

Date : 07-Mar-2024

IMPORTANT

To,

MR.SANMATI PADAMAKUMAR DONGAONKAR
HOUSE NO 81, WARD NO 5, TAMBATKAR ROAD, AT POST - DEULGAONRAJA,
TQ - DEULGAONRAJA,
BULDHANA

Deolgaon Raja Tehsil, Maharashtra-**443204**
Mobile : 9881900662

Dear Customer,

Re: Health Insurance Policy - 11240753313207

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

In Consideration of payment of Rs. 39,354/- towards renewal premium of policy number:P/151115/01/2023/036802, the policy stands renewed for a further period of 1 Year as per the details given below

Renewal Endorsement No:11240753313207		
Customer Code : 8904517	GSTIN : 27AAJCS4517L1ZY	
Customer Name : MR.SANMATI PADAMAKUMAR DONGAONKAR	SAC Code : 997133 / Accident and Health Insurance Services	
Cust CKYC No : -		
Proposer Code : 8904517	Issuing Office Code : 151115	
Proposer Name : MR.SANMATI PADAMAKUMAR DONGAONKAR	Issuing Office Name : Branch Office - Aurangabad	
Proposer Address : HOUSE NO 81, WARD NO 5, TAMBATKAR ROAD, AT POST - DEULGAONRAJA, TQ - DEULGAONRAJA, 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 : 9881900662	Phone No : 0240-6651003/0240-6651004	
E-mail Id : sanmati115@gmail.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 : 31-Mar-2017 of first policy		
Renewal Year : Seventh Year	Intermediary Code : LC0000000248	
Collection No : 151115/RV/2024/0112780089	Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD	
Collection Date : 06-Mar-2024	Phone No : 2225747	
Base Product Premium : Rs. 29,000/-	E-mail Id : insurance@kailashjain.in	
Loading (Star Extra Protect) : Rs. 4,350/-		
Discount (Star Extra Protect) : Rs. 0/-		
Premium : Rs. 33,350/-		
CGST @ 9% : Rs. 3,002/-		
SGST @ 9% : Rs. 3,002/-		
Total Premium : Rs. 39,354/-		
Stamp Duty : Re. 1/-		
Total Premium In Words : Rupees Thirty Nine thousand three hundred fifty four only		
PERIOD OF INSURANCE : From : 31-Mar-2024 00:00	To : Midnight Of 30-Mar-2025	Policy Term : 1 Year
Installment Facility Option:No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-		

Entered by : SH60094
Approved by : SH60094

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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: 11240753313207

Scheme Description (Family Size) :2A+1C	Basic Floater Sum Insured :Rs. 10,00,000/-
Bonus : Rs. 3,75,000/-	Limit of Coverage : Rs. 13,75,000/-
	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	Inception date
1	SANMATI DONGAONKAR	Male	01-Nov-1968	55	Self	8904517-1	31-Mar-2017
Pre Existing Disease : No PED Declared							
2	KRUTIKA DONGAONKAR	Female	12-Oct-1975	48	Spouse	8904517-2	31-Mar-2017
Pre Existing Disease : Hypertension and its complications							
3	SIDDHARTH DONGAONKAR	Male	12-Aug-2000	23	Son	8904517-4	31-Mar-2017
Pre Existing Disease : No PED Declared							
Star Extra Protect - Add on Cover (UIN NO.: SHAHLIA23061V012223)							
Section(s) Opted :				Section-I : Yes		Section-II : No	
For Section II (Aggregate Deductible Limit Opted) : Rs.0/-							

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	KRUTIKA SANMATI DONGAONKAR	Spouse	48	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).

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.

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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

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Aurangabad on 07th 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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Tax Invoice



Invoice No. : 2724031007829848	Customer ID : 8904517
Invoice Date : 06-Mar-2024	Policy No. : 11240753313207
Recipient	
GSTIN :	GSTIN : 27AAJCS4517L1ZY
Name : MR.SANMATI PADAMAKUMAR DONGAONKAR	Name : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : HOUSE NO 81, WARD NO 5, TAMBATKAR ROAD, AT POST - DEULGAONRAJA, TQ - DEULGAONRAJA, BULDHANA	Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner
City : Deolgaon Raja Tehsil	City : Aurangabad Town - M H
State : Maharashtra	State : Maharashtra
Pin Code : 443204	Pin Code : 431001
Client Category : IND	Place of supply : 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	33,350.00	0	33,350.00	0	3,002.00	3,002.00	0	39,354.00

Total Invoice Value (in Figures) : Rs. 39,354/-

Total Invoice Value (in Words) : Rupees Thirty Nine thousand three hundred fifty four 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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Name Of the Product		Star Extra Protect – Add on Cover		
Product UIN No.		SHAHLIA23061V012223		
Summary of Important Benefits				
S.No	Particulars of Coverage / Benefits	Benefit Limits (in Rs.)		Refer to Policy clause No.
		10 to 20 Lakh (as per base policy)	Above 20 Lakh (as per base policy)	
1	Enhanced Room Rent	Any Room (Except for suite room and above the category of suite room)	Any Room	C Section – I (1)
2	CLAIM GUARD (Coverage for Non-medical Items (Consumables))	If there is an admissible claim under In-patient/Day Care Treatment, under the base policy, then the expenses of the items as per List I will become payable.		C Section – I (2)
3	Enhanced Limit for Modern treatments	The procedures covered under the Base policy with sub-limits are covered up to sum insured of the base policy.		C Section – I (3)
4	Enhanced Limit for Ayush treatment	Medical expenses for In-patient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to sum insured of the Base Policy.		C Section – I (4)
5	Home care treatment	Payable up to 10% of sum insured of the base policy, subject to maximum of Rs.5 lakh in a policy year, for treatment availed by the insured person at home, only for the specified conditions.		C Section – I (5)
6	Bonus Guard	Cumulative bonus available under base policy will not be reduced at renewals unless the bonus is utilized.		C Section – I (6)
7	Option to choose aggregate deductible	If the insured chooses any of the deductibles, the Company will provide discount on premium.		C Section – II (1)

Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.

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Forming part of Policy Number : 11240753313207

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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