

**IMPORTANT**

08/03/2023

To,

SHASHIMOHAN A. BAHETI,  
KAPILA RESIDENCY  
FLAT NO 402 1 NANDANVAN VOLONY  
JALGAON  
Jalgaon, Jalgaon, Maharashtra -425001  
Mobile : 9960172773.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/033091

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.9978/- towards renewal premium of Policy number: P/151115/01/2022/031239, the policy stands renewed for a further period of 1 year as per the details given below.

**Renewal Endorsement No : P/151115/01/2023/033091**

Customer Code : AA0001443541	GSTIN : 27AAJCS4517L1ZY
Customer Name : SHASHIMOHAN A. BAHETI	SAC Code : 997133/Accident and Health Insurance Services
Proposer's Code : 634780	Issue Office Code : 151115
Proposer's Name : SHASHIMOHAN A. BAHETI	Issue Office Name : Branch Office - Aurangabad
Address : KAPILA RESIDENCY FLAT NO 402 1 NANDANVAN VOLONY JALGAON Jalgaon, Jalgaon, Maharashtra -425001	Address : 2nd Floor, BLOCK 6 & 7, Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
Phone No : NIL/9960172773/0	Phone No : 0240-6651003 / 0240-6651004
E-mail Id : aashishbaheti78@gmail.com	E-mail Id : aurangabad@starhealth.in, aurangabad.claims@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Proposal Date : 18/03/2010	Fulfiller Code : SH6642
Date of Inception of first policy : 20-MAR-2009	<b>Intermediary Code : LC0000000248</b> <b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b> <b>Phone No : 02402350377/9850049400</b> <b>E-mail Id : insurance@kailashjain.in</b>
Renewal Year : Fourteenth Year	
Collection Number : 1127036966	
Collection Date : 08/03/2023	
Premium :Rs 8,456 /-	
CGST @9% : 761/- SGST / UTGST @9% : 761/-	
Stamp Duty :Re 1 /- Total Premium :Rs 9,978 /-	

**Total Premium In Words : Rupees Nine Thousand Nine Hundred Seventy Eight Only**

**Period Of Insurance From : 20/03/2023 00:00 Hrs To : Midnight Of 19/03/2024**

**Policy Type : Individual**

Installation Facility Optn :No Premium Payment Frequency :Annual Installation Amount Rs. : 0

**Details of Insured Persons :**

Sl. No.	Name	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	OP Limit Rs.	ID Card No	Co-Pay	Sum Insured (Rs.)	Inception Date
1	SHASHIMOHAN BAHETI	M	11/09/1941	81	SELF	0	634780-1	30	200000	20/03/2009

Details of Pre Existing Diseases relating to the above person :

**No Pre Existing Disease declared**

Entered by : PREMIA

Approved by : PORTAL

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

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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forming part of Policy No. P/151115/01/2023/033091

Star Health and Allied Insurance Company Limited  
Please check whether the details given by you about the insured persons in the proposal are incorporated correctly in the policy schedule. If there is 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 schedule 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 (from inception).  
Expenses relating to the hospitalisation will be considered in proportion to the room rent stated in the policy.

**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.

**Sector Classification :**

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

**Nominee Details**

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	Premlata Baheti	Spouse	70	100			

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

In the event of the policy being withdrawn in future, intimation about the withdrawal will be sent 3 months prior to the date when renewal falls due. The insured will have the option of migrating to any other similar health insurance policy offered by the Company at the relevant time. Continuity of benefits for waiting period and bonus, if any and if applicable, will be given provided the insured had been renewing the policy without any break (or renewing within the grace period offered)

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 08th Day of March 2023.

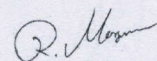
**Permanent Exclusion Details**

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

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Invoice No. : 27L127Y23P000981	Customer ID : AA0001443541
Invoice Date : 08/03/23	Policy No : P/151115/01/2023/033091
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : SHASHIMOHAN A. BAHETI	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad
Address : KAPILA RESIDENCY FLAT NO 402 1 NANDANVAN VOLONY JALGAON	Address : 2nd Floor,BLOCK 6 & 7,Suyash Complex Baba Hardas Nagar , Kalda Corner , Aurangabad-431001
City :	City : AURANGABAD
State : Maharashtra	State : Maharashtra
Pincode : 425001	Pincode : 431001
Client Category : IND	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value 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	8456	0	8456		761	761		Rs. 9978

Total Invoice Value (in Figures) : Rs. 9978  
 Total Invoice Value (in Words) : Rupees: Nine thousand nine hundred seventy-eight 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.

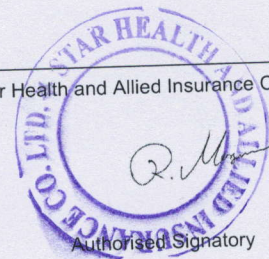
**E. & O.E**

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 : PREMIA  
 Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

  
 Authorised Signatory