

Date: 22-Sep-2025

**IMPORTANT** 

To.

SHWETA SHYAM NEVREKAR , C/O DRAUPADI NEVREKAR 2 SAIKRUPA SOCIETY DR JUVEKAR ROAD MUMBAI MAHARASHTRA

Mumbai City, Maharashtra-400042

Mobile: 8898465352

Dear Customer,

### Re: Health Insurance Policy - 8058112600029381

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 abinitio.

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** 

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Page 1 of 8



# **Star Women Care Insurance Policy** Unique Identification No. SHAHLIP23132V022223 POLICY SCHEDULE

Health Insurance	The Health Iname	SCHEDULE IN THE SPECIALIST	Vetar.
Policy No. :	8058112600029381	Previous Policy No	Health Personal Tree House Insurance Spe
Customer Code :	PI0010116541	GSTIN Health	: 07AAJCS4517L1Z0
Customer Name :	SHWETA SHYAM NEVREKAR	SAC Code rapid of facility	: 997133 / Accident and Health Insurance Services
Cust CKYC No :	health insurance The Health Insurance	A = ₹ ₹ Health	Personal & Caring   Imputed   Personal B Caring   Imputed   Person
Proposer Code :	PI0010116541	Issuing Office Code	: 700004
Proposer Name :	SHWETA SHYAM NEVREKAR	Issuing Office Name	: Tele Sales -Noida
Proposer Address:	C/O DRAUPADI NEVREKAR 2 SAIKRUPA SOCIETY DR JUVEKAR ROAD MUMBAI MAHARASHTRA	Issuing Office Address	Guru Nanakpura, Laxmi Nagar,
SEE RE	Mumbai City Maharashtra 400042	Health Personal & Carlos In	East Delhi Delhi 110092
Phone No :	8898465352	Phone No	: 011-49074146/011-40154773
E-mail Id	shwetanevrekar94@gmail.com	E-mail Id  Health Insurance The Result Insurance	: telesaleseastdelhi@starhealth. in
Proposer GSTIN :	NO Health Insurance	Place of Supply	: Maharashtra
Proposal Date :	11-Sep-2025	Fulfiller Code	: SO700004
Date of Inception: of first policy	22-Sep-2025	Personal & Carlos Insurance The Health Insurance Th	Health Insurance
Policy Category :	New Health Personal & Carrie	<b>ST</b>	Health Insurance The Health Insurance State
Collection No :	700004/RV/2026/0250269162	Health Insurance The Health Insurance	Dranco Specimo
Collection Date :	11-Sep-2025	Personal  Health Insurance Speciality	Health Personal & carine Insurance Insurance Specialist
Premium :	Rs. 33,586/-	Name Health Insurance	: Office Direct
IGST @ 0% Health Insurance	RS. 0/- mer opporting	Phone Nowanie	:011-49074146/011-
Health Meath Meath Insurance Presented & Certain Insurance Present	Present & Carles Indurance International Present Inches Industrial Industrial International Internat	E-mail Id Health Insurance	40154773 :telesaleseastdelhi@starhealth.in
Total Premium : Stamp Duty :	Rs. 33,586/- Re. 1/- Reserved Control Insulance Specialist	ACTAR Health Insurance	Personal a carine Insurance The Health Insurance Spacinist The Health Insurance Spacinist
Total Premium In	Words : Rupees Thirty Three tho six only	Tier Tier	ghty Seatth Health Present & Company
Period of Insurance	: From : 22-Sep-2025 00:00 H	rs <b>To:</b> Midnight of 21	-Sep-2028 Policy Term :3 Year
Installment Facility (inclusive GST)	Health Persons & Carine S	Insurance The Horning Continue	stallment Amount Rs. : 0/-
Policy Type : INDIVI	DUAL Optional Cover Opted : No	Health Insurance	The Health Insurance

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For Star Health and Allied Insurance Company Ltd

IRDAI Regn.No.129

Approved by : PORTAL

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

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### Attached to and forming part of Policy No: 8058112600029381

#### **Details of Insured Persons:**

Name of the Insured States	Gender	Health DOB	Age in Yrs	Relation with Proposer	ID Card No	Sum Insured Rs.nsuran	No Claim Bonus	Sum Insured for Optional Cover (if opted)	Date of Inception of cover for the first time
1 SHWETA SHYA NEVREKAR	AM Female	10-May-1994	31	Personal & Caring I Insured	PI00101165 41	15,00,00 0	0	OHealth Omsurance	22-Sep-2025

#### **Nominee Details:**

	A	Parsonal a Carlos			Health	Maille Miller and Control	A					
	Nominee Det	ails for the Pro	pose	r /	Appointee Details							
S.No	The Heal Name	Relationship Agwith proposer		% of the claim	Appointee Name	Appointee Age	Relationship with nominee					
	Health Insurance	The Health Insurance Speci	91	A	Personal & Carlos Insur	The Health Insuran	A T					
Health Impurance	SHYAM SHIVRAM	Father	59	100	Caring Insurance	A = 1	Health Paris					
nce Specialist	NEVREKAR	✓ ETAR	Health Insurance	The Health Insur	A	Personal	Carins Insurance					

#### **Sector Classification:**

e and the same	1112011100	The second secon	The state of the s	
Urban	The Health III	Urban Personal & Carine   1 mm	✓ STAR	Health Insurance
7.111			0.0130	71 LL

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 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.

Toll Free No: 1800 425 2255 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 Tele Sales -Noida on 22nd Day of September 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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### **Hospitalisation Benefit Policy**

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

Policy No : 8058112600029381 Type of Policy : Star Women Care Insurance -

2021

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

This is to certify that SHWETA SHYAM NEVREKAR — has paid Rs 33,586/- (Total Premium: Indian Rupees Thirty Three thousand five hundred eighty six only) towards Premium for Hospitalization Insurance vide Policy No: 8058112600029381 for the Period 22-Sep-2025 To 21-Sep-2028 issued on 11-Sep-2025.

Payment received by Payment Gateway vide Receipt No: 700004/RV/2026/0250269162/1 Receipt Date: 11-Sep-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 : 22-Sep-2025 For and on behalf of

Place: Tele Sales -Noida Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

**Authorised Signatory** 

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# Star Health and Allied Insurance Company Limited Customer Identity Card

Policy No: 8058112600029381

	/	Valley Sink	1311000
Name	DOB Health Insurance	Gender	Customer id
SHWETA SHYAM NEVREKAR	10-May-1994	Female	Healt PI0010116541

Valid From: 22-Sep-2025 Valid Till: 21-Sep-2028

Office Code: 700004 Agent/Broker/TE Code: OD700004

TA/SSM/SM Code: S0700004

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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### **Tax Invoice**



Invoice No.	Health Personal & Called Health Insurance Specialist	Customer 1	ID : PI0010116541
<b>Invoice Date</b>	: 11-Sep-2025	Policy No.	: 8058112600029381
	Recipient		Supplier
GSTIN	Health Legislate The Health Insurance Specialist	GSTIN	: 07AAJCS4517L1Z0
Name Personal & Car	: SHWETA SHYAM NEVREKAR	Name ce Specialist	: Star Health and Allied Insurance Co Ltd - Tele Sales -Noida
Address	: C/O DRAUPADI NEVREKAR 2 SA SOCIETY DR JUVEKAR ROAD MUMBAI MAHARASHTRA	IKRUPA Address  Health Insurance of Carling Proposition (1997)	: No.B 20-21, 126/10, Guru Nanakpura, Laxmi Nagar,
City Health	: Mumbai City Pin Code : 400	0042 City Health Insurance	: East Delhi Pin Code : 110092
State	: Maharashtra Client : INI	State Health	Place of Maharashtra supply

nel			Total	Discount Taxable Value		IGST @ 0%	CGST @ 0%	UT/SGST @ 0%	CESS @ 1%	Total Invoice Value	
100	HSN / SAC Code	Description of Service(s)	A	В	C = A - B	D = C * IGST	E = C * CGST	F = C * UTGST or SGST	G= C * Cess	H = C + D + E+ F + G	
HIII S	Health Insurance	Insurance Services	33,586.00	0	33,586.00	personal & Carins Insurance Speci O	The Health	0	<b>1</b> 0	33,586.00	

Total Invoice Value (in Figures) : Rs. 33,586/-

Total Invoice Value (in Words) : Rupees Thirty Three thousand five hundred eighty six 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

IRDAI Regn.No.129 Corporate Identity Number L66010TN2005PLC056649 Email ID: stargst@starhealth.in

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	Name Of the Product	A-a-	Health	Star Women Care Insurance Policy	Health Insurance
rance	Product UIN No.	Personal 8 Co	ce Specialist	SHAHLIP23132V022223	The Health Insurance Specialist

**Summary of Important Benefits** 

5.No	Particulars of Coverage / Benefits	personal & Caring	Health Insurance	The Health Insurance	nefit Limits (	(in Rs.)	Health Insura	Ince The Hen	Refer to Policy clause No.
	Sum Insured (în Rs.) A CATRILLE SONCEMENT	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	
Healt Insur	Room Category  *Expenses relating to the Associated Expenses will be considered in proportion to the room rent stated in the policy or actuals whichever is less.	Upto 1% of sum insured per day	Health Insurance Specialist (ex	Any Facept suite or	Room above catego	ory)	Decomal & Carenda Spot	Room The	personal & Caring partition in Juranee Spo II. 1
2	The HOLLING Special Scales Star Mother Cover	Rs.2,500/-	per day sub	not available	num of 7 day	hospital, the s per hospita	lization towa	rds stay of the	Personal & Carl
3	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	151	Health Insura	ince The Ho	personal & Carino   In	alisi	<b>A</b> -=	- uh	II. 3
4	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs	The Health	Insurance Specialis	1	Actual	Health Insurance	Pursonal &	insurance insurance	II. 4
5	Day care procedures	<b>₹</b>	TAR	All Day Ca	re Procedure	s are Covere	d		II. 5
6	Coverage for Non-medical Items	The He	nith Insurance Spec	pilst	Actual		T ST	Health Insurance	II. 6
7	Road Ambulance Expenses			<	Actual	Health Insurance	The Health In	guranov	II. 7
8	Health Air Ambulance	<	Up	to 10% of the	Sum Insure	d per year is	payable	= E   yealth	II. 8
9	Pre-Hospitalization Medical Expenses	ance	e Health Insurance Up	to 60 days p	rior to the da	ite of hospita	lization	rsonal & Carlos Insurance Specialist	II. 9
10	Post-Hospitalization Medical Expenses		Up to 9	) days from tl	he date of dis	scharge from	the hospital	(18.11)	II. 10
11	Organ Donor Expenses	the atth	Personal &	aring Insurance	Actual		<\\	ETAR HE	th II. 11
12	AYUSH Treatment	nsurance	THE HOLIN		Actual	FAR Heal	th- rance the	personal and Specie	II. 12
13	Bariatric Surgery - Limit per policy period (Rs.)	2,50,000	2,50,000	2,50,000	5,00,000	5,00,000	5,00,000	5,00,000	II. 13
14	Coverage for Modern Treatment	Health	The Health In	Covered	up to the lim	nits specified	5	Personal & Caring	II. 14
15	Automatic Restoration of Sum Insured	Specialist	here shall be	automatic re	storation of t	the Sum Insu	red once by	100%	II. 15
16	Health Insurance Cumulative Bonus					lowable bonu		Sum Insured ceed 100% of	HeII. 16
17	Shared accommodation insurance			ontinuous and		period of 24		zation) will be in shared	II. 17
18	Rehabilitation and Pain Management	Up to the	sub-limit (o	r) maximum (	up to 10% of policy yea		ured whichev	er is less, per	II. 18
19	Assisted Reproduction Treatment - Limit of Liability of the Company for each policy year (Rs.)	50,000	1,00,000	1,50,000	2,00,000	2,00,000	2,50,000	3,00,000	II. 19
20	Ante-Natal Care (Pregnancy Care)- Limit (per policy year)	2,500	2,500	2,500	5,000	5,000	5,000	5,000	II. 20
21	In Utero Fetal Surgery/Repair	The Comp	pany will pay	the expenses	s incurred for Procedure		Utero Fetal	Surgeries and	II. 21
22	Voluntary Sterilization Expenses			y the expense vaiting period	es incurred fo	or Voluntary S		Tubectomy / eption of this	II. 22 He
23	Miscarriage due to Accident- Limit of liability (Rs.)	25,000	25,000	25,000	35,000	35,000	40,000	40,000	II. 23
24	Delivery Expenses- Limit per delivery up to Rs.	25,000	50,000	50,000	50,000	75,000	75,000	1,00,000	II. 24

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	The Health Insurance Specialist				Health	no Produit Insurar	ce Sp	A	
tain.	Health Intuined The Item Intuined The Item Intuined The Item Intuined Inc.	A. Birth of maximum of				<b>year :</b> Cover	ed from day 1	subject to a	Health Insurance
rance	THE HEALTH INSURANCE PRESENTED TO HE	B. In the subsequent year (on payment of applicable premium for New born):  Expenses (Including Congenital Internal and External defects/anomalies) are covered up to 100% of the sum insured							arance 5
	Insurance Inches Insurance Inches Insurance In	C. Vaccinat	ion Expens	es : Personal & Car	e Specialist			<b>V</b>	Health Insurance
Health Insurance	Hospitalization expenses for treatment of New Born Baby	personal & Carins	Sum	Insured (Rs.)	)	Limit (	Rs.)	The Heal	insurance Specialist II. 25
23	Hospitalization expenses for treatment of new point Baby		5,00,00	and 10,00,0	000 Health	2,50	00 surance Specialis-		11. 23
Heall	Person & Caring Insurance Person is Caring Insurance Person in Caring Insurance Person Ins	STAR	Healt 15,00,	000 and abov	/e Speci IIsi	3,50	00		Personal & Carina Inst
ng Insur	The United States of Control of C	D. Metabol a limit of Rs		g Test for Ne	ew Born is pa	yable once f	or each new b	orn subject to	saith insuran
	Tradition of the latter of the			<b>tation</b> up to n is up to Rs		ons per year	are payable u	p to 12 year	STAR CARINE
26	Medical Consultations as an Outpatient - Limit per policy year (up to Rs.)	2,500	2,500	2,500	3,500	3,500	5,000	Health Insur5,000	II. 26
27	Preventive Health Check Up	Expenses incurred towards cost of preventive health check-up for the tests mentioned up to the limits for each policy year is payable.						mentioned up	II. 27
28	Star Wellness Program  Star Wellness Program  Health Insurance Company A Carter Insurance Company A Ca	This progra				d to reward t		rsons healthy	The Health Insurant
29	Optional Cover (Lump sum on diagnosis of Cancer): (Available on payment of additional premium and shown in the policy schedule)	If the insu				first inciden Schedule as l	ce, then Compump-sum.	pany will pay	II. 29
1 1 1	Insurance III	111	report of the second	113				E E   Health	TO HURST

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

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