2, GEORAI  
BEED  
Georai Tehsil, Maharashtra-431127  
Mobile : NIL/7588567750

Dear Customer,

**Re: Health Insurance Policy - 11250028156906**

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. 17,121/- towards renewal premium of policy number:P/151115/01/2024/004185, the policy stands renewed for a further period of 1 Year as per the details given below**

Renewal Endorsement No:11250028156906	
Customer Code : AA0007042884	GSTIN : 27AAJCS4517L1ZY
Customer Name : KESHAV SATISH DESHMUKH	SAC Code : 997133 / Accident and Health Insurance Services
Cust CKYC No : -	
Proposer Code : 9321297	Issuing Office Code : 151115
Proposer Name : MR.KESHAV SATISH DESHMUKH	Issuing Office Name : Branch Office - Aurangabad
Proposer Address : S/O. SITARAM, DNYANI HOUSE, SARASWATI COLONY NO 2, GEORAI BEED Georai Tehsil Maharashtra 431127	Issuing Office Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner Aurangabad Town - M H Maharashtra 431001
Phone No : NIL/7588567750	Phone No : 0240-6651003/0240-6651004
E-mail Id : rajechatrapatiginning@yahoo.com	E-mail Id : aurangabad@starhealth.in
Proposer GSTIN : NO	Place of Supply : Maharashtra
Proposal date : 24-May-2018	Fulfiller Code : SH6642
Date of Inception of first policy : 24-May-2018	<b>Intermediary Code : LC000000248</b>
Renewal Year : Sixth Year	
Collection No : 151115/RV/2025/0129562392	
Collection Date : 16-May-2024	<b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b> <b>Phone No : 2225747</b> <b>E-mail Id : insurance@kailashjain.in</b>
Premium : Rs. 14,509/-	
CGST @ 9% : Rs. 1,306/-	
SGST @ 9% : Rs. 1,306/-	
Total Premium : Rs. 17,121/- Stamp Duty : Re. 1/-	
<b>Total Premium In Words : Rupees Seventeen thousand one hundred twenty one only</b>	
<b>PERIOD OF INSURANCE : From : 24-May-2024 00:00 To : Midnight Of 23-May-2025</b>	<b>Policy Term : 1 Year</b>
<b>Installment Facility Option:No Premium Payment Frequency :Annual Installment Amount Rs. : 0/-</b>	
<b>Floater Sum Insured : Rs. 5,00,000</b>	<b>OP Limit : Policy Type : FLOATER</b>

Entered by : SH69239  
Approved by : SH69239

**IRDAI Regn.No.129**

**Corporate Identity Number L66010TN2005PLC056649**

**Email ID: info@starhealth.in**

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For Star Health and Allied Insurance Company Ltd.

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**Attached to and forming part of Policy No: 11250028156906**

<b>Scheme Description (Family Size) :2A+2C</b>	<b>Basic Floater Sum Insured :Rs. 5,00,000/-</b>
<b>Bonus : Rs. 3,25,000/-</b>	<b>Limit of Coverage : Rs. 8,25,000/-</b>
	<b>Recharge Benefit : Rs. 1,50,000/-</b>

**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	KESHAV DESHMUKH	Male	04-Aug-1991	32	Self	9321297-1	24-May-2018
<b>Pre Existing Disease :</b> No PED Declared							
2	SHUBHANGI DESHMUKH	Female	04-Jun-1994	29	Spouse	9321297-2	24-May-2018
<b>Pre Existing Disease :</b> No PED Declared							
3	ANSH K DESHMUKH	Male	21-Nov-2019	4	Son	9321297-3	24-May-2022
<b>Pre Existing Disease :</b> No PED Declared							
4	AARADHYA DESHMUKH	Female	16-Apr-2024	0	Daughter	ME0452455311	24-May-2024
<b>Pre Existing Disease :</b> 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	SHUBHANGEE K DESHMUKH	Spouse	29	100			

**Sector Classification:**

Urban
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**"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.**

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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 - Aurangabad on 30th 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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**Star Health and Allied Insurance  
Company Limited**  
**Customer Identity Card**

**Policy No :** 11250028156906

Name	DOB	Gender	Customer id
AARADHYA DESHMUKH	16-Apr-2024	Female	ME0452455311

**Valid From :** 24-May-2024

**Valid Till :** 23-May-2025

**Office Code :** 151115

**Agent/Broker/TE Code :** LC0000000248

**TA/SSM/SM Code :** SH6642

**IRDAI Regn.No:129**

**Emergency Help Line No.1800 425 2255/1800 102 4477**

e-mail : [support@starhealth.in](mailto:support@starhealth.in) Website : [www.starhealth.in](http://www.starhealth.in)

**Please quote the Customer Id No. for assistance**

- This ID Card is invalid,if the insurance cover is not in force.
- Immediate Intimation to 'Star' through above Tel Nos. is a must in case of Hospitalisation.

At the time of hospitalisation,kindly submit any **Government approved photo ID Card.**

**Corporate Identity Number : L66010TN2005PLC056649**

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## Tax Invoice



<b>Invoice No.</b> : 2724051010704459	<b>Customer ID</b> : AA0007042884		
<b>Invoice Date</b> : 17-May-2024	<b>Policy No.</b> : 11250028156906		
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b> :	<b>GSTIN</b> :	<b>GSTIN</b> : 27AAJCS4517L1ZY	
<b>Name</b> :	<b>Name</b> :	Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad	
<b>Address</b> :	<b>Address</b> :	6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner	
<b>City</b> :	<b>Pin Code</b> :	<b>City</b> :	<b>Pin Code</b> :
Georai Tehsil	431127	Aurangabad Town - M H	431001
<b>State</b> :	<b>Client Category</b> :	<b>State</b> :	<b>Place of supply</b> :
Maharashtra	IND	Maharashtra	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	14,509.00	0	14,509.00	0	1,306.00	1,306.00	0	17,121.00

**Total Invoice Value (in Figures)** : Rs. 17,121/-

**Total Invoice Value (in Words)** : Rupees Seventeen thousand one hundred twenty one 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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