

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**

**IMPORTANT**

29-MAY-2023

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".*

a65f89e15179f5fe50a, OU=UNDERWRITING - Chief Risk Officer, O=STAR HEALTH AND ALLIED INSURANCE COMPANY, C=IN. Date :Tue Dec 29 11:41:27 IST 2020

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.

CN=R Margabandhu,

However, the ultimate decision will be that of yours only.

R Margabandhu

SERIALNUMBER=00f82dcf76fdf6537e3331f8479ef45e7b4f3861b154 75488cdf3b2c3c26c3c9, ST=TAMIL NADU, OID.2.5.4.17=600034, OID.2.5.4.20=513b7b33f2ce960f23148ea208744690e09638750806c

Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700 / 28288800 Toll Free Fax No:1800-425-5522 [Toll Free No:1800-425-2255 / 1800-102-4477,CIN :U66010TN2005PLC056649 Email :support@starthealth.in](mailto:support@starthealth.in) Website [:www.starhealth.in](http://www.starhealth.in/) IRDAI Regn.no: 129

### YOUNG STAR INSURANCE POLICY

**SCHEDULE (Floater) UNIQUE ID:SHAHLIP21217V032021**

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

# IRDAI Regn. No 129

**Corporate Identity Number U66010TN2005PLC056649** [**Email ID : info@starhealth.in**](mailto:info@starhealth.in)

For Star Health and Allied Insurance Company Ltd.



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### 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.

1. 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.

1. 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,**](mailto: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** |

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**Hospitalization Benefit Policy**

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

**Policy No : Issue Office :**

**Address**

P/197130/05/2023/079578

161130 - Branch Office - Gurgaon III

Ist Floor,, SCO 4, Sector 14 Market Near Payal Cinema, Gurgaon Gurgaon-122001

0124-4797452

[gurgaon3@starhealth.in](mailto:gurgaon3@starhealth.in)

**Type Of Policy :** Young Star Insurance Policy - Floater

**:**

**Toll Free No**

**Email**

**:**

**:**

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.



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For Star Health and Allied Insurance Company Ltd.



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Corporate Identity Number: **U66010TN2005PLC056649**

***Emergency Help Line No. 1800 425 2255 / 1800 102 4477*** [e-mail : support@starhealth.in](mailto: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.**

|  |  |
| --- | --- |
| **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 |  |

|  |  |
| --- | --- |
| **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 |  |

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Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



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**TAX Invoice**



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Invoice No. Invoice Date | :  : | 6I439Y21P0009971  29/05/23 | Customer ID  Policy No | : AA0019587203  : P/197130/05/2023/079578 |
| Recipient | | | Supplier | |
| GSTIN | : | - | GSTIN | : 06AAJCS4517L1Z2  : Star Health and Allied Insurance Co Ltd  - Branch Office - Gurgaon III  : Ist Floor,, SCO 4, Sector 14 Market Near Payal Cinema, Gurgaon Gurgaon-122001  : GURGAON III  : Haryana  : 122001  : 6 - Haryana |
| Proposer's Name | : | Amit Joshi | NAME |
| Address | : | I-802, Roystonea, Society, | Address |
|  |  | Magarpatta City, Hadapsar |  |
| City | : | Pune | City |
| State | : | Maharashtra | State |
| Pincode | : | 411028 | Pincode |
| Client Category | : | IND | Place of Supply |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HSN / SAC  Code | Description of Service(s) | Total | Discount | TaxableValue | 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 | 22219 | 1200 | 21019 | 3783 |  |  |  | Rs. 24802 |

Total Invoice Value (in Figures) Total Invoice Value (in Words)

: Rs. 24802

: 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**](mailto:stargst@starhealth.in)

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Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.** |
| Individua | 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 |

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For Star Health and Allied Insurance Company Ltd.



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