

IMPORTANT  
29-MAY-2023

To,

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

Pune, Maharashtra -411028  
Mobile : 7020979348

Dear Customer,

**Re: Health Insurance Policy - P/197130/05/2023/079578**

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](http://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=0082d7f6d6537e33318479ef45e7b4f3861b154  
75488cd9b2c3c25c3c9, ST=TAMIL NADU, O=D.2.5.4.17+900034,  
OID.2.5.4.20+513b7b332ce96023148ea20874460e063875806c,  
a6389ae1517f95b60b, 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**

<b>Policy No.</b> : P/197130/05/2023/079578	<b>Previous Policy No.</b> :
<b>Customer Code</b> : AA0016482103	<b>GSTIN</b> : 06AAJCS4517L1Z2
<b>Customer Name</b> : Amit Joshi	<b>SAC Code</b> : 997133/Accident and Health Insurance Services
<b>Proposer's Code</b> : 196501842	<b>Issuing Office Code</b> : 161130
<b>Proposer's Name</b> : Amit Joshi	<b>Issuing Office Name</b> : Branch Office - Gurgaon III
<b>Address</b> : I-802 Roystonea Society, Magarpatta City,  Pune,Maharashtra-411028	<b>Address</b> : 1st Floor,, SCO 4, Sector 14 Market Near Payal Cinema, Gurgaon Gurgaon-122001
<b>Phone No</b> : /7020979348/	<b>Phone No</b> : 0124-4797452
<b>E-mail Id</b> : amit.joshi1980@gmail.com	<b>E-mail Id</b> : gurgaon3@starhealth.in
<b>Proposer GSTIN</b> : -	<b>Place of Supply</b> : -
<b>Proposal date</b> : 29/05/2022	<b>Fulfiller Code</b> : SO161130
<b>Date of Inception of first policy</b> : 30-MAY-2023	<b>Intermediary Code</b> : WA0000000009  <b>Name</b> : M/S. Policy Bazaar Insurance Web Aggregator Pvt. Ltd.  <b>Phone No</b> : /1800-208-8787/  <b>E-mail Id</b> : Claims@Policybazaar.com
<b>Renewal Year</b> : NEW	
<b>Collection Date</b> : 29/05/2023	
<b>Premium</b> :Rs 21,019 /- <b>IGST @18%</b> : 3,783 /- <b>Stamp Duty</b> :Rs 1 /- <b>Total Premium</b> :Rs 24,802 /-	

Total Premium In Words : Rupees Twenty-Four Thousand Eight hundred Two Only		Installment Facility Optn :No
Premium Payment Frequency :Yearly	Installment Amount Rs. : 24,802	Collection No: 1439082539
Period of Insurance :FROM 30/05/2023 00:00 TO : Midnight Of 29/05/2024		Term : 1 Year
Scheme Description (Family Size) : 2 ADULTS		Basic Floater Sum Insured : Rs. 1000000 /-
Bonus : Rs. 0 /-		
Total Sum Insured In Words : Rupees Ten Lakhs Only		Plan Type : GOLD

**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	Smita Joshi	F	04/08/1986	37	SPOUSE	19781242-1	No PED declared	30/05/2023
2	Amit Joshi	M	26/04/1979	42	SELF	19781242-2	No PED declared	30/05/2023

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/197130/05/2023/079578**

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		
-------	--	--

**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	Smita Joshi	Spouse	37	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 **29th Day of May 2023.**

**Permanent Exclusion Details**

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

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/197130/05/2023/079578 **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 24,802 (Total Premium In Words : Indian Rupees Twenty-Four Thousand Eight Hundred Two Only) towards Premium for Hospitalization Insurance vide Policy No: P/197130/05/2023/079578 for the Period 30- MAY-23 To 29-MAY-24 issued on 29-MAY-23.

Payment received by Cheque/Credit/Debit Card vide collection No:1839082539

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](http://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.** : 19781242-2

**Name** : Amit Joshi

**Date Of Birth** : 26-APR-79 **Age** : 42 Years

**Gender** : Male **Office Code** : 161130

**Valid From** : 30-MAY-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.** : 19781242-1

**Name** : Smita Joshi

**Date Of Birth** : 04-AUG-86 **Age** : 37 Years

**Gender** : Female **Office Code** : 161130

**Valid From** : 30-MAY-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. : 6I439Y21P0009971	Customer ID : AA0019587203
Invoice Date : 29/05/23	Policy No : P/197130/05/2023/079578
<b>Recipient</b>	<b>Supplier</b>
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 : Ist 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 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
987433	Insurance Services	22219	1200	21019	3783				Rs. 24802

Total Invoice Value (in Figures) : Rs. 24802  
Total Invoice Value (in Words) : Rupees: Twenty-Four  
Thousand Eight Hundred Two  
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