

IMPORTANT

21-FEB-23

To,

ANURAG SUNILKUMAR KASAT,
MAHESH NAGAR SAILU
PARBHANI

Selu, Parbhani, Maharashtra - **431503**
Mobile : 8888559300.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/031335

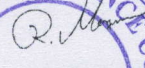
We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

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.3381/- towards renewal premium of Policy number: P/151115/01/2022/029714, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151115/01/2023/031335	
Customer Code : AA0017430164	GSTIN : 27AAJCS4517L1ZY
Customer Name : ANURAG SUNILKUMAR KASAT	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 20497051	Issuing Office Code : 151115/Branch Office - Aurangabad
Proposer's Name : ANURAG SUNILKUMAR KASAT	Fulfiller Code : SH6642
Address : MAHESH NAGAR SAILU PARBHANI Selu,Parbhani,Maharashtra	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
Tel/Mobile : 8888559300/	Tel/Mobile : 0240-6651003 / 0240-6651004
E-mail Id : vkksat@gmail.com	E-mail Id : aurangabad@starhealth.in, aurangabad.claims@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal Date : 24/02/2021	Intermediary Code : LC000000248 Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD Phone : 02402350377/9850049400 Email id : insurance@kailashjain.in
Date of Inception of first policy : 24-FEB-2021	
Renewal Year : Second Year	
Collection Number : 1127035005	
Receipt Date : 21/02/2023	
Premium : Rs. 2,865 /-	
CGST @9% : Rs. 258 /- SGST /UTGST@9%:Rs. 258/-	
Total Premium : Rs. 3,381 /- Stamp Duty : Re. 1 /-	
Total Premium In Words : Indian Rupees Three Thousand Three Hundred Eighty One Only	
Period of Insurance : FROM : 24/02/2023 00:00 Hrs TO: Midnight of 23/02/2024	
Plan Type : GOLD	Family Size: 2A+2C
Sum Insured : Rs. 1000000	Defined Limit (Rs.): 1000000
Sum Insured in words: Indian Rupees Ten Lakhs Only	Instalment : Annual
Instalment facility opted: No	

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	ANURAG SUNILKUMAR KASAT	MALE	15/11/1991	31	SELF	20497051-1	No PED declared	24/02/2021
2	KOMAL ANURAG KASAT	FEMALE	17/06/1990	32	SPOUSE	20497051-2	No PED declared	24/02/2021
3	ARADHYA ANURAG KASAT	FEMALE	05/12/2016	6	DEPENDANT CHILD	20497051-3	No PED declared	24/02/2021
4	MIHIKA ANURAG KASAT	FEMALE	19/08/2020	2	DEPENDANT CHILD	20497051-4	No PED declared	24/02/2021

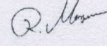
Entered by : SH50690

Approved by : SH50690

Place : Aurangabad

Date : 22/02/2023

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


Authorised Signatory

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID : info@starhealth.in

2 of 4

Attached to and forming part of Policy No. P/151115/01/2023/031335

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	KOMAL ANURAG KASAT	Spouse	32	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
ANURAG SUNILKUMAR KASAT	20497051-1	
KOMAL ANURAG KASAT	20497051-2	
ARADHYA ANURAG KASAT	20497051-3	
MIHIKA ANURAG KASAT	20497051-4	

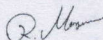
Entered by : SH50690

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Place : Aurangabad

Date : 22/02/2023

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


Authorised Signatory

Invoice No. : 27K127Y23P002385	Customer ID : AA0017430164
Invoice Date : 21/02/23	Policy No : P/151115/01/2023/031335
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : ANURAG SUNILKUMAR KASAT	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : MAHESH NAGAR SAILU PARBHANI	Address : 2nd Floor, BLOCK 6 & 7, Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
City :	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 431503	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	2865	0	2865		258	258		Rs. 3381

Total Invoice Value (in Figures) : Rs. 3381
 Total Invoice Value (in Words) : Rupees: Three thousand three hundred eighty-one 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 : SH50690
 Approved by : SH50690
 Place : Aurangabad
 Date : 22/02/2023

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

Authorised Signatory