



Star Health And Allied Insurance Company Limited

Date : 28-Nov-2025

IMPORTANT

To,

KAPADIYA DINESHBHAI PARSOTAMBHAI,
C 1/704, YOGI HEIGHTS, YOGI CHOWK
NEAR PRAMUKH CHHAYA SOCIETY
SURAT

Surat Majura Tehsil,Gujarat-**395010**
Mobile : 9925677998

Dear Customer,

Re: Health Insurance Policy - 2995112402219813

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

"Let Star Health help you to become healthier and happier. Star Wellness Benefits includes Mind Body healing and other Condition management programmes (Weight management, Diabetes etc....) Visit www.starhealth.in/ customer portal login and start your journey with us to Better Health".

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

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Star Health And Allied Insurance Company Limited

Star Comprehensive Insurance Policy Unique Identification No. SHAHLIP25037V082425 POLICY SCHEDULE

Policy No.	: 2995112402219813	Previous Policy No	: 11240566184301		
Customer Code	: PI0004640348	GSTIN	: 24AAJCS4517L1Z4		
Customer Name	: KAPADIYA DINESHBHAI PARSOTAMBHAI	SAC Code	: 997133 / Accident and Health Insurance Services		
Cust KYC No	: 20039523040694	Issuing Office Code	: 171213		
Proposer Code	: PI0004640348	Issuing Office Name	: Branch Office - Surat		
Proposer Name	: KAPADIYA DINESHBHAI PARSOTAMBHAI	Issuing Office Address	: Office No. 207, 2nd Floor, 21 century Business Center ,Ring Road Udhna Darwaja, Surat Surat Majura Tehsil Gujarat 395002		
Proposer Address	: C 1/704, YOGI HEIGHTS, YOGI CHOWK NEAR PRAMUKH CHHAYA SOCIETY SURAT Surat Majura Tehsil Gujarat 395010	Phone No	: 02614003101-107		
Phone No	: 9925677998	E-mail Id	: surat@starhealth.in		
E-mail Id	: neel66007@gmail.com	Place of Supply	: Gujarat		
Proposer GSTIN	: NO	Fulfiller Code	: SO171213		
Proposal Date	: 07-Dec-2023	Intermediary Code : BA0000892591			
Date of Inception of first policy	: 08-Dec-2023	Name : CHAITALI V SORATHIA			
Policy Category	: Second Year	Phone No : 9081023100/9081023100			
Collection No	: 171213/RV/2026/0267978526	E-mail Id : SORATHIACHITALI@GMAIL.COM			
Collection Date	: 28-Nov-2025				
Premium	: Rs. 27,421/-				
CGST @ 0%	: Rs. 0/-				
SGST @ 0%	: Rs. 0/-				
Total Premium	: Rs. 27,421/-				
Stamp Duty	: Re. 1/-				
Total Premium In Words : Rupees Twenty Seven thousand four hundred twenty one only					
Period of Insurance	: From : 08-Dec-2025 00:00Hrs	To	: Midnight of 07-Dec-2026		
Installment Facility Option: No		Premium Payment Frequency : Annual	Installment Amount Rs. : 0/- (inclusive GST)		
Scheme Description (Family Size) :	2A+2C	Basic Floater Sum Insured	: Rs. 5,00,000/-		
Bonus	: Rs. 2,50,000/-				
Sum Insured Under Section 1 (Health) Rs. 5,00,000/-					
Capital Sum Insured Under Section 10 (For Accidental Death & Permanent Total Disablement) : Rs. 5,00,000/- For KAPADIYA DINESHBHAI PARSOTAMBHAI Only.					

Entered by : CUSTPORTAL
Approved by : PORTAL

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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

Authorised Signatory

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Star Health And Allied Insurance Company Limited

Attached to and forming part of Policy No: 2995112402219813

Details of Insured Persons :

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Buy Back PED Opted	Inception date
1	KAPADIYA DINESHBHAI PARSOTAMBHAI	Male	10-Jul-1978	47	Self	PI0004640348	No	08-Dec-2017
Pre Existing Disease : No PED Declared								
2	NITABEN D KAPADIYA	Female	07-Sep-1981	44	Spouse	ME0442280869	No	08-Dec-2017
Pre Existing Disease : No PED Declared								
3	AMISHA D KAPADIYA	Female	26-Feb-2004	21	Daughter	ME0442280874	No	08-Dec-2017
Pre Existing Disease : No PED Declared								
4	PRIT D KAPADIYA	Male	19-Aug-2008	17	Son	ME0442280889	No	08-Dec-2017
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	KAPADIYA NITABEN DINESHBHAI	Spouse	44	100			

Sector Classification:

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

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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

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Surat on 28th Day of November 2025.

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Approved by : PORTAL

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Star Health And Allied Insurance Company Limited

Policy No : 2995112402219813

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

Type of Policy : Star Comprehensive Revised-
2024

This is to certify that KAPADIYA DINESHBHAI PARSOTAMBHAI has paid Rs 27,421/- (Total Premium : Indian Rupees Twenty Seven thousand four hundred twenty one only) towards Premium for Hospitalization Insurance vide Policy No: 2995112402219813 for the Period 08-Dec-2025 To 07-Dec-2026 issued on 28-Nov-2025.

Payment received by Payment Gateway vide Receipt No: 171213/RV/2026/0267978526/1 Receipt Date: 28-Nov-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 : 28-Nov-2025

Place : Branch Office - Surat

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

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For Star Health and Allied Insurance Company Ltd.

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Star Health And Allied Insurance Company Limited



Star Health and Allied Insurance Company Limited Customer Identity Card

Policy No : 2995112402219813

Name	DOB	Gender	Customer id
KAPADIYA DINESHBHAI PARSOTAMBHAI	10-Jul-1978	Male	PI0004640348
NITABEN D KAPADIYA	07-Sep-1981	Female	ME0442280869
AMISHA D KAPADIYA	26-Feb-2004	Female	ME0442280874
PRIT D KAPADIYA	19-Aug-2008	Male	ME0442280889

Valid From : 08-Dec-2025

Valid Till : 07-Dec-2026

Office Code : 171213

Agent/Broker/TE Code : BA0000892591

TA/SSM/SM Code : SO171213

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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For Star Health and Allied Insurance Company Ltd.

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Star Health And Allied Insurance Company Limited

Tax Invoice



Invoice No.	PI0004640348								
Invoice Date	28-Nov-2025								
Recipient		Supplier							
GSTIN		GSTIN	24AAJCS4517L1Z4						
Name	KAPADIYA DINESHBHAI PARSHOTAMBHAI	Name	Star Health and Allied Insurance Co Ltd - Branch Office - Surat						
Address	C 1/704, YOGI HEIGHTS, YOGI CHOWK NEAR PRAMUKH CHHAYA SOCIETY SURAT	Address	Office No. 207, 2nd Floor 21 century Business Center ,Ring Road Udhna Darwaja, Surat						
City	Surat Majura Tehsil	City	Surat Majura Tehsil						
State	Gujarat	Pin Code	395010 395002						
	Client Category		Place of supply						
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	27,421.00	0	27,421.00	0	0	0	0	27,421.00

Total Invoice Value (in Figures) : Rs. 27,421/-

Total Invoice Value (in Words) : Rupees Twenty Seven thousand four hundred twenty one 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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