

MEDI CLASSIC INSURANCE POLICY (INDIVIDUAL) - SCHEDULE

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|-----------------------------------|--|--|---|
| Policy No. | : P/181311/01/2015/005028 | Previous Policy No. | : P/181311/01/2014/005226 |
| Proposer's Code | : 3191368 | Issuing Office Code | : 181311 |
| Proposer's Name | : Mr.SHAJU.K.T | Issuing Office Name | : Branch Office - Calicut |
| Address | : Kalppally House PO Manassery, Mukkam, Kozhikode MUKKAM ,KOZHIKODE Thazhecode,Kozhikode,Kerala-673602 | Address | : No:10/124 E PM Taj Road,1st Floor Alsa Mall, SM Street,Calicut - 673001. CALICUT |
| Phone No | : 04952297408/9895757717/ | Toll Free No | : 0495 2721711 |
| E-mail Id | : shajukt@gmail.com | E-mail Id | : calicut.tajroad@starhealth.in |
| Proposal date | : 05/11/2013 | Fulfiller Code | : SH20085 Sector : Rural |
| Date of Inception of first policy | : 05/11/2013 | Intermediary Code : BA0000143885 Name : Mrs.SNIGDHA R M Phone : /9400813435 E-mail Id : NIL | |
| Renewal Year | : First Year | | |
| Receipt No | : 1083004909 | | |
| Date | : 03/11/2014 | | |
| Premium | :Rs 4,515.00 Service Tax :Rs 558.00 | | |
| Stamp Duty :Re 1.00 | Total Premium :Rs 5,073.00 | | |

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|----------------------------|-----------------------------------|------------------------------------|--|
| PERIOD OF INSURANCE | FROM : 05/11/2014 00:00:00 | TO : Midnight Of 04/11/2015 | |
|----------------------------|-----------------------------------|------------------------------------|--|

| Details of Insured Persons : | | | | | | No. of Persons Insured: 1 | | | |
|-------------------------------------|--------------|-----|---------------|----------------------------|-------------------|----------------------------------|---------------|------------|------------------------|
| Sl. no. | Name | Sex | Date of Birth | Relationship with Proposer | Sum Insured (Rs.) | Cumu. Bonus | Add On Covers | ID Card No | Pre-existing Disease/s |
| 1 | Mr.SHAJU.K.T | M | 09/01/1983 | SELF | 400000 | 20000 | Nil | 3191368-1 | NIL |

Please check whether the details given by you about the Insured persons in the Proposal Form and the Medical report findings, if any, are incorporated correctly in the Policy. If you find any discrepancy, please inform us within 7 days from the date of receipt of the policy, failing which the details relating to the Insured persons given in the Policy are deemed to have been accepted by you .

Warranted that in case of dishonour of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Expenses relating to the hospitalisation will be in proportion to the room rent stated in the policy.

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 - Calicut on 03rd Day of November 2014.

In the event of the policy being withdrawn in future, intimation about the withdrawal will be sent 3 months prior to the date when renewal falls due. The insured will have the option of migrating to any other similar health insurance policy offered by the Company at the relevant time. Continuity of benefits for waiting period and bonus, if any and if applicable, will be given provided the insured had been renewing the policy without any break (or renewing within the grace period offered)

| | | | | |
|--|---|------------|---|---|
| Place | : | | | For and on behalf of |
| Date | : | 03/11/2014 | This is an electronically generated document(Policy Schedule). | Star Health and Allied Insurance Company Ltd. |
| IRDA Regn. No 129 | | |  | Authorised Signatory |
| Corporate Identity Number U66010TN2005PLC056649 | | | | |
| Email ID : info@starhealth.in | | | | |
| Entered by | : | PREMIA | | |
| Approved by | : | PORTAL | | |



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Attached to and forming part of Policy No P/181311/01/2015/005028

Bonus Provision

Bonus: The insured person will be eligible for Bonus calculated at 5% of the basic sum insured for every claim free year subject to a maximum of 25% .Such Bonus will be available on that part of the basic sum insured which is continuously renewed without any break. In the event of a claim, the Bonus will be reduced by 5% of the basic sum insured. However the basic sum insured will not be reduced.

Place :
Date : 03/11/2014

Entered by : PREMIA
Approved by : PORTAL

This is an electronically generated document(Policy Schedule).

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

Authorised Signatory

Hospitalisation Benefit Policy

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

Policy No : P/181311/01/2015/005028 **Type Of Policy** : Medi Classic Individual
Issue Office : 181311 - Branch Office - Calicut
Address : No:10/124 E PM Taj Road,1st Floor Alsa
Mall,
SM Street,Calicut - 673001.

Toll Free No : 0495 2721711
Email : calicut.tajroad@starhealth.in

This is to certify that Mr.SHAJU.K.T has paid Rs 5073 (Total Premium In Words : Indian Rupees Five Thousand Seventy-Three Only) towards Premium for Hospitalization Insurance vide Policy No: P/181311/01/2015/005028 for the Period 05-NOV-14 To 04-NOV-15 issued on 03-NOV-14 .

Payment received by Cheque/Credit/Debit Card vide collection No: 1083004909 03-NOV-14

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