

IMPORTANT

24/06/2020

To,

AKSHAY BARAKOTI ,
B 64 2ND FLOOR ASHOKA ENCLAVE SEC 37 FARIDABAD
BEHIND SAFFRON PUBLIC SCHOOL,

Faridabad (M Corp.),Faridabad,Haryana -**121003**
Mobile : 7799808405.

Dear Customer,

Re: Health Insurance Policy - P/700004/01/2021/003769

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.

**Star Health Gain Insurance Policy
Schedule
SHAHLIP18088V021718**

In consideration of payment of Rs.23600/- towards renewal premium of Policy number: P/700004/01/2020/003760, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/700004/01/2021/003769			
Customer Code : AA0009060689	GSTIN : 09AAJCS4517L1ZW		
Customer Name : AKSHAY BARAKOTI	SAC Code : 997133/Accident and Health Insurance Services		
Proposer's Code : 11632564	Issue Office Code : 161111		
Proposer's Name : AKSHAY BARAKOTI	Issue Office Name : Branch Office -East Delhi		
Address : B 64 2ND FLOOR ASHOKA ENCLAVE SEC 37 FARIDABAD BEHIND SAFFRON PUBLIC SCHOOL, Faridabad (M Corp.),Faridabad,Haryana-121003	Address : No:209-210,LakshmiDeep Building, DIST Centre ,LakshmiNagar, Delhi-110092		
Tel/Mobile : /7799808405/	Tel./Fax/Email : 011-40154739/011-40154773 / / telesaleseastdelhi@starhealth.in		
E-mail Id : barakotiakshay@gmail.com	Place of Supply : Haryana / State Code : 6		
Proposer GSTIN : -	Fulfiller Code : SO700004		
Date of Inception of first policy : 30-JUN-19	Intermediary Code/Name : OD700004		
Renewal Year : First Year	Name : 700004 OD CODE		
Collection Number & Date : 1355003885 - 24/06/2020	Email :		
Net Premium : Rs. 20000 /-	Tel/Mobile :		
IGST @18% : Rs.3600 /-			
Total : Rs. 23600 /- Stamp Duty : Rs. 1 /-			
Total Premium In Words : Indian Rupees Twenty Three Thousand Six Hundred Only			
Period of insurance : From : 30/06/2020 00:00:00 To : Midnight of 29/06/2021			
Floater Sum Insured : Rs. 500000	Scheme - Description : Floater 2 ADULTS		
In Words : Indian Rupees Five Lakhs Only			
Floater Limit of OP Benefits Rs : 3980	Floater Limit of OP Benefits B/F from Prev.Year Rs : 3980		

Insured Person Details :

Sl. No.	Name of the Insured	Sex	Relationship with Proposer	Date of Birth	Age in Yrs	Pre Existing Disease	ID Card No	Inception Date
1	MAHESH CHANDRA BARAKOTI	M	DEPENDANT PARENT	15/02/1962	58	No PED	11632564-1	30/06/2019
2	TARA BARAKOTI	F	DEPENDANT PARENT	15/04/1964	56	No PED	11632564-2	30/06/2019

Entered By : PREMIA

Approved by : PORTAL

All the amounts mentioned in this policy are in indian Rupees

Signed for on and behalf of
Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : info@starhealth.in



Authorised Signatory
Please see overleaf

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Attached to and forming part of Policy No. P/700004/01/2021/003769

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

Sector Classification :

Urban		
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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 dishonour of premium cheque(s) the company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Condition No. 3 regarding delay in payment of claim shall read as follows and not as stated in policy wordings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

If at the time of renewal, the insured person is not eligible for any outpatient benefit due to change in age / sum insured / family size, then such insured person will be offered a suitable alternate indemnity based health insurance product available at the relevant point of time, with applicable continuity of benefits.

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 Email: support@starhealth.in, Fax No: 1800 425 5522.

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at **Tele Sales-Noida on 24th Day of June 2020**.

Entered By : PREMIA

Approved by : PORTAL

All the amounts mentioned in this policy are in indian Rupees

Signed for on and behalf of
Star Health and Allied Insurance Company Ltd.



Authorised Signatory
Please see overleaf

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Attached to and forming part of Policy No. P/700004/01/2021/003769

Entered By : PREMIA

Approved by : PORTAL

All the amounts mentioned in this policy are in indian Rupees

Signed for on and behalf of
Star Health and Allied Insurance Company Ltd.



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TAX Invoice



Invoice No. : 9C355Y21P0001226	Customer ID : AA0009060689
Invoice Date : 24/06/20	Policy No : P/700004/01/2021/003769
Recipient	Supplier
GSTIN : -	GSTIN : 09AAJCS4517L1ZW
Proposer's Name : AKSHAY BARAKOTI	NAME : Star Health and Allied Insurance Co Ltd - Branch Office -East Delhi
Address : B 64 2ND FLOOR ASHOKA ENCLAVE SEC 37 FARIDABAD BEHIND SAFFRON PUBLIC SCHOOL,	Tel/Mobile : No:209-210,LakshmiDeep Building, DIST Centre ,LakshmiNagar, Delhi-110092
City : Faridabad (M Corp.),Faridabad,Haryana-121003	City : NOIDA
State : Haryana	State : Uttar Pradesh
Pincode : 121003	Pincode : 110092
Client Category : IND	Place of Supply : 9 - Uttar Pradesh

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	20000	0	20000	3600				Rs. 23600

Total Invoice Value (in Figures) : Rs. 23600
Total Invoice Value (in Words) : Rupees: Twenty-three thousand six hundred 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 : PREMIA
Approved by : PORTAL

All the amounts mentioned in this policy are in indian Rupees

Signed for on and behalf of
Star Health and Allied Insurance Company Ltd.



Authorised Signatory
Please see overleaf

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