

IMPORTANT
14-APR-2023

To,

Manoj Joshi
I-802, Roystonea
Society,
Magarpatta City,

Pune, Maharashtra -411028
Mobile : 7020979348.

Dear Customer,

Re: Health Insurance Policy - P/171234/04/2023/065371

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void ab initio.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 15 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

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 your only

R. Margabandhu

CN=R. Margabandhu,
SERIALNUMBER=0082d7f6d6537e33318479e45e7b4f3861b154
75488cd932c3c25c3c9, ST=TAMIL NADU, O=D.2.5.4.17+900034,
O=D.2.5.4.20+513b7b332ce96023148ea20874460e063875806c,
a6389e1517f95e60b, OU=UNDERWRITING - Chief Risk Officer,
O=STAR HEALTH AND ALLIED INSURANCE COMPANY, C=IN,
Date: Tue Dec 29 11:41:27 IST 2020

**YOUNG STAR INSURANCE POLICY
SCHEDULE (Floater)
UNIQUE ID:SHAHLIP21217V032021**

Policy No. : P/171234/04/2023/065371	Previous Policy No. :
Customer Code : AA0015782207	GSTIN : 06AAJCS4517L1Z2
Customer Name : Manoj Joshi	SAC Code : 997133/Accident and Health Insurance Services
Proposer's Code : 194301847	Issuing Office Code : 161130
Proposer's Name : Amit Joshi	Issuing Office Name : Branch Office - Gurgaon III
Address : I-802 Roystonea Society, Magarpatta City, Pune,Maharashtra-411028	Address : 1st Floor,, SCO 4, Sector 14 Market Near Payal Cinema, Gurgaon Gurgaon-122001
Phone No : /7020979348/	Phone No : 0124-4797452
E-mail Id : manoj.joshi51@gmail.com	E-mail Id : gurgaon3@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 14/04/2023	Fulfiller Code : SO161130
Date of Inception of first policy : 15-APR-2023	Intermediary Code : WA0000000009 Name : M/S. Policy Bazaar Insurance Web Aggregator Pvt. Ltd. Phone No : /1800-208-8787/ E-mail Id : Claims@Policybazaar.com
Renewal Year : NEW	
Collection Date : 14/04/2023	
Premium :Rs 42,900 /- IGST @18% : 7,722 /- Stamp Duty :Rs 1 /- Total Premium :Rs 50,623 /-	

Total Premium In Words : Rupees Fifty Thousand Six Hundred Twenty-Three Only		Installment Facility Optn :No
Premium Payment Frequency :Yearly	Installment Amount Rs. : 50,623	Collection No: 1269082832
Period of Insurance :FROM 15/04/2023 00:00 TO : Midnight Of 14/04/2024		Term : 1 Year
Scheme Description (Family Size) : 2 ADULTS		Basic Floater Sum Insured : Rs. 2000000 /-
Bonus : Rs. 0 /-		
Total Sum Insured In Words : Rupees Twenty Lakhs Only		Plan Type : DIAMOND

Details of Insured Persons :

Sl. no.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Pre Existing Disease	Inception Date
1	Minaxiben Joshi	F	14/06/1953	70	MOTHER	18453262-1	No PED declared	15/04/2023
2	Manoj Joshi	M	22/02/1948	76	FATHER	18453262-2	No PED declared	15/04/2023

Entered by : STAR_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : info@starhealth.in



Authorised Signatory

Attached to and forming part of Policy No : P/171234/04/2023/065371

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.

30 day waiting period Code Excl 03 should reads as follows;

- A.
- Expenses related to the treatment of any illness (other than Coronavirus Disease - COVID-19) within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
 - Expenses related to the treatment of Coronavirus Disease COVID-19 within 15 days from the first policy commencement date shall be excluded.
- B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

Hospitalization for COVID -19 will not have an impact on the bonus eligibility under the policy.

Note : The above benefits are available up to 31st March 2024

Sector Classification :

Rural		
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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	Minaxiben Joshi	Mother	70	100			

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at **Branch Office - Gurgaon III** on **14th Day of APR 2023.**

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered by : STAR_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Hospitalization Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

Policy No : P/171234/04/2023/065371 **Type Of Policy** : Young Star Insurance Policy - Floater
Issue Office : 161130 - Branch Office - Gurgaon III
Address : 1st Floor,, SCO 4, Sector 14
Market Near Payal Cinema,
Gurgaon Gurgaon-122001
Toll Free No : 0124-4797452
Email : gurgaon3@starhealth.in

This is to certify that Amit Joshi has paid Rs 50,623 (Total Premium In Words : Indian Rupees Fifty Thousand Six Hundred Twenty-Three Only) towards Premium for Hospitalization Insurance vide Policy No: P/171234/04/2023/065371 for the Period 15- APR-23 To 14-APR-24 issued on 14-APR-23.

Payment received by Cheque/Credit/Debit Card vide collection No:1739022539

Note :- This Certificate must be surrendered to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

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



Authorised Signatory

Entered by : STAR_PORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Emergency Help Line No. 1800 425 2255 / 1800 102 4477

e-mail : support@starhealth.in Website : www.starhealth.in

Please quote the Customer Id No. for assistance

- ▶ This Card is valid until otherwise Cancelled.
- ▶ This ID Card is invalid, if the insurance cover is not in force
- ▶ Immediate intimation to 'Star' through above Tel Nos. is a must in case of Hospitalisation.

At the time of hospitalization, kindly submit any **Government approved photo ID Card**.

Corporate Identity Number: U66010TN2005PLC056649



Star Health and Allied Insurance Company Limited

Customer Identity Card

Customer ID No. : 18453262-2

Name : Manoj Joshi

Date Of Birth : 22-FEB-48 **Age** : 76 Years

Gender : Male **Office Code** : 161130

Valid From : 15-APR-23 **TA/SSM/SM Code** : SO161130

Agent/Broker/TE Code : WA0000000009

IRDAI Regn. No:129



Star Health and Allied Insurance Company Limited

Customer Identity Card

Customer ID No. : 18453262-1

Name : Minaxiben Joshi

Date Of Birth : 14-JUN-53 **Age** : 70 Years

Gender : Female **Office Code** : 161130

Valid From : 15-APR-23 **TA/SSM/SM Code** : SO161130

Agent/Broker/TE Code : WA0000000009

IRDAI Regn. No:129

Entered by : STAR_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 6I439Y21P0008492	Customer ID : AA0015782207
Invoice Date : 14/04/23	Policy No : P/171234/04/2023/065371
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer's Name : Amit Joshi	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : I-802, Roystonea, Society, Magarpatta City, Hadapsar	Address : 1st Floor, SCO 4, Sector 14 Market Near Payal Cinema, Gurgaon Gurgaon-122001
City : Pune	City : GURGAON III
State : Maharashtra	State : Haryana
Pincode : 411028	Pincode : 122001
Client Category : IND	Place of Supply : 6 - Haryana

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
987433	Insurance Services	44550	1650	42900	7722				Rs. 50623

Total Invoice Value (in Figures) : Rs. 50623
Total Invoice Value (in Words) : Rupees: Fifty Thousand Six Hundred Twenty-Three 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 : STAR_PORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Name Of the Product			YOUNG STAR INSURANCE POLICY								
Product UIN No.			SHAHLIP21217V032021								
Summary of Important Benefits											
S. No	Particulars of Coverage / Benefits		Benefit Limits (in Rs.)								Refer to Policy clause No.
			Individual	Individual and Floater							
	Sum Insured (in Rs.)		300000/-	500000/-	1000000/-	1500000/-	2000000/-	2500000/-	5000000/-	7500000/-	10000000/-
1	Plan Type		Silver Plan								
2	Room Rent (Per Day) - Up to *Hospitalization expenses will be considered in proportion to the eligible Room Rent		Private Single A/c Room								1(A)
3	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, blood, oxygen, operation theatre charges, Surgical Appliances, Medicines and Drugs		Actual								1(B & C)
4	Road Ambulance charges(per policy period)		Actuals								1(D)
5	Pre-Hospitalization Expenses		Up to 60 days prior to admission								1(E)
6	Post-Hospitalization Expenses		Up to 90 days from the date of discharge								1(F)
7	Day Care Procedure		All day care procedure covered.								1(G)
8	Medical Opinion		E -Medical Opinion" from the Company's expert panel.								1(H)
9.	Health Check	Sum Insured/policy type	Rs3,00,000/-		Rs5,00,000/-		Rs10,00,000/-		Rs15,00,000/-and above		1(I)
		Individual	1,500/-		2,000/-		3,000/-		3,500/-		
		Floater	N/A		3,000/-		4,000/-		5,000/-		
10	Automatic Restoration of Basic Sum Insured		Once during policy period by 100%								1(J)
11	Cumulative bonus		The insured person will be eligible for Cumulative bonus calculated at 20% of basic sum insured for each claim free year subject to a maximum of 100% of the basic sum insured.								1(K)
12	Additional Basic Sum Insured for Road Traffic Accident (RTA)		25% of the Sum Insured subject to a maximum of Rs10,00,000/-								1(L)
13	Star Wellness Program		Discount in the Renewal premium for healthy life style through wellness activities.								1(M)
14	Special Features		10% Discount at the time of renewal after 40years of age.								Condition No.1

Entered by : STAR_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory