



Star Health And Allied Insurance Company Limited

Date : 29-Oct-2025

IMPORTANT

To,

BALESHWAR JANARDHAN MISHRA,
S/O JANARDHAN MISHRA, PLOT NO28, HOUSE
NO207, AMRAVATI ROAD, NAVNEET

Nagpur Urban Tehsil, Maharashtra-**440023**
Mobile : 9172961747

Dear Customer,

Re: Health Insurance Policy - 9808112600046839

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 30 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,

Authorized Signatory

This is an electronically generated document(Policy Schedule).

Super Star - UIN : SHAHLIP25036V012425



Star Health And Allied Insurance Company Limited

Super Star Unique Identification No. SHAHLIP25036V012425 POLICY SCHEDULE(Floater)

Policy No.	: 9808112600046839	Previous Policy No	:
Customer Code	: PI0010656378	GSTIN	: 07AAJCS4517L1Z0
Customer Name	: BALESWAR JANARDHAN MISHRA	SAC Code	: 997133 / Accident and Health Insurance Services
Cust CKYC No	: 10011666152162	Issuing Office Code	: 700004
Proposer Code	: PI0010656378	Issuing Office Name	: Tele Sales -Noida
Proposer Name	: BALESWAR JANARDHAN MISHRA	Issuing Office Address	: No.B 20-21, 126/10, Guru Nanakpura, Laxmi Nagar, East Delhi Delhi 110092
Proposer Address	: S/O JANARDHAN MISHRA, PLOT NO28, HOUSE NO207, AMRAVATI ROAD, NAVNEET Nagpur Urban Tehsil Maharashtra 440023	Phone No	: 011-49074146/011-40154773
Phone No	: 9172961747	E-mail Id	: telesaleseastdelhi@starhealth.in
E-mail Id	: baleshwarmishra75@gmail.com	Place of Supply	: Maharashtra
Proposer GSTIN	: NO	Fulfiller Code	: SO700004
Proposal Date	: 29-Oct-2025	Name	: Office Direct
Date of Inception of first policy	: 29-Oct-2025	Phone No	: 011-49074146/011-40154773
Policy Category	: New	E-mail Id	: telesaleseastdelhi@starhealth.in
Collection No	: 700004/RV/2026/0261583726		
Collection Date	: 29-Oct-2025		
Base Product Premium	: Rs. 46,113/-		
Medical U/W Loading	: Rs. 0/-		
Optional Cover and Add-on Premium (if Opted)	: Rs. 3,458/-		
Optional Cover and Add-on Discount (if Opted)	: Rs. 0/-		
Life Style and Habit related & Other discounts	: Rs. 4,957/-		
EMI Loading	: Rs. 1,338/-		
IGST @ 0%	: Rs. 0/-		
Total Premium	: Rs. 45,953/-		
Stamp Duty	: Re. 1/-		

Entered by : CRM
Approved by : CRM

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For Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

Super Star - UIN : SHAHLIP25036V012425

Authorised Signatory

Page 2 of 9



Star Health And Allied Insurance Company Limited

Attached to and forming part of Policy No: 9808112600046839

Total Premium In Words : Rupees Forty Five thousand nine hundred fifty three only

Period of Insurance	: From : 29-Oct-2025 18:00' Hrs	To : Midnight of 28-Oct-2028
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Policy Term :3 Years

Installment Facility Option:Yes	Premium Payment Frequency :Quarterly	Installment Amount Rs. : 3,834/-
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Scheme Description (Family Size) :2A		Basic Floater Sum Insured : Rs. 10,00,000/-					
Total Sum Insured In Words :		Rupees Ten lakhs only					
Plan Type: FLOATER		Bonus : Rs. 0/-					
Details of Insured Persons :		No. of Persons Insured : 2					
Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	BALESHWAR JANARDHAN MISHRA	Male	05-May-1975	50	Self	PI0010656378	29-Oct-2025
Pre Existing Disease : No PED Declared							
2	UMA MISHRA	Female	07-Aug-1982	43	Spouse	ME0508518455	29-Oct-2025
Pre Existing Disease : No PED Declared							

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For Star Health and Allied Insurance Company Ltd.

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Page 3 of 9

Super Star - UIN : SHAHLIP25036V012425

Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700 / 28288800

Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649 Email :support@starhealth.in Website :www.starhealth.in

IRDAI Regn.no: 129



Star Health And Allied Insurance Company Limited

S. No.	Name of additional cover(s)	Status
1	Coverage for Non- Medical Items (Consumables cover Table I (68 Items))	Covered

Installment Premium Table

S.No.	Installment Due Dt.	Premium Amount (Rs)	GST Amount (Rs)	Total Installment Premium Amount (Rs)
1	29-Oct-2025	3,829	0	3,829
2	29-Jan-2026	3,829	0	3,829
3	29-Apr-2026	3,829	0	3,829
4	29-Jul-2026	3,829	0	3,829
5	29-Oct-2026	3,829	0	3,829
6	29-Jan-2027	3,829	0	3,829
7	29-Apr-2027	3,829	0	3,829
8	29-Jul-2027	3,829	0	3,829
9	29-Oct-2027	3,829	0	3,829
10	29-Jan-2028	3,829	0	3,829
11	29-Apr-2028	3,829	0	3,829
12	29-Jul-2028	3,829	0	3,829

The following Conditions shall apply.

i. Grace Period of 15 days for monthly instalment and 30 days for quarterly and half yearly instalment would be given to pay the instalment premium due for the policy.	iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.
ii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.	v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
iii. No interest will be charged If the instalment premium is not paid on due date.	vi. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
	vii. For premium paid in instalments during the policy period, coverage is available during the grace period also.

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Page 4 of 9

Super Star - UIN : SHAHLIP25036V012425



Star Health And Allied Insurance Company Limited

Nominee Details:

Nominee Details for the Proposer					Appointee Details		
S.No	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1	UMA MISHRA	Spouse	43	100			

Sector Classification:

Urban	Urban
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Please check whether the details given by you about the insured person(s) 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 ab initio (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.

Toll Free No : 1800 425 2255 Email: support@starhealth.in

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Tele Sales -Noida on 29th Day of October 2025.

As per Section 34 of CGST Act of 2017, Policy Issued in one Financial Year and Cancelled in another Financial Year on or after 01st of November, then Only Premium Amount will be Refunded to the Customer and GST Amount will Not be Refunded. Customer has to Claim the Refund of GST Amount from the GST Portal.

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Page 5 of 9

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IRDAI Regn.no: 129



Star Health And Allied Insurance Company Limited

Policy No : 9808112600046839

Issue Office : 700004-Tele Sales -Noida

Address : No.B 20-21, 126/10,
Guru Nanakpura, Laxmi Nagar,
East Delhi Delhi 110092

Tel / Fax : 011-49074146/011-40154773

Email : telesaleseastdelhi@starhealth.in

Type of Policy : Super Star

This is to certify that BALESWAR JANARDHAN MISHRA has paid Rs 3,833/- (Total Premium : Indian Rupees Three thousand eight hundred thirty three only) towards Premium for Hospitalization Insurance vide Policy No: 9808112600046839 for the Period 29-Oct-2025 To 28-Oct-2028 issued on 29-Oct-2025.

Payment received by Payment Gateway vide Receipt No: 700004/RV/2026/0261583726/1 Receipt Date: 29-Oct-2025

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.

Date : 29-Oct-2025

Place : Tele Sales -Noida

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For and on behalf of

Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Entered by : CRM
Approved by : CRM

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Super Star - UIN : SHAHLIP25036V012425



Star Health And Allied Insurance Company Limited



Star Health and Allied Insurance Company Limited Customer Identity Card

Policy No : 9808112600046839

Name	DOB	Gender	Customer id
BALESHWAR JANARDHAN MISHRA	05-May-1975	Male	PI0010656378
UMA MISHRA	07-Aug-1982	Female	ME0508518455

Valid From : 29-Oct-2025

Valid Till : 28-Oct-2028

Office Code : 700004

Agent/Broker/TE Code : OD700004

TA/SSM/SM Code : S070004

IRDAI Regn.No:129

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 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 hospitalisation, kindly submit any **Government approved photo ID Card**.

Corporate Identity Number : L66010TN2005PLC056649

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Page 7 of 9

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Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700 / 28288800

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IRDAI Regn.no: 129



Star Health And Allied Insurance Company Limited

Tax Invoice



Invoice No.	PI0010656378								
Invoice Date	29-Oct-2025								
Recipient		Supplier							
GSTIN		GSTIN	07AAJCS4517L1Z0						
Name	BALESHWAR JANARDHAN MISHRA	Name	Star Health and Allied Insurance Co Ltd - Tele						
Address	S/O JANARDHAN MISHRA, PLOT NO28, HOUSE NO207, AMRAVATI ROAD, NAVNEET	Address	No.B 20-21, 126/10, Guru Nanakpura, Laxmi Nagar,						
City	Nagpur Urban Tehsil	City	East Delhi						
State	Maharashtra	Pin Code	440023						
	Client Category	Pin Code	110092						
		Place of supply	Maharashtra						
HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 0%	CGST @ 0%	UT/SGST @ 0%	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
	Insurance Services	15,317.00	0	15,317.00	0	0	0	0	15,317.00

Total Invoice Value (in Figures)

: Rs. 15,317/-

Total Invoice Value (in Words)

: Rupees Fifteen thousand three hundred seventeen 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

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."

E. & O.E

This is a digitally signed document and hence no physical signature is required

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Page 8 of 9

Super Star - UIN : SHAHLIP25036V012425



Star Health And Allied Insurance Company Limited

Name Of the Product	Super Star							
Product UIN No.	SHAHЛИP25036V012425							

Summary of Important Benefits-Basic Cover

S.No	Particulars of Coverage / Benefits	Benefit Limits (in Rs.)								Refer to Policy clause No.
	Sum Insured (in Rs.)	5 Lakh	7.5 Lakh	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	1Crore	Unlimited SI
1	Room Category	Any Room								II. 1
	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	Actual								
	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs	Actual								
2	Day care Treatment	All Day Care treatments are Covered								II. 2
3	Pre-Hospitalization Expenses	Up to 90 days prior to the date of hospitalization								II. 3
4	Post-Hospitalization Expenses	Up to 180 days from the date of discharge from the hospital								II. 4
5	Coverage for Modern Treatments	Actual								II. 5
6	AYUSH Treatment	Actual								II. 6
7	Road Ambulance Expenses	Actual								II. 7
8	Air Ambulance	Covered up to Rs.5,00,000/- in a policy year								II. 8
9	Organ Donor Expenses	Actual								II. 9
10	Home care treatment	Actual								II. 10
11	Domiciliary Hospitalization	Actual								II. 11
12	E-Domestic Second Medical Opinion	Available								II. 12
13	Premium Waiver	For one policy year incase of first diagnosis of critical illness/ incase of death of proposer who is also insured								II. 13
14	Cumulative Bonus	50% of sum insured for each claim free year subject to a maximum of 100% of the sum insured								II. 14
15	Automatic Restoration of Sum Insured	Sum Insured will be restored unlimited number of times and maximum up to 100% each time								II. 15
16	Tele-Consultation	Available unlimited times on star health mobile app								II. 16
	AI Driven Face Scan	Available up to 2 times per month per insured in a policy year on star health mobile app								
17	Dental Check-up & Cleaning	For one Insured Person under each policy in a policy year, available in 2nd & 3rd policy year								II. 17
18	Value Added Services	Discounts available on pharmacy, diagnostics and consultation on star health mobile app								II. 18
19	Freeze Your Age	Insured age is locked at entry when they buy the policy, till a claim is paid under In-patient Treatment / Day care treatment /Ayush Treatment under Basic Cover.								II. 19
20	Star Wellness Program	This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities								II. 20

Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.

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Page 9 of 9

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