

Date : 29-Jul-2024

**IMPORTANT**

To,  
AJIT SOHANLAL LODHA,  
AURANGABAD  
AURANGABAD  
AURANGABAD  
Aurangabad Town - M H, Maharashtra-431003  
Mobile : 9822112401

Dear Customer,

**Re: Health Insurance Policy - 11240363293715**

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,



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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. 23,722/- towards renewal premium of policy number:11240363293714, the policy stands renewed for a further period of 1 Year as per the details given below**

<b>Renewal Endorsement No:11240363293715</b>		
Customer Code : 770977	GSTIN : 27AAJCS4517L1ZY	
Customer Name : AJIT SOHANLAL LODHA	SAC Code : 997133 / Accident and Health Insurance Services	
Cust CKYC No : -		
Proposer Code : 770977	Issuing Office Code : 151115	
Proposer Name : AJIT SOHANLAL LODHA	Issuing Office Name : Branch Office - Aurangabad	
Proposer Address : AURANGABAD AURANGABAD Aurangabad Town - M H Maharashtra 431003	Issuing Office Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner Aurangabad Town - M H Maharashtra 431001	
Phone No : 9822112401	Phone No : 0240-6651003/0240-6651004	
E-mail Id : BackOffice@jainuineinsurance.co.in	E-mail Id : aurangabad@starhealth.in	
Proposer GSTIN : NO	Place of Supply : Maharashtra	
Proposal date : 14-Aug-2009	Fulfiller Code : SH6642	
Date of Inception : 14-Aug-2009 of first policy		
Renewal Year : Fifteenth Year	<b>Intermediary Code : LC0000000248</b>	
Collection No : 151115/RV/2025/0151128941		
Collection Date : 29-Jul-2024		
Premium : Rs. 20,104/-	<b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b>	
CGST @ 9% : Rs. 1,809/-	<b>Phone No : 02402350377/98500494 00</b>	
SGST @ 9% : Rs. 1,809/-	<b>E-mail Id : kailash@jainuineinsurance.co.in</b>	
Total Premium : Rs. 23,722/-		
Stamp Duty : Re. 1/-		
<b>Total Premium In Words : Rupees Twenty Three thousand seven hundred twenty two only</b>		
<b>PERIOD OF INSURANCE : From : 13-Aug-2024 00:00</b>	<b>To : Midnight Of 12-Aug-2025</b>	<b>Policy Term : 1 Year</b>
<b>Installment Facility Option:No Premium Payment Frequency :Annual Installment Amount Rs. : 0/-</b>		

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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: 11240363293715**

<b>Scheme Description (Family Size) :2A+2C</b>	<b>Basic Floater Sum Insured :Rs. 5,00,000/-</b>
<b>Bonus : Rs. 2,30,000/-</b>	<b>Limit of Coverage : Rs. 7,30,000/-</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	AJIT SOHANLAL LODHA	Male	14-Jan-1976	48	Self	770977-1	14-Aug-2009
<b>Pre Existing Disease :</b> No PED Declared							
2	SUREKHA AJIT LODHA	Female	22-Sep-1978	45	Spouse	770977-2	14-Aug-2009
<b>Pre Existing Disease :</b> No PED Declared							
3	KAMAL AJIT LODHA	Male	12-Nov-2003	20	Son	770977-3	14-Aug-2009
<b>Pre Existing Disease :</b> No PED Declared							
4	MINEET AJIT LODHA	Male	01-Nov-2010	13	Son	770977-4	14-Aug-2011
<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	SUREKHA LODHA	Spouse	45	100			

**Sector Classification:**

Urban
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**"ENF-2/LOA/ENF-2/CSD/26/2024 -20.03.24 TO 31.12.25 DT.27.03.24"**

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)*

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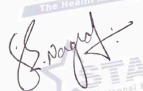
In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Aurangabad on 29th Day of July 2024.

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** : 11240363293715

**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 AJIT SOHANLAL LODHA has paid Rs 23,722/- (Total Premium : Indian Rupees Twenty Three thousand seven hundred twenty two only ) towards Premium for Hospitalization Insurance vide Policy No: 11240363293715 for the Period 13-Aug-2024 To 12-Aug-2025 issued on 29-Jul-2024.

Payment received by Payment Gateway vide Receipt No: 151115/RV/2025/0151128941/1 Receipt Date: 29-Jul-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** : 29-Jul-2024


**For and on behalf of**

**Place** : Branch Office - Aurangabad

**Star Health and Allied Insurance Company Ltd.**

**IRDAI Regn.No.129**

**Corporate Identity Number L66010TN2005PLC056649**

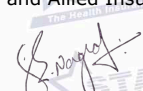
  
**Authorised Signatory**

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

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For Star Health and Allied Insurance Company Ltd.

  
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## Tax Invoice



<b>Invoice No.</b> : 2724071013066317	<b>Customer ID</b> : 770977		
<b>Invoice Date</b> : 29-Jul-2024	<b>Policy No.</b> : 11240363293715		
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b> :	<b>GSTIN</b> : 27AAJCS4517L1ZY		
<b>Name</b> : AJIT SOHANLAL LODHA	<b>Name</b> : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad		
<b>Address</b> : AURANGABAD AURANGABAD AURANGABAD	<b>Address</b> : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner		
<b>City</b> : Aurangabad Town - M H	<b>City</b> : Aurangabad Town - M H	<b>Pin Code</b> : 431003	<b>Pin Code</b> : 431001
<b>State</b> : Maharashtra	<b>State</b> : Maharashtra	<b>Client Category</b> : IND	<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	20,104.00	0	20,104.00	0	1,809.00	1,809.00	0	23,722.00

**Total Invoice Value (in Figures)** : Rs. 23,722/-

**Total Invoice Value (in Words)** : Rupees Twenty Three thousand seven hundred twenty 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*

**IRDAI Regn.No.129**

**Corporate Identity Number L66010TN2005PLC056649**

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

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