

Date : 04-Jul-2025

IMPORTANT

To,

HANSABEN DULABHAI VAGHASIYA,
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.

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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	Intermediary Code : BA0000347778		
Collection No : 171213/RV/2026/0232923252			
Collection Date : 04-Jul-2025	Name : MR.BHAVIN PRAVINBHAI KAKADIYA		
Premium : Rs. 10,180/-	Phone No : 9979563595/9979563595		
CGST @ 9% : Rs. 916/-	E-mail Id : kakadiyabhavin05@gmail.com		
SGST @ 9% : Rs. 916/-			
Total Premium : Rs. 12,012/-			
Stamp Duty : Re. 1/-			
Total Premium In Words : Rupees Twelve thousand twelve only			
PERIOD OF INSURANCE : From : 05-Jul-2025 00:00		To : Midnight Of 04-Jul-2026	
Installment Facility Option:No		Premium Payment Frequency :Annual	
Plan Type: GOLD		Installment Amount Rs. : 0/-	
Policy Term :1 Year			

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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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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 VAGHASIYA	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		
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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. 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 abinitio.

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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Hospitalisation Benefit Policy

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

Policy No : 6305112105009594

Type of Policy : Super Surplus Individual
Revised - 2021

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


For and on behalf of

Place : Branch Office - Surat

Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649


Authorised Signatory

Email ID: info@starhealth.in

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For Star Health and Allied Insurance Company Ltd.


Authorised Signatory

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Tax Invoice

Invoice No.	: 2425071003029732	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	City	: Surat Majura Tehsil
State	: Gujarat	State	: Gujarat
Pin Code	: 395006	Pin Code	: 395002
Client Category	: IND	Place of supply	: Gujarat

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST @ 9% F = C * UTGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value 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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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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