

To,

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PRODIP KUMAR GHOSH,

361, KABI NABIN SEN ROAD, DUM DUM, KAZIPARA, KOLKATA-700028.

Neer Apartment, 1st Floor

Kolkata,North Twenty Four Parganas,West Bengal -**700028** Mobile : 9432430432.

Dear Customer,

### IMPORTANT

06/04/2020

Re: Health Insurance Policy - P/190000/01/2021/000213

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.

R Margabandhu

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

a65f89e15179f5fe50a, OU=UNDERWRITING - Chief Risk Officer, O=STAR HEALTH AND ALLIED INSURANCE COMPANY, C=IN. Date :Mon Apr 06 13:31:57 IST 2020

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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

# Family Health Optima Insurance Plan

### Unique Identification No. IRDAI/HLT/SHAI/P-H/V.III/129/2017-18 Policy Schedule

**In consideration of payment of Rs.21288 /- towards renewal premium of Policy number: P/190000/01/2020/000192, the policy stands renewed for a further period of 1 year as per the details given below.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Renewal Endorsement No** | **P/190000/01/2021/000213** |  |
| Customer Code | : AA0001727673 | GSTIN : | 19AAJCS4517L1ZV |
| Customer Name | : Mr.PRODIP KUMAR GHOSH | SAC Code : | 997133/Accident and Health Insurance Services |
| Proposer Code | : 3496950 | Issuing Office Code : | 190000 |
| Proposer Name | : PRODIP KUMAR GHOSH | Issuing Office Name : | Zonal Office - Kolkata |
| Address | : 361, KABI NABIN SEN ROAD, DUM DUM, KAZIPARA, KOLKATA- 700028.  Neer Apartment, 1st Floor  Kolkata,North Twenty Four Parganas,West Bengal-700028 | Address : | 75C, Park Street 4th floor Kamdhenu Building |
| Tel/Mobile | : ./9432430432/ | Tel/Mobile : | 033-22641063 / 22641086 |
| E-mail id | : [pradipkumarghosh12295@gmail.com](mailto:pradipkumarghosh12295@gmail.com) | E-mail id : | [kolkata.zo@starhealth.in](mailto:kolkata.zo@starhealth.in) |
| Proposer GSTIN | : - | Place of Supply : | - |
| Proposal date | : 26/03/2012 | Fulfiller Code : | SH1530 |
| Date of Inception of first policy : 09-APR-14 Renewal Year : Sixth Year | | **Intermediary Code : BA0000177175** | |
| **Name : Mrs.JALLY SAHA BHOWMICK** | |
| Collection Number & : 1100000171 & 06/04/2020 Date | |
| Premium : Rs 18040 /- | | **Tel/Mobile : /9339966493** | |
| CGST @9% : Rs 1,624 /- SGST / UTGST @9% : Rs 1,624 /-  Total Premium : Rs 21288 /- Stamp Duty : Re 1 /- | | **E-mail id :** [**bubaijally@gmail.com**](mailto:bubaijally@gmail.com) | |
| **Total Premium In Words : Rupees Twenty One Thousand Two Hundred Eighty Eight Only** | | | |
| **Period of insurance : From :** 09/04/2020 00:00:00 **To :** Midnight of 08/04/2021 | | | |
| **Basic Floater Sum Insured :** 300000 **Scheme Description :** 2A+1C | | | |
| **In words :** | Rupees: Three Lakhs Only |  |  |
| **Bonus: Rs.** 135000 **Limit of Coverage : Rs.** 435000 **Recharge Benefit :** Rs. 75000 | | | |

**Details of Insured Persons :**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Name of the Insured** | **Gender** | **Date of Birth** | **Age in Yrs** | **Relationship with Proposer** | **ID Card No** | **Pre-existing Disease** | **Inception Date** |
| 1 | PRODIP KUMAR GHOSH | M | 14/04/1959 | 60 | SELF | 3496950-1 |  | 09/04/2014 |
| **PED : No PED declared** | | | | | | | | |
| 2 | RITA GHOSH | F | 13/11/1967 | 52 | SPOUSE | 3496950-2 | No PED declared | 09/04/2014 |
| 3 | SOUMYA GHOSH | M | 08/08/1994 | 25 | DEPENDANT CHILD | 3496950-4 | No PED declared | 09/04/2014 |

Entered By **:**

PREMIA

For Star Health and Allied Insurance Company Ltd.

# IRDAI Regn. No 129

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



Authorised Signatory

### Attached to and forming part of Policy No. P/190000/01/2021/000213 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** |
| 1 | Rita Ghosh | Spouse | 53 | 100 |  |  |  |

**Sector Classification**

|  |  |  |
| --- | --- | --- |
| Urban |  |  |

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).

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"

Condition No: 13 of the policy wordings should read as follows

"Automatic Termination: The insurance under this policy shall terminate immediately on the earlier of the following events:

* Upon the death of the Insured Person This means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.
* Upon exhaustion of the Basic Sum Insured, Basic Sum Insured plus Bonus, Basic Sum Insured plus Bonus plus Restore and / or Recharge Sum Insured."

### 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,](mailto: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"](http://www.starhealth.in/)

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Zonal Office - Kolkata on 06th Day of April 2020.

Entered By **:**

PREMIA

For 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 Issue Office**

**Address**

**Toll Free No Email**

P/190000/01/2021/000213

190000 - Zonal Office - Kolkata

75C, Park Street 4th floor Kamdhenu Building

033-22641063 / 22641086

[kolkata.zo@starhealth.in](mailto:kolkata.zo@starhealth.in)

**Type Of Policy :** Family Health Optima Insurance - 2017

This is to certify that PRODIP KUMAR GHOSH has paid Rs 21288 (Total Premium In Words : Indian Rupees Twenty- One Thousand Two Hundred Eighty-Eight Only ) towards Premium for Hospitalization Insurance vide Policy No: P/190000/01/2021/000213 for the Period 09-APR-20 To 08-APR-21 issued on 06-APR-20 .

Payment received by Cheque/Credit/Debit Card vide collection No:1100000171

Note :- This Certificate must be surrendred 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 Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Entered By **:**

PREMIA

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

**TAX Invoice**



|  |  |  |
| --- | --- | --- |
| Invoice No. 19A100Y21P000168  Invoice Date 06/04/20 | Customer ID AA0001727673  Policy No P/190000/01/2021/000213 | |
| Recipient | Supplier | |
| GSTIN : - | GSTIN NAME  Tel/Mobile  City  State Pincode  Place of Supply | : 19AAJCS4517L1ZV  : Star Health and Allied Insurance Co Ltd  - Zonal Office - Kolkata  : 75C, Park Street 4th floor Kamdhenu Building  : KOLKATA  : West Bengal  : 700016  : 19 - West Bengal |
| Proposer Name : PRODIP KUMAR GHOSH |
| Address : 361, KABI NABIN SEN ROAD, DUM  DUM, KAZIPARA, KOLKATA-  700028. |
| Neer Apartment, 1st Floor |
| City : Kolkata,North Twenty Four Parganas,West Bengal-700028 |
| State : West Bengal |
| Pincode : 700028 |
| Client Category : IND |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
| 997133 | Insurance Services | 18040 | 0 | 18040 |  | 1624 | 1624 |  | Rs. 21288 |

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

: Rs. 21288

: Rupees: Twenty-one thousand two hundred eighty-eight 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)

Entered By **:**

PREMIA

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory