

**IMPORTANT**

21-FEB-23

To,

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

Partur, Jalna, Maharashtra - **431501**  
Mobile : 9423141502.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/031355

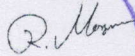
We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

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 Schedule  
Star Super Surplus (Floater) Insurance Policy  
Unique id : SHAHLIP22034V062122

In consideration of payment of Rs.12130/- towards renewal premium of Policy number: P/151115/01/2022/029896, the policy stands renewed for a further period of 1 year as per the details given below.

<b>Renewal Endorsement No : P/151115/01/2023/031355</b>	
Customer Code : AA0017444526	GSTIN : 27AAJCS4517L1ZY
Customer Name : SUNILKUMAR KASTURCHAND KASAT	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 20512229	Issuing Office Code : 151115/Branch Office - Aurangabad
Proposer's Name : SUNILKUMAR KASTURCHAND KASAT	Fulfiller Code : SH6642
Address : JK COLLECTIOIN , STATION ROAD , PARTUR, JALNA Partur, Jalna, Maharashtra	Address : 2nd Floor, BLOCK 6 & 7, Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
Tel/Mobile : /9423141502/	Tel/Mobile : 0240-6651003 / 0240-6651004
E-mail Id : vkkasat@gmail.com	E-mail Id : aurangabad@starhealth.in, aurangabad.claims@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal Date : 25/02/2021	<b>Intermediary Code : LC0000000248</b> <b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b> <b>Phone : 02402350377/9850049400</b> <b>Email id : insurance@kailashjain.in</b>
Date of Inception of first policy : 25-FEB-2021	
Renewal Year : Second Year	
Collection Number : 1127035030	
Receipt Date : 21/02/2023	
Premium : Rs. 10,280 /-	
CGST @9% : Rs. 925 /- SGST /UTGST@9%:Rs. 925/-	
Total Premium : Rs. 12,130 /- Stamp Duty : Re. 1 /-	
Total Premium In Words : Indian Rupees Twelve Thousand One Hundred Thirty Only	
Period of Insurance : FROM : 25/02/2023 00:00 Hrs TO: Midnight of 24/02/2024	
Plan Type : GOLD	Family Size: 2A+1C
Sum Insured : Rs. 1500000	Defined Limit (Rs.): 500000
Sum Insured in words: Indian Rupees Fifteen Lakhs Only	
Instalment facility opted: No	Instalment : Annual

**Insured Person Details:**

Sl. no.	Name of the Insured	Gender	DOB	Age in Yrs	Relationship with Proposer	ID Card No	Pre-existing Diseases	Inception Date
1	SUNILKUMAR KASTURCHAND KASAT	MALE	28/12/1966	56	SELF	20512229-1		25/02/2021

Pre Existing Disease : No Pre Existing Disease declared

2	BHARTI SUNIL KASAT	FEMALE	04/02/1960	63	SPOUSE	20512229-2		25/02/2021
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Pre Existing Disease : Diseases related to Thyroid and its Complications  
Diabetes & Hypertension and their complications

3	RADHIKA SUNIL KASAT	FEMALE	08/01/1998	25	DEPENDANT CHILD	20512229-3	No PED declared	25/02/2021
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Entered by : SH65594

Approved by : SH65594

Place : Aurangabad


Date : 22/02/2023

For and on behalf of  
Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID : info@starhealth.in

  
Authorised Signatory



**Nominee Details**

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	BHARTI SUNIL KASAT	Spouse	55	100			

**Sector Classification :**

Urban		
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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.

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

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 duly authorised here in to set his hand at Branch Office - Aurangabad on 21st Day of February 2023.

**Permanent Exclusion Details**

Insured Name	ID Card	Permanent Exclusion Disease
SUNILKUMAR KASTURCHAND KASAT	20512229-1	
BHARTI SUNIL KASAT	20512229-2	
RADHIKA SUNIL KASAT	20512229-3	

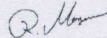
Entered by : SH65594

Approved by : SH65594

Place : Aurangabad

Date : 22/02/2023

For and on behalf of  
Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory



Invoice No. : 27K127Y23P002405	Customer ID : AA0017444526
Invoice Date : 21/02/23	Policy No : P/151115/01/2023/031355
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : SUNILKUMAR KASTURCHAND KASAT	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : JK COLLECTIOIN , STATION ROAD , PARTUR, JALNA	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
City :	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 431501	Pincode : 431001
Client Category : IND	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	TaxableValue 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	10280	0	10280		925	925		Rs. 12130

Total Invoice Value (in Figures) : Rs. 12130  
 Total Invoice Value (in Words) : Rupees: Twelve thousand one hundred thirty 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 : SH65594  
 Approved by : SH65594  
 Place : Aurangabad  
 Date : 22/02/2023

For and on behalf of  
 Star Health and Allied Insurance Company Ltd.

