

IMPORTANT
21/03/2023

To,

Mr. SUMERCHAND PADAMKUMAR DONGAONKAR,
H.NO 132, WARD NO 14, NEAR JAIN MANDIR,
VASAI GALLI, TAL DEULGAON RAJA,
DIST - BULDHANA
Deulgaon Raja, Buldana, Maharashtra -443204
Mobile : 9881900663.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2024/000035

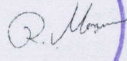
We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

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.

Family Health Optima Insurance Plan
SHAHLIP22030V062122

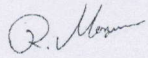
In consideration of payment of Rs.39176 /- towards renewal premium of Policy number: P/151115/01/2023/000011, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151115/01/2024/000035								
Customer Code : AA0006701442	GSTIN : 27AAJCS4517L1ZY							
Customer Name : Mr.SUMERCHAND PADAMKUMAR DONGAONKAR	SAC Code : 997133/Accident and Health Insurance Services							
Proposer Code : 8903807	Issuing Office Code : 151115							
Proposer Name : Mr.SUMERCHAND PADAMKUMAR DONGAONKAR	Issuing Office Name : Branch Office - Aurangabad							
Address : H.NO 132, WARD NO 14, NEAR JAIN MANDIR, VASAI GALLI, TAL DEULGAON RAJA, DIST - BULDHANA Deulgaon Raja,Buldana,Maharashtra - 443204	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001							
Tel/Mobile : NIL/9881900663/	Tel/Mobile : 0240-6651003 / 0240-6651004							
E-mail id : dongaonkar@rediffmail.com	E-mail id : aurangabad@starhealth.in, aurangabad.claims@starhealth.in							
Proposer GSTIN : -	Place of Supply : -							
Proposal date : 14/03/2018	Fulfiller Code : SH6642							
Date of Inception of first policy : 01-APR-2018	Intermediary Code : LC0000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Tel/Mobile : 02402350377/9850049400 E-mail id : insurance@kailashjain.in							
Renewal Year : Fifth Year								
Collection Number & Date : 1127039150 & 21/03/2023								
Basic Cover : Rs 33200 /- Section 1(Extra Protect Add-on Cover) : Rs /- Section 2(Extra Protect Add -on Cover) : Rs 0 /- Premium : Rs 33200 /- CGST @9% : Rs 2,988/- SGST / UTGST @9% : Rs 2,988/-								
Total Premium : Rs 39176 /- Stamp Duty : Re 1/-								
Total Premium In Words : Rupees Thirty Nine Thousand One Hundred Seventy Six Only								
Installation Facility Optn :No	Premium Payment Frequency :Annual							
Installation Amount Rs. : 0								
Period of insurance : From : 01/04/2023 00:00 To : Midnight of 31/03/2024								
Basic Floater Sum Insured : 500000								
In words : Rupees: Five Lakhs Only								
Bonus: Rs. 325000 Limit of Coverage : Rs. 825000 Recharge Benefit : Rs. 150000								
Scheme Description : 2ADULT								
Details of Insured Persons :								
Sl. No.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Pre Existing Disease	Inception Date
1	SUMERCHAND DONGAONKAR	M	26/05/1954	68	SELF	8903807-1		01/04/2017
Pre Existing Disease :		Diabetes & Hypertension and their complications						

Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.

L66010TN2005PLC056649


Authorised Signatory

Attached to and forming part of Policy No. P/151115/01/2024/000035

2	VARSHA DONGAONKAR	F	13/05/1961	61	SPOUSE	8903807-2	01/04/2018
Pre Existing Disease : Diabetes & Hypertension and their complications							

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Age	Relationship with Nominee
1	ANAND DONGAONKAR	Son	43	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 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 .

"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"

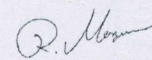
In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Aurangabad on 21st Day of March 2023.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

AX Invoice



Invoice No. : 27L127Y23P003174	Customer ID : AA0006701442
Invoice Date : 21/03/23	Policy No : P/151115/01/2024/000035
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : Mr.SUMERCHAND PADAMKUMAR DONGAONKAR	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : H.NO 132, WARD NO 14, NEAR JAIN MANDIR, VASAI GALLI, TAL DEULGAON RAJA, DIST - BULDHANA	Tel/Mobile : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
City : -	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 443204	Pincode : 431001
Client Category : IND	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 18%	CGST @9%	UT/SGST@9%	CESS@1%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C * CGST	F = C * UTGST or SGST	G=C*Cess	H=C+D+E+F+G
997133	Insurance Services	33200	0	33200		2988	2988		Rs. 39176

Total Invoice Value (in Figures) : Rs. 39176
 Total Invoice Value (in Words) : Rupees: Thirty-nine thousand one hundred seventy-six 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

Corporate Identity Number L66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered By : PREMIA
 Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.

