

Date : 22-Mar-2024

**IMPORTANT**

To,  
SUNILKUMAR KASTURCHAND KASAT ,  
JK COLLECTIOIN , STATION ROAD ,  
PARTUR, JALNA

Partur Tehsil, Maharashtra-431501  
Mobile : 9423141502

Dear Customer,

**Re: Health Insurance Policy - 11240796670103**

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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## Star Super Surplus (Floater) Insurance Policy Unique Identification No. SHAHLIP22034V062122

**In Consideration of payment of Rs. 9,705/- towards renewal premium of policy number:P/151115/01/2023/031355, the policy stands renewed for a further period of 1 Year as per the details given below**

<b>Renewal Endorsement No:11240796670103</b>	
Customer Code : 20512229	GSTIN : 27AAJCS4517L1ZY
Customer Name : SUNILKUMAR KASTURCHAND KASAT	SAC Code : 997133 / Accident and Health Insurance Services
Cust CKYC No : -	
Proposer Code : 20512229	Issuing Office Code : 151115
Proposer Name : SUNILKUMAR KASTURCHAND KASAT	Issuing Office Name : Branch Office - Aurangabad
Proposer Address : JK COLLECTIOIN , STATION ROAD , PARTUR, JALNA Partur Tehsil Maharashtra 431501	Issuing Office Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner Aurangabad Town - M H Maharashtra 431001
Phone No : 9423141502	Phone No : 0240-6651003/0240-6651004
E-mail Id : vkkasat@gmail.com	E-mail Id : aurangabad@starhealth.in
Proposer GSTIN : NO	Place of Supply : Maharashtra
Proposal date : 25-Feb-2021	Fulfiller Code : SH6642
Date of Inception : 25-Feb-2021 of first policy	<b>Intermediary Code : LC0000000248</b>  <b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b> <b>Phone No : 2225747</b> <b>E-mail Id : insurance@kailashjain.in</b>
Renewal Year : Third Year	
Collection No : 151115/RV/2024/0117091419	
Collection Date : 22-Mar-2024	
Premium : Rs. 8,225/-	
CGST @ 9% : Rs. 740/-	
SGST @ 9% : Rs. 740/-	
Total Premium : Rs. 9,705/-	
Stamp Duty : Re. 1/-	
<b>Total Premium In Words : Rupees Nine thousand seven hundred five only</b>	
<b>PERIOD OF INSURANCE : From : 22-Mar-2024 00:00</b>	<b>To : Midnight Of 21-Mar-2025</b>
<b>Policy Term : 1 Year</b>	
<b>Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-</b>	
<b>Plan Type : GOLD</b>	<b>Family Size : 2A</b>
<b>Sum Insured : Rs. 15,00,000</b>	<b>Defined Limit (Rs.) : 5,00,000</b>
<b>Sum Insured in words : Indian Rupees Fifteen lakhs only</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**

Authorised Signatory

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**Attached to and forming part of Policy No: 11240796670103**

**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	SUNILKUMAR KASTURCHAND KASAT	Male	28-Dec-1966	57	Self	20512229-1	25-Feb-2021
<b>Pre Existing Disease :</b> No PED Declared							
2	BHARTI SUNIL KASAT	Female	04-Feb-1960	64	Spouse	20512229-2	25-Feb-2021
<b>Pre Existing Disease :</b> Diabetes Mellitus and its complications Diseases related to Thyroid 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	BHARTI SUNIL KASAT	Spouse	56	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. 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 persons given in the Policy are deemed to have been accepted by you.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio.

**Toll Free No: 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522.**

**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.

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 here in to set his hand at Branch Office - Aurangabad on 22nd 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** : 11240796670103

**Type of Policy** : Super Surplus Floater Revised-2021

**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 SUNILKUMAR KASTURCHAND KASAT has paid Rs 9,705/- (Total Premium : Indian Rupees Nine thousand seven hundred five only ) towards Premium for Hospitalization Insurance vide Policy No: 11240796670103 for the Period 22-Mar-2024 To 21-Mar-2025 issued on 22-Mar-2024.

Payment received by Payment Gateway vide Receipt No: 151115/RV/2024/0117091419/1 Receipt Date: 22-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** : 22-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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## Tax Invoice



<b>Invoice No.</b> : 2724031008505854	<b>Customer ID</b> : 20512229		
<b>Invoice Date</b> : 22-Mar-2024	<b>Policy No.</b> : 11240796670103		
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b> :	<b>GSTIN</b> :	<b>GSTIN</b> : 27AAJCS4517L1ZY	
<b>Name</b> :	<b>Name</b> :	Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad	
<b>Address</b> :	<b>Address</b> :	6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner	
<b>City</b> :	<b>Pin Code</b> :	<b>City</b> :	<b>Pin Code</b> :
Partur Tehsil	431501	Aurangabad Town - M H	431001
<b>State</b> :	<b>Client Category</b> :	<b>State</b> :	<b>Place of supply</b> :
Maharashtra	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	8,225.00	0	8,225.00	0	740.00	740.00	0	9,705.00

**Total Invoice Value (in Figures)** : Rs. 9,705/-

**Total Invoice Value (in Words)** : Rupees Nine thousand seven hundred five 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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