

IMPORTANT

11-MAR-22

To,

SHOAEB KHAN PATHAN
83- LAL GHAT MARG
UDAIPUR
RAJASTHAN
Udaipur (M CI), Udaipur, Rajasthan -313001
Mobile : 7014598809.

Dear Customer,

Re: Health Insurance Policy - P/161126/01/2022/027065

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

"Let Star Health help you to become healthier and happier. Star Wellness Benefits includes Mind Body healing and other Condition management programmes (Weight management, Diabetes etc....) Visit www.starhealth.in / customer portal login and start your journey with us to Better Health".

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.

STAR COMPREHENSIVE INSURANCE POLICY
SCHEDULE (Floater)
UNIQUE ID: SHAHLIP22028V072122

In consideration of payment of Rs.18360/- towards renewal premium of **Policy number: P/161126/01/2021/029481**, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/161126/01/2022/027065			
Customer Code : AA0017874377	GSTIN : 08AAJCS4517L1ZY		
Customer Name : SHOAEB KHAN PATHAN	SAC Code : 997133/Accident and Health Insurance Services		
Proposer's Code : 20997105	Issuing Office Code : 161126		
Proposer's Name : SHOAEB KHAN PATHAN	Issuing Office Name : Branch Office - Udaipur		
Address : 83- LAL GHAT MARG UDAIPUR RAJASTHAN Udaipur (M CI), Udaipur, Rajasthan-313001	Address : III Floor Madhav Tower, GPO Chetak Circle Udaipur - 313001		
Phone No : 0/7014598809/0	Phone No : 0294-2423125, 2412125, 2422125, 2423088		
E-mail Id : SHOAEB28@GMAIL.COM	E-mail Id : udaipur@starhealth.in		
Proposer GSTIN : -	Place of Supply : -		
Proposal date : 28/03/2018	Fulfiller Code : SH16180		
Date of Inception of first policy : 28-MAR-2018	Intermediary Code : BA0000142752		
Renewal Year : Fourth Year	Name : Ms.RINA GANDHI		
Collection Number : 1193028286	Phone No : /7737987735		
Receipt Date : 11/03/2022	E-mail Id : jainpradeep35@yahoo.com		
Premium :Rs 15,560 /-			
CGST @9% : 1,400 /- SGST / UTGST @9% : 1,400 /-			
Stamp Duty :Rs 1 /- Total Premium :Rs 18,360 /-			
Total Premium In Words : Rupees Eighteen Thousand Three Hundred Sixty Only	Installment Facility Optn :No		
Premium Payment Frequency :Annual	Installment Amount : Rs. 0		
Period of Insurance : FROM 28/03/2022 00:00	TO : Midnight Of 27/03/2023		
Scheme Description (Family Size) : 2 ADULTS	Basic Floater Sum Insured : Rs. 1000000 /-		
Bonus : Rs. 1000000 /-			
Sum Insured Under Section 1 (Health) Rs. 1000000 /-	Policy Term : 1 Year		
Capital Sum Insured Under Section 10 (For Accidental Death & Permanent Total Disablement) : Rs. 1000000 /-			
For Mr / Ms. Mr.SHOAEB KHAN PATHAN Only.			

Entered by : PREMIA

Approved by : PORTAL

IRDAI Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : info@starhealth.in

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Attached to and forming part of Policy No : P/161126/01/2022/027065

Details of Insured Persons :

Sl. no.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Co-Pay	Buy Back PED Opted	Pre-Existing Disease/s	Inception Date
1	Mr.SHOAEB KHAN PATHAN	M	28/09/1986	35	SELF	9023802-1	0	No	No PED declared	28/03/2018
2	SAMEENA KHAN	F	27/09/1997	24	SPOUSE	9023802-2	0	No	No PED declared	28/03/2018

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.

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

"Consolidate stamp Duty paid vide Inspector General Registration and Stamp Ajmer order No F7 (77) Gen/2021/8281 dated 31/05/2021"

AYUSH Hospital means a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- Central or State Government AYUSH Hospital or
- Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine/Central Council for Homeopathy; or
- AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - Having at least 5 in-patient beds;
 - Having qualified AYUSH Medical Practitioner in charge round the clock;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- Having qualified registered AYUSH Medical Practitioner(s) in charge;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

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Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Attached to and forming part of Policy No : P/161126/01/2022/027065

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	JOHAEB KHAN	Brother	33	100			

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 authorised by and on behalf of the company has set his hand at **Branch Office - Udaipur** on **11th Day of March 2022**.

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

TAX Invoice



Invoice No. : 8L193Y22P0001463	Customer ID : AA0017874377
Invoice Date : 11/03/22	Policy No : P/161126/01/2022/027065
Recipient	Supplier
GSTIN : -	GSTIN : 08AAJCS4517L1ZY
Proposer's Name : SHOAEB KHAN PATHAN	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Udaipur
Address : 83- LAL GHAT MARG UDAIPUR RAJASTHAN	Address : III Floor Madhav Tower, GPO Chetak Circle Udaipur - 313001
City : Udaipur (M Cl),Udaipur,Rajasthan- 313001	City : UDAIPUR
State : Rajasthan	State : Rajasthan
Pincode : 313001	Pincode : 313001
Client Category : IND	Place of Supply : 8 - Rajasthan

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	15560	0	15560		1400	1400		Rs. 18360

Total Invoice Value (in Figures) : Rs. 18360
 Total Invoice Value (in Words) : Rupees: Eighteen thousand three hundred sixty 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.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : PREMIA
 Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory