

IMPORTANT

11/05/2023

To,

ARVIND KUMAR SINGH,
63/13, Circular Road
Ganga Nagar
ALLAHABAD
Allahabad, Allahabad, Uttar Pradesh - **211001**
Mobile : 9711507120.

Dear Customer,

Re: Health Insurance Policy - P/161111/01/2024/003224

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
Policy Schedule
Unique Identification No. SHAHLIP23164V072223

| | | | |
|---|--|---|--|
| Policy No. : P/161111/01/2024/003224 | | Previous Policy No. : P/161111/01/2023/002821 | |
| Customer Code : AA0001449189 | | GSTIN : 07AAJCS4517L1Z0 | |
| Customer Name : ARVIND KUMAR SINGH | | SAC Code : 997133/Accident and Health Insurance Services | |
| Proposer Code : 2800555 | | Issuing Office Code : 161111 | |
| Proposer Name : ARVIND KUMAR SINGH | | Issuing Office Name : Branch Office - East Delhi | |
| Address : 63/13, Circular Road Ganga Nagar ALLAHABAD Allahabad,Allahabad,Uttar Pradesh -211001 | | Address : 201-202-203, Pragati Deep Building Lakshmi Nagar , Delhi-110092 | |
| Tel/Mobile : 9711507120/9711507120/0 | | Tel/Mobile : 011-40454938 , 011-40455187 | |
| E-mail id : arvind.singh1808@gmail.com | | E-mail id : eastdelhi@starhealth.in | |
| Proposer GSTIN : - | | Place of Supply : Uttar Pradesh / State Code : 9 | |
| Proposal date : 23/03/2013 | | Fulfiller Code : SH39070 | |
| Date of Inception of first policy : 23-MAR-2013 | | Intermediary Code : SMD Name : Mr.SUNIL KUMAR SINGH Tel/Mobile : 8010594764/8010594764 E-mail id : sunilkumar.singh@starinsurance.in | |
| Renewal Year : Tenth Year | | | |
| Collection Number & Date : 1106003414 & 11/05/2023 | | | |
| Base Product Premium : Rs 15351 /- No Claim Discount : Rs 768 | | | |
| Premium : Rs 14583 /- IGST @18% : Rs 2,625 /- | | | |
| Total Premium : Rs 17208 /- Stamp Duty : Re 1 /- | | | |
| Total Premium In Words : Rupees Seventeen Thousand Two Hundred Eight Only | | | |
| Installment Facility Optn :No | | Premium Payment Frequency :Annual | |
| Installment Amount Rs. : 0 | | | |

| | |
|---|---------------------------------------|
| Period of insurance : From : 11/05/2023 07:15 | To : Midnight of 10/05/2024 |
| Basic Floater Sum Insured : 500000 | |
| In words : Rupees: Five Lakhs Only | |
| Bonus: Rs. 295000 | Limit of Coverage : Rs. 795000 |
| Recharge Benefit : Rs. 150000 | |
| Scheme Description : 2ADULT+2CHILD | |
| Policy Term : 1 Year | |

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 | Co pay | Inception Date |
|---------|---------------------|--------|---------------|------------|----------------------------|------------|----------------------|--------|----------------|
| 1 | ARVIND KUMAR SINGH | M | 03/05/1982 | 41 | Self | 2800555-1 | No PED declared | | 23/03/2013 |
| 2 | USHA KUMARI | F | 05/02/1987 | 36 | Spouse | 2800555-4 | No PED declared | 0 | 23/03/2013 |
| 3 | AYUSH SINGH | M | 18/07/2012 | 10 | Dependant Child | 2800555-5 | No PED declared | 0 | 23/03/2013 |
| 4 | Anusha Singh | M | 21/04/2018 | 5 | Dependant Child | 2800555-6 | No PED declared | 0 | 09/05/2019 |

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 | Usha Kumari | Spouse | 36 | 100 | | | |

Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Corporate Identity Number L66010TN2005PLC056649

Authorised Signatory

Attached to and forming part of Policy No. P/161111/01/2024/003224

Sector Classification

| | | |
|-------|--|--|
| Urban | | |
|-------|--|--|

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).

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

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 .

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - East Delhi on 11th Day of May 2023.

Permanent Exclusion Details

| Insured Name | ID Card | Permanent Exclusion Disease |
|--------------|---------|-----------------------------|
|--------------|---------|-----------------------------|

Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



| | |
|--|--|
| Invoice No. : 7B106Y24P0000798 | Customer ID : AA0001449189 |
| Invoice Date : 11/05/23 | Policy No : P/161111/01/2024/003224 |
| Recipient | Supplier |
| GSTIN : - | GSTIN : 07AAJCS4517L1Z0 |
| Proposer Name : ARVIND KUMAR SINGH | NAME : Star Health and Allied Insurance Co Ltd - Branch Office - East Delhi |
| Address : 63/13, Circular Road Ganga Nagar ALLAHABAD | Tel/Mobile : 201-202-203, Pragati Deep Building Lakshmi Nagar , Delhi-110092 |
| City : | City : EAST DELHI |
| State : Uttar Pradesh | State : Delhi |
| Pincode : 211001 | Pincode : 110092 |
| Client Category : IND | Place of Supply : 7 - Delhi |

| 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 | 15351 | 768 | 14583 | 2625 | | | | Rs. 17208 |

Total Invoice Value (in Figures) : Rs. 17208
Total Invoice Value (in Words) : Rupees: Seventeen thousand two hundred 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

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