

IMPORTANT
13/04/2023

To,

DIPAK SHARMA,
1725/3, SWARUP NAGAR, A/P LASUR STATION
TQ- GANGAPUR, AURANGABAD.

Anantpur, Aurangabad, Maharashtra -423702
Mobile : 8208400676.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/036840

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.

In consideration of payment of Rs.13110 /- towards renewal premium of Policy number: P/151115/01/2022/035590, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151115/01/2023/036840	
Customer Code : AA0017743071	GSTIN : 27AAJCS4517L1ZY
Customer Name : DIPAK SHARMA	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 20827102	Issuing Office Code : 151115
Proposer Name : DIPAK SHARMA	Issuing Office Name : Branch Office - Aurangabad
Address : 1725/3, SWARUP NAGAR, A/P LASUR STATION TQ- GANGAPUR, AURANGABAD. Anantpur, Aurangabad, Maharashtra -423702	Address : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner
Tel/Mobile : /8208400676/	Tel/Mobile : 0240-6651003 / 0240-6651004
E-mail id : dss7575@gmail.com	E-mail id : aurangabad@starhealth.in aurangabad.claims@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 16/03/2021	Fulfiller Code : SH6642
Date of Inception of first policy : 16-MAR-2021	Intermediary Code : LC0000000248
Renewal Year : Second Year	Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD
Collection Number & Date : 1127001200 & 13/04/2023	Tel/Mobile : 02402350377/9850049400
Basic Cover : Rs 11110 /- Section 1(Extra Protect Add-on Cover) : Rs /- Section 2(Extra Protect Add-on Cover) : Rs 0 /- Premium : Rs 11110 /- CGST @9% : Rs 1,000/- SGST / UTGST @9% : Rs 1,000/- Total Premium : Rs 13110 /- Stamp Duty : Re 1 /-	E-mail id : insurance@kailashjain.in
Total Premium In Words : Rupees Thirteen Thousand One Hundred Ten Only	
Installation Facility Optn :No	Premium Payment Frequency :Annual
Installment Amount Rs. : 0	

Period of insurance : From : 13/04/2023 17:46	To : Midnight of 12/04/2024
Basic Floater Sum Insured : 400000	
In words : Rupees: Four Lakhs Only	
Bonus : Rs. 115000	Limit of Coverage : Rs. 515000
Recharge Benefit : Rs. 100000	
Scheme Description : 2ADULT+2CHILD	

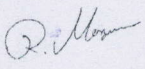
Details of Insured Persons :

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	DIPAK SHARMA	M	23/01/1992	31	SELF	20827102-1	No PED declared	16/03/2021
2	LAXMI SHARMA	F	16/10/1996	26	SPOUSE	20827102-2	No PED declared	16/03/2021
3	PRINCE SHARMA	M	22/07/2017	5	DEPENDANT CHILD	20827102-3	No PED declared	16/03/2021

Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.

L66010TN2005PLC056649


Authorised Signatory

4	SAHEJ SHARMA	M	06/07/2021	1	DEPENDANT CHILD	20827102-4	31/03/2022
Pre Existing Disease : No Pre Existing Disease declared							

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	LAXMI SHARMA	Spouse	26	100			

Sector Classification

Rural	
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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 NO. LOA/CSD/667/2023/1172 DT. 28/MAR/2023"

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 13th Day of April 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



Invoice No. : 27A127Y24P001104	Customer ID : AA0017743071
Invoice Date : 13/04/23	Policy No : P/151115/01/2023/036840
Supplier	
Recipient	
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : DIPAK SHARMA	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : 1725/3, SWARUP NAGAR, A/P LASUR STATION TQ- GANGAPUR, AURANGABAD.	Tel/Mobile : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner
City :	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 423702	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	11110	0	11110		1000	1000		Rs. 13110

Total Invoice Value (in Figures) : Rs. 13110
 Total Invoice Value (in Words) : Rupees: Thirteen thousand one hundred ten 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.

