

Date : 25-May-2024

**IMPORTANT**

To,  
MR.AMAR SUBHASHRAO MORE,  
MU. SHELGAON(MANAR GALLI) TQ PARANDA  
SHELGAON, SHELGAON(SONARI)  
OSMANABAD  
Paranda Tehsil,Maharashtra-413505  
Mobile : 7744000044

Dear Customer,

**Re: Health Insurance Policy - 11250999457306**

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. 21,737/- towards renewal premium of policy number:P/151115/01/2024/004905, the policy stands renewed for a further period of 1 Year as per the details given below**

<b>Renewal Endorsement No:11250999457306</b>		
Customer Code : AA0007060978	GSTIN : 27AAJCS4517L1ZY	
Customer Name : AMAR SUBHASHRAO MORE	SAC Code : 997133 / Accident and Health Insurance Services	
Cust CKYC No : -		
Proposer Code : 9344172	Issuing Office Code : 151115	
Proposer Name : MR.AMAR SUBHASHRAO MORE	Issuing Office Name : Branch Office - Aurangabad	
Proposer Address : MU. SHELGAON(MANAR GALLI) TQ PARANDA SHELGAON, SHELGAON(SONARI) OSMANABAD Paranda Tehsil Maharashtra 413505	Issuing Office Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner Aurangabad Town - M H Maharashtra 431001	
Phone No : 7744000044	Phone No : 0240-6651003/0240-6651004	
E-mail Id : more.amar7@gmail.com	E-mail Id : aurangabad@starhealth.in	
Proposer GSTIN : NO	Place of Supply : Maharashtra	
Proposal date : 31-May-2018	Fulfiller Code : SH6642	
Date of Inception of first policy : 31-May-2018	<b>Intermediary Code : LC000000248</b>	
Renewal Year : Sixth Year		
Collection No : 151115/RV/2025/0129491275		
Collection Date : 16-May-2024		
Premium : Rs. 18,421/-	<b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b>	
CGST @ 9% : Rs. 1,658/-		
SGST @ 9% : Rs. 1,658/-		
Total Premium : Rs. 21,737/-		
Stamp Duty : Re. 1/-		
<b>Total Premium In Words : Rupees Twenty One thousand seven hundred thirty seven only</b>		
<b>PERIOD OF INSURANCE</b> : From : 31-May-2024 00:00	To : Midnight Of 30-May-2025	<b>Policy Term</b> : 1 Year
<b>Installment Facility Option:No Premium Payment Frequency :Annual Installment Amount Rs. : 0/-</b>		
<b>Scheme Description (Family Size) :2A+2C</b>		<b>Basic Floater Sum Insured :Rs. 10,00,000/-</b>
<b>Bonus</b> : Rs. 90,000/-	<b>Limit of Coverage</b> : Rs. 10,90,000/-	<b>Recharge Benefit</b> : Rs. 1,50,000/-

Entered by : SH48028  
Approved by : SH48028

**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: 11250999457306**

**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	AMAR MORE	Male	10-Jun-1984	39	Self	9344172-1	31-May-2018
<b>Pre Existing Disease :</b> No PED Declared							
2	ANJALI MORE	Female	22-Nov-1987	36	Spouse	9344172-2	31-May-2018
<b>Pre Existing Disease :</b> No PED Declared							
3	AARYA MORE	Female	02-Sep-2010	13	Daughter	9344172-3	31-May-2018
<b>Pre Existing Disease :</b> No PED Declared							
4	SHIVENDRA MORE	Male	24-Apr-2014	10	Son	9344172-4	31-May-2018
<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	ANJALI AMER MORE	Spouse	36	100			

**Sector Classification:**

Rural
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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.**

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 25th Day of May 2024.

Entered by : SH48028  
Approved by : SH48028

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# Star Health And Allied Insurance Company Limited

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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Approved by : SH48028

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For Star Health and Allied Insurance Company Ltd.

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## Tax Invoice



<b>Invoice No.</b> : 2724051010548735	<b>Customer ID</b> : AA0007060978		
<b>Invoice Date</b> : 17-May-2024	<b>Policy No.</b> : 11250999457306		
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b> :	<b>GSTIN</b> :	<b>GSTIN</b> : 27AAJCS4517L1ZY	
<b>Name</b> : AMAR SUBHASHRAO MORE	<b>Name</b> :	Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad	
<b>Address</b> : MU. SHELGAON(MANAR GALLI) TQ PARANDA SHELGAON, SHELGAON(SONARI) OSMANABAD	<b>Address</b> :	6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner	
<b>City</b> : Paranda Tehsil	<b>Pin Code</b> : 413505	<b>City</b> : Aurangabad Town - M H	<b>Pin Code</b> : 431001
<b>State</b> : Maharashtra	<b>Client Category</b> : IND	<b>State</b> : Maharashtra	<b>Place of supply</b> : 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	18,421.00	0	18,421.00	0	1,658.00	1,658.00	0	21,737.00

**Total Invoice Value (in Figures)** : Rs. 21,737/-  
**Total Invoice Value (in Words)** : Rupees Twenty One thousand seven hundred thirty seven 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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