

Date : 05-Mar-2024

**IMPORTANT**

To,  
MR.UDAYKUMAR PADMAKUMAR DONGAONKAR  
HOUSE NO -81, WARD NO -5, TAMBATKAR ROAD  
AT POST -DEULGAON RAJA  
TQ - DEULGAON RAJA, BULDANA  
Deolgaon Raja Tehsil, Maharashtra-443204  
Mobile : 9881900664

Dear Customer,

**Re: Health Insurance Policy - 11250749182607**

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 POLICY SCHEDULE

<b>Policy No.</b> : 11250749182607	<b>Previous Policy No</b> : P/151115/01/2024/000034
<b>Customer Code</b> : 8919594	<b>GSTIN</b> : 27AAJCS4517L1ZY
<b>Customer Name</b> : MR.UDAYKUMAR PADMAKUMAR DONGAONKAR	<b>SAC Code</b> : 997133 / Accident and Health Insurance Services
<b>Cust CKYC No</b> : -	
<b>Proposer Code</b> : 8919594	<b>Issuing Office Code</b> : 151115
<b>Proposer Name</b> : MR.UDAYKUMAR PADMAKUMAR DONGAONKAR	<b>Issuing Office Name</b> : Branch Office - Aurangabad
<b>Proposer Address</b> : HOUSE NO -81, WARD NO -5, TAMBATKAR ROAD AT POST -DEULGAON RAJA TQ - DEULGAON RAJA, BULDANA Deolgaon Raja Tehsil Maharashtra 443204	<b>Issuing Office Address</b> : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner Aurangabad Town - M H Maharashtra 431001
<b>Phone No</b> : 9881900664	<b>Phone No</b> : 0240-6651003/0240-6651004
<b>E-mail Id</b> : UDAYDONGAONKAR@GMAIL.COM	<b>E-mail Id</b> : aurangabad@starhealth.in
<b>Proposer GSTIN</b> : NO	<b>Place of Supply</b> : Maharashtra
<b>Proposal date</b> : 14-Mar-2018	<b>Fulfiller Code</b> : SH6642
<b>Date of Inception of first policy</b> : 01-Apr-2017	<b>Intermediary Code</b> : LC0000000248
<b>Policy Category</b> : Seventh Year	
<b>Collection No</b> : 151115/RV/2024/0112712099	
<b>Collection Date</b> : 05-Mar-2024	
<b>Base Product Premium</b> : Rs. 37,075/- <b>No Claim Discount</b> : Rs. 1,854/-	<b>Name</b> : M/S.JAINUINE INSURANCE BROKERS PVT LTD  <b>Phone No</b> : 2225747 <b>E-mail Id</b> : insurance@kailashjain.in
<b>Premium</b> : Rs. 35,221/-	
<b>CGST @ 9%</b> : Rs. 3,170/-	
<b>SGST @ 9%</b> : Rs. 3,170/-	
<b>Total Premium</b> : Rs. 41,561/-	
<b>Stamp Duty</b> : Re. 1/-	
<b>Total Premium In Words : Rupees Forty One thousand five hundred sixty one only</b>	
<b>PERIOD OF INSURANCE</b> : From : 01-Apr-2024 00:00 To : Midnight Of 31-Mar-2025 <b>Policy Term</b> : 1 Year	
<b>Installment Facility Option:</b> No <b>Premium Payment Frequency</b> : Annual <b>Installment Amount Rs.</b> : 0/-	

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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**

Authorised Signatory

Page 2 of 5

**Attached to and forming part of Policy No: 11250749182607**

<b>Scheme Description (Family Size) :2A</b>	<b>Basic Floater Sum Insured :Rs. 5,00,000/-</b>
<b>Bonus : Rs. 3,75,000/-</b>	<b>Limit of Coverage : Rs. 8,75,000/-</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	UDAYKUMAR DONGAONKAR	Male	05-Nov-1960	63	Self	8919594-1	01-Apr-2017
<b>Pre Existing Disease :</b> Diabetes Mellitus and its complications Hypertension and its complications							
2	SANJAYA DONGAONKAR	Female	19-Apr-1965	58	Spouse	8919594-2	01-Apr-2017
<b>Pre Existing Disease :</b> Diabetes Mellitus 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	SANJAYA	Spouse	58	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).

**THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.**

**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 witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Aurangabad on 05th 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.

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For Star Health and Allied Insurance Company Ltd.



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Page 3 of 5

## Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

**Policy No** : 11250749182607

**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 MR.UDAYKUMAR PADMAKUMAR DONGAONKAR has paid Rs 41,561/- (Total Premium : Indian Rupees Forty One thousand five hundred sixty one only ) towards Premium for Hospitalization Insurance vide Policy No: 11250749182607 for the Period 01-Apr-2024 To 31-Mar-2025 issued on 05-Mar-2024.

Payment received by Payment Gateway vide Receipt No: 151115/RV/2024/0112712099/1 Receipt  
Date: 05-Mar-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** : 05-Mar-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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Page 4 of 5

## Tax Invoice



<b>Invoice No.</b> : 2724031007766065	<b>Customer ID</b> : 8919594		
<b>Invoice Date</b> : 05-Mar-2024	<b>Policy No.</b> : 11250749182607		
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b> :	<b>GSTIN</b> : 27AAJCS4517L1ZY		
<b>Name</b> : MR.UDAYKUMAR PADMAKUMAR DONGAONKAR	<b>Name</b> : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad		
<b>Address</b> : HOUSE NO -81, WARD NO -5, TAMBATKAR ROAD AT POST -DEULGAON RAJA TQ - DEULGAON RAJA, BULDANA	<b>Address</b> : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner		
<b>City</b> : Deolgaon Raja Tehsil	<b>City</b> : Aurangabad Town - M H		
<b>Pin Code</b> : 443204	<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	35,221.00	0	35,221.00	0	3,170.00	3,170.00	0	41,561.00

**Total Invoice Value (in Figures)** : Rs. 41,561/-  
**Total Invoice Value (in Words)** : Rupees Forty One thousand five hundred sixty 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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Page 5 of 5