

Date : 05-Mar-2024

IMPORTANT

To,
MR.SUMERCHAND PADAMKUMAR DONGAONKAR,
H.NO 132, WARD NO 14, NEAR JAIN MANDIR,
VASAI GALLI, TAL DEULGAON RAJA,
DIST - BULDHANA
Deolgaon Raja Tehsil, Maharashtra-443204
Mobile : 9881900663

Dear Customer,

Re: Health Insurance Policy - 11250749159507

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.

This is an electronically generated document (Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE NO. LOA/CSD/667/2023/1172 DT. 28/MAR/2023

Family Health Optima Insurance Plan Unique Identification No. SHAHLIP23164V072223 POLICY SCHEDULE

Policy No. : 11250749159507	Previous Policy No : P/151115/01/2024/000035
Customer Code : 8903807	GSTIN : 27AAJCS4517L1ZY
Customer Name : MR.SUMERCHAND PADAMKUMAR DONGAONKAR	SAC Code : 997133 / Accident and Health Insurance Services
Cust CKYC No : -	
Proposer Code : 8903807	Issuing Office Code : 151115
Proposer Name : MR.SUMERCHAND PADAMKUMAR DONGAONKAR	Issuing Office Name : Branch Office - Aurangabad
Proposer Address : H.NO 132, WARD NO 14, NEAR JAIN MANDIR, VASAI GALLI, TAL DEULGAON RAJA, DIST - BULDHANA Deolgaon Raja Tehsil Maharashtra 443204	Issuing Office Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner Aurangabad Town - M H Maharashtra 431001
Phone No : 9881900663	Phone No : 0240-6651003/0240-6651004
E-mail Id : dongaonkar@rediffmail.com	E-mail Id : aurangabad@starhealth.in
Proposer GSTIN : NO	Place of Supply : Maharashtra
Proposal date : 14-Mar-2018	Fulfiller Code : SH6642
Date of Inception : 01-Apr-2017 of first policy	Intermediary Code : LC0000000248
Policy Category : Seventh Year	
Collection No : 151115/RV/2024/0112709932	
Collection Date : 05-Mar-2024	
Base Product Premium : Rs. 48,197/- No Claim Discount : Rs. 2,410/-	Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD
Premium : Rs. 45,787/-	Phone No : 2225747
CGST @ 9% : Rs. 4,121/-	E-mail Id : insurance@kailashjain.in
SGST @ 9% : Rs. 4,121/-	
Total Premium : Rs. 54,029/-	
Stamp Duty : Re. 1/-	
Total Premium In Words : Rupees Fifty Four thousand twenty nine only	
PERIOD OF INSURANCE : From : 01-Apr-2024 00:00 To : Midnight Of 31-Mar-2025	Policy Term : 1 Year
Installment Facility Option:No Premium Payment Frequency :Annual Installment Amount Rs. : 0/-	

Entered by : CUSTPORTAL
Approved by : PORTAL

This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE NO. LOA/CSD/667/2023/1172 DT. 28/MAR/2023

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: **11250749159507**

Scheme Description (Family Size) :2A	Basic Floater Sum Insured :Rs. 5,00,000/-
Bonus : Rs. 3,75,000/-	Limit of Coverage : Rs. 8,75,000/-
	Recharge Benefit : Rs. 1,50,000/-

Details of Insured Persons :

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Co-Pay	Inception date
1	SUMERCHAND DONGAONKAR	Male	26-May-1954	69	Self	8903807-1	20	01-Apr-2017
Pre Existing Disease :		Diabetes Mellitus and its complications Hypertension and its complications						
2	VARSHA DONGAONKAR	Female	13-May-1961	62	Spouse	8903807-2	NA	01-Apr-2018
Pre Existing Disease :		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	ANAND DONGAONKAR	Son	44	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).

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.

Entered by : CUSTPORTAL
Approved by : PORTAL

This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE NO. LOA/CSD/667/2023/1172 DT. 28/MAR/2023

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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 : 11250749159507 **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.SUMERCHAND PADAMKUMAR DONGAONKAR has paid Rs 54,029/- (Total Premium : Indian Rupees Fifty Four thousand twenty nine only) towards Premium for Hospitalization Insurance vide Policy No: 11250749159507 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/2024/0112709932/1 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

Entered by : CUSTPORTAL
Approved by : PORTAL

This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE NO. LOA/CSD/667/2023/1172 DT. 28/MAR/2023

For Star Health and Allied Insurance Company Ltd.


Authorised Signatory

Page 4 of 5

Tax Invoice



Invoice No. : 2724031007765518	Customer ID : 8903807		
Invoice Date : 05-Mar-2024	Policy No. : 11250749159507		
Recipient		Supplier	
GSTIN :	GSTIN :	GSTIN : 27AAJCS4517L1ZY	
Name :	Name :	Star Health and Allied Insurance Co Ltd -	
Address :	Address :	Branch Office - Aurangabad	
		6 & 7	
		Suyash Complex	
		Baba Hardas Nagar , Kalda Corner	
City :	City :	City :	Pin Code :
Deolgaon Raja	Tehsil	Aurangabad	431001
Pin Code :	Pin Code :	City :	Pin Code :
443204	443204	Town - M H	431001
State :	Client :	State :	Place of supply :
Maharashtra	IND	Maharashtra	Maharashtra
Client Category :			

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	45,787.00	0	45,787.00	0	4,121.00	4,121.00	0	54,029.00

Total Invoice Value (in Figures) : Rs. 54,029/-
Total Invoice Value (in Words) : Rupees Fifty Four thousand twenty nine 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

Entered by : CUSTPORTAL
 Approved by : PORTAL

This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE NO. LOA/CSD/667/2023/1172 DT. 28/MAR/2023

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory Page 5 of 5