

Date : 16-Mar-2024

IMPORTANT

To,
KISHOR KUMAR
S/O LATE A MOTILAL , 1-6-71/72,
MAHATMA GANDHI ROAD ,
SECUNDERABAD
Secunderabad,Telangana-**500003**
Mobile : 9959777980

Dear Customer,

Re: Health Insurance Policy - 11240778502713

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

Policy No. : 11240778502713	Previous Policy No : P/151115/01/2023/029393
Customer Code : 939351	GSTIN : 27AAJCS4517L1ZY
Customer Name : KISHOR KUMAR	SAC Code : 997133 / Accident and Health Insurance Services
Cust CKYC No : -	
Proposer Code : 939351	Issuing Office Code : 151115
Proposer Name : KISHOR KUMAR	Issuing Office Name : Branch Office - Aurangabad
Proposer Address : S/O LATE A MOTILAL , 1-6-71/72, MAHATMA GANDHI ROAD , SECUNDERABAD Telangana 500003	Issuing Office Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner Aurangabad Town - M H Maharashtra 431001
Phone No : 9959777980	Phone No : 0240-6651003/0240-6651004
E-mail Id : navkaarenterprises1672@gmail.com	E-mail Id : aurangabad@starhealth.in
Proposer GSTIN : NO	Place of Supply : Maharashtra
Proposal date : 07-Jan-2010	Fulfiller Code : SH6642
Date of Inception of first policy : 07-Jan-2011	Intermediary Code : LC0000000248
Policy Category : Thirteenth Year	
Collection No : 151115/RV/2024/0115535970	
Collection Date : 16-Mar-2024	
Base Product Premium : Rs. 32,807/- No Claim Discount : Rs. 1,640/-	Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone No : 2225747 E-mail Id : insurance@kailashjain.in
Premium IGST @ 18% : Rs. 31,167/- : Rs. 5,610/-	
Total Premium : Rs. 36,777/-	
Stamp Duty : Re. 1/-	
Total Premium In Words : Rupees Thirty Six thousand seven hundred seventy seven only	
PERIOD OF INSURANCE : From : 16-Mar-2024 00:00 To : Midnight Of 15-Mar-2025 Policy Term : 1 Year	
Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 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

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Attached to and forming part of Policy No: **11240778502713**

Scheme Description (Family Size) :2A+1C	Basic Floater Sum Insured :Rs. 3,00,000/-
Bonus : Rs. 1,65,000/-	Limit of Coverage : Rs. 4,65,000/-
	Recharge Benefit : Rs. 75,000/-

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	MR. KISHOR KUMAR	Male	07-Jan-1964	60	Self	939351-1	07-Jan-2011
Pre Existing Disease : No PED Declared							
2	MRS. K. SARITA	Female	26-Aug-1969	54	Spouse	939351-2	07-Jan-2011
Pre Existing Disease : No PED Declared							
3	MISS K. VIBHA	Female	08-Nov-1998	25	Daughter	939351-4	07-Jan-2011
Pre Existing Disease : 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	K.SARITA	Spouse	54	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 16th 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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Hospitalisation Benefit Policy

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

Policy No : 11240778502713

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 KISHOR KUMAR has paid Rs 36,776/- (Total Premium : Indian Rupees Thirty Six thousand seven hundred seventy six only) towards Premium for Hospitalization Insurance vide Policy No: 11240778502713 for the Period 16-Mar-2024 To 15-Mar-2025 issued on 16-Mar-2024.

Payment received by Payment Gateway vide Receipt No: 151115/RV/2024/0115535970/1 Receipt
Date: 16-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 : 16-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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Tax Invoice



Invoice No. : 2724031008223330	Customer ID : 939351		
Invoice Date : 16-Mar-2024	Policy No. : 11240778502713		
Recipient		Supplier	
GSTIN :	GSTIN :	GSTIN : 27AAJCS4517L1ZY	
Name :	Name :	Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad	
Address :	Address :	6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner	
City :	Pin Code :	City :	Pin Code :
Secunderabad	500003	Aurangabad Town - M H	431001
State :	Client Category :	State :	Place of supply :
Telangana	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	31,167.00	0	31,167.00	5,610.00	0	0	0	36,777.00

Total Invoice Value (in Figures) : Rs. 36,777/-

Total Invoice Value (in Words) : Rupees Thirty Six thousand seven hundred seventy 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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Forming part of Policy Number : 11240778502713

Covering Flu Vaccination Approved by ICMR under Health Check Up benefit and Home Care Treatment

Notwithstanding anything stated to the contrary in the within mentioned policy it is hereby agreed and declared that this Policy would hereinafter provide the following covers without charging additional premium till 31.03.2024:

1. Cover for Flu Vaccine Approved by ICMR under Health check up benefit as per relevant clause with the same limits and conditions provided therein.
2. Cover for Home Care Treatment as per the details provided herein.

Home care treatment : Payable up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year, for treatment availed by the Insured Person at home, only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

- a. The Medical practitioner advises the Insured person to undergo treatment at home
- b. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment
- c. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained
- d. Insured can avail "Home Care Treatment" service on **cashless basis**, if availed from the list of our Home Health Care Network service providers given in our website "www.starhealth.in"


List of Conditions covered under Home care treatment

1. Fever and Infectious diseases which can be managed as Inpatient
2. Uncomplicated Urinary tract infections but needing Parenteral Antibiotics
3. Asthma and COPD -Mild Exacerbations needing Home Nebulization
4. Acute Gastritis/Gastroenteritis
5. I.V. Chemotherapy [Where advised by the doctor]
6. Palliative Cancer care requiring medical assistance
7. Acute Vertigo
8. Diabetic foot and Cellulitis
9. IVDP[Cervical and Lumbar disc diseases]
10. Major Surgeries/Arthroplasties needing IV Antibiotics Post Discharge
11. Care for Brain and Spinal Injury Cases Post Discharge
12. Post CVA Care at Home after Discharge
13. Chronic Severe Refractory Asthma

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