



Star Health And Allied Insurance Company Limited

Date : 04-Jul-2025

IMPORTANT

To,

HANSABEN DULABHAI VAGHSIYA,
13, ASHIRWAD BUNGLOWS
SARTHANA JAKATNAKA

Surat Majura Tehsil,Gujarat-395006
Mobile : 9925587818

Dear Customer,

Re: Health Insurance Policy - 6305112105009594

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.

This is an electronically generated document(Policy Schedule), CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE ORDER NO. GM-158-M-STP-200051-102023-H-1 OF REVENUE DEPT. SACHIVALAY, GANDHINAGAR DT. 05/OCT/2023



Star Health And Allied Insurance Company Limited

Super Surplus Insurance Policy Unique Identification No. SHAHLIP22035V062122

In Consideration of payment of Rs. 12,012/- towards renewal premium of policy number:11240317954604, the policy stands renewed for a further period of 1 Year as per the details given below

Renewal Endorsement No:6305112105009594

| | |
|--|--|
| Customer Code : 15934652 | GSTIN : 24AAJCS4517L1Z4 |
| Customer Name : HANSABEN DULABHAI VAGHASIYA | SAC Code : 997133 / Accident and Health Insurance Services |
| Cust CKYC No : 60085008008409 | |
| Proposer Code : 15934652 | Issuing Office Code : 171213 |
| Proposer Name : HANSABEN DULABHAI VAGHASIYA | Issuing Office Name : Branch Office - Surat |
| Proposer Address : 13, ASHIRWAD BUNGLOWS SARTHANA JAKATNAKA Surat Majura Tehsil Gujarat 395006 | Issuing Office Address : Office No. 207, 2nd Floor, 21 century Business Center Ring Road Udhna Darwaja, Surat Surat Majura Tehsil Gujarat 395002 |
| Phone No : 9925587818 | Phone No : 02614003101-107 |
| E-mail Id : ramanikapil284@yahoo.com | E-mail Id : surat@starhealth.in |
| Proposer GSTIN : NO | Place of Supply : Gujarat |
| Proposal date : 05-Jul-2020 | Fulfiller Code : SH9296 |
| Date of Inception : 05-Jul-2020 of first policy | |
| Renewal Year : Fifth Year | |
| Collection No : 171213/RV/2026/0232923252 | |
| Collection Date : 04-Jul-2025 | |
| Premium : Rs. 10,180/- | |
| CGST @ 9% : Rs. 916/- | |
| SGST @ 9% : Rs. 916/- | |
| Total Premium : Rs. 12,012/- | |
| Stamp Duty : Re. 1/- | |
| Intermediary Code : BA0000347778 | |
| Name : MR.BHAVIN PRAVINBHAI KAKADIYA | |
| Phone No : 9979563595/9979563595 | |
| E-mail Id : kakadiyabhavin05@gmail.com | |

Total Premium In Words : Rupees Twelve thousand twelve only

| | | |
|---|--|-------------------------------------|
| PERIOD OF INSURANCE : From : 05-Jul-2025 00:00 | To : Midnight Of 04-Jul-2026 | Policy Term :1 Year |
| Installment Facility Option:No | Premium Payment Frequency :Annual | Installment Amount Rs. : 0/- |
| Plan Type: GOLD | | |

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Approved by : PORTAL

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649
Email ID: info@starhealth.in

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Star Health And Allied Insurance Company Limited

Attached to and forming part of Policy No: 6305112105009594

Insured Person Details:

| Sl. no | Name of the Insured | Gender | Date of Birth | Age in Yrs | Relationship with Proposer | ID Card No | Sum Insured (Rs.) | Defined Limit (Rs.) | Inception Date |
|--------|----------------------------|--------|---------------|------------|----------------------------|------------|-------------------|---------------------|----------------|
| 1 | HANSABEN DULABHAI VAGHSIYA | Female | 01-Jan-1964 | 61 | Self | 15934652-1 | 25,00,000 | 3,00,000 | 05-Jul-2020 |

Pre Existing Disease : No PED Declared

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 | DULABHAI | Spouse | 67 | 100 | | | |

Sector Classification:

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

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE ORDER NO. GM-158-M-STP-200051-102023-H-1 OF REVENUE DEPT. SACHIVALAY, GANDHINAGAR DT. 05/OCT/2023"

Please check whether the details given by you about the Insured persons in the Proposal Form are incorporated correctly in the Policy. 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 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 ab initio.

Toll Free No:1800 425 2255/1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522.

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.

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 authorized here in to set his hand at Branch Office - Surat on 04th Day of July 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 December, 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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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Star Health And Allied Insurance Company Limited

Policy No : 6305112105009594

Issue Office : 171213-Branch Office - Surat

Address : Office No. 207, 2nd Floor,
21 century Business Center ,Ring Road
Udhna Darwaja, Surat
Surat Majura Tehsil Gujarat 395002

Tel / Fax : 02614003101-107

Email : surat@starhealth.in

This is to certify that HANSABEN DULABHAI VAGHASIYA has paid Rs 12,012/- (Total Premium : Indian Rupees Twelve thousand twelve only) towards Premium for Hospitalization Insurance vide Policy No: 6305112105009594 for the Period 05-Jul-2025 To 04-Jul-2026 issued on 04-Jul-2025.

Payment received by Payment Gateway vide Receipt No: 171213/RV/2026/0232923252/1 Receipt Date: 04-Jul-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 : 04-Jul-2025

Place : Branch Office - Surat

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

Type of Policy : Super Surplus Individual Revised - 2021

For and on behalf of

Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Approved by : PORTAL

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Star Health And Allied Insurance Company Limited

Tax Invoice



| Invoice No. | 242507I003029732 | | | Customer ID | 15934652 | | | | |
|---------------------|--|------------------------|----------|--------------------|---|------------------------|-----------------------|-------------|----------------------|
| Invoice Date | 04-Jul-2025 | | | Policy No. | 6305112105009594 | | | | |
| Recipient | | | | | Supplier | | | | |
| GSTIN | | | | GSTIN | 24AAJCS4517L1Z4 | | | | |
| Name | HANSABEN DULABHAI VAGHASIYA | | | Name | Star Health and Allied Insurance Co Ltd - Branch Office - Surat | | | | |
| Address | 13, ASHIRWAD BUNGLOWS SARTHANA JAKATNAKA | | | Address | Office No. 207, 2nd Floor, 21 century Business Center ,Ring Road Udhna Darwaja, Surat | | | | |
| City | Surat Majura Tehsil | Pin Code | 395006 | City | Surat Majura Tehsil | Pin Code | 395002 | | |
| State | Gujarat | Client Category | IND | State | Gujarat | Place of supply | Gujarat | | |
| HSN / SAC Code | Description of Service(s) | Total | Discount | Taxable Value | 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 | 10,180.00 | 0 | 10,180.00 | 0 | 916.00 | 916.00 | 0 | 12,012.00 |

Total Invoice Value (in Figures) : Rs. 12,012/-

Total Invoice Value (in Words) : Rupees Twelve thousand twelve 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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