

SWATI NARESH KAPOOR,
HOUSE NO 4-7-171, NEAR CHINTAMANI PROVISION , NEW BALAJI NAGAR
AURANGABAD

Aurangabad,Aurangabad,Maharashtra -431001
Mobile : 9975656612.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/032380

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.

Policy No. : P/151115/01/2023/032380

Customer Code : AA0024296218

Customer Name : SWATI NARESH KAPOOR

Proposer's Code : 27618620

Proposer's Name : SWATI NARESH KAPOOR

Address : HOUSE NO 4-7-171, NEAR CHINTAMANI PROVISION, NEW BALAJI NAGAR AURANGABAD, Aurangabad, Maharashtra

Phone No : /9975656612/

E-mail Id : nites.kapoor@gmail.com

Proposer GSTIN : -

Proposal date : 04-MAR-23

Date of Inception of first policy : 04-MAR-2022

Renewal Year : First Year

Collection Number : 1127036172

Collection Date : 02/03/2023

Premium: Rs 17,092/-

CGST @9%: Rs 1,538/- SGST / UTGST @9%: Rs 1,538/-

Stamp Duty: Rs 1/- Total Premium: Rs 20168/-

Total Premium in Words : Rupees Twenty Thousand One Hundred Sixty Eight Only

Installation Frequency: Annual

Installation Amount: Rs. 0

PERIOD OF INSURANCE : FROM : 04/03/2023 00:00 TO : Midnight Of 03/03/2024

Policy Term : 1 Year

No. of Persons Insured: 1

Details of Insured Persons :

No. of Persons Insured: 1

Sl. no.	Name	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	Sum Insured (Rs.)	Cummu. Bon us (Rs.)	ID Card No	Pre Existing Disease	Inception Date
1	SWATI NARESH KAPOOR	F	07/09/1964	58	SELF	300000	75000	27618620-1		04/03/2022

IMPORTANT

Entered by : PREMIA
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

IRDAI Regn. No 129
Corporate Identity Number L66010TN2005PLC056649
Email ID : support@starhealth.in

Please see overleaf 2 of 4

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

Sector Classification :

Urban	
-------	--

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

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.

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE ORDER NO. LOA/CSD/550/2022/5451/22 DATED. 22/DEC/2022"

Nominee Details

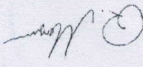
Nominee Details for the proposer				Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age
1	NITIN KAPOOR	Son	36	100		

The wording mentioned below appearing under Optional Cover 1(S) in policy wording stands deleted.
 "Note: Yoga and Naturopathy systems of treatment are excluded from the scope of coverage under AYUSH treatment".
 In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Aurangabad on 02nd Day of March 2023.

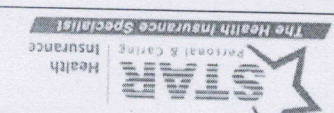
Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
--------------	---------	-----------------------------

Entered by : PREMIA
 Approved by : PORTAL

Authorised Signatory


For Star Health and Allied Insurance Company Ltd.



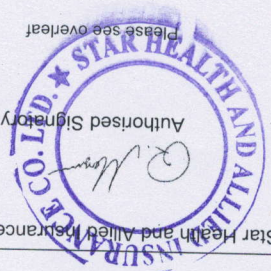
Invoice No.	27L127Y23P000200	Customer ID	AA0024296218
Invoice Date	02/03/23	Policy No	P/151115/01/2023/032380
Recipient		Supplier	
GSTIN	-	GSTIN	27AAJCS4517L1ZY
Proposer's Name	SWATI NARESH KAPOOR	NAME	Star Health and Allied Insurance Co Ltd
Address	HOUSE NO 4-7-171, NEAR CHINTAMANI PROVISION, NEW BALAJI NAGAR AURANGABAD	Address	- Branch Office - Aurangabad 2nd Floor, BLOCK 6 & 7, Suyash Complex Baba Hardas Nagar, Kalda Corner, Aurangabad-431001
City		City	AURANGABAD
State	Maharashtra	State	Maharashtra
Pincode	431001	Pincode	431001
Client Category	IND	Place of Supply	27 - Maharashtra

HSN / SAC / Description of Service(s)	Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	F = C *UTGST or SGST	G=C*CESS	Total Invoice Value	Total Invoice Value (in Figures)		Total Invoice Value (in Words)
										A	B	
997133 Insurance Services	17092	0	17092		1538	1538			Rs. 20168 /-	Rs. 20168 /-	Rupees: Twenty thousand one hundred sixty-eight only	

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 : PREMIA
 Approved by : PORTAL



For Star Health and Allied Insurance Company Ltd.