

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.

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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 CKYC No : 20039523040694	
Proposer Code : PI0004640348	Issuing Office Code : 171213
Proposer Name : KAPADIYA DINESHBHAI PARSOTAMBHAI	Issuing Office Name : Branch Office - Surat
Proposer Address : C 1/704, YOGI HEIGHTS, YOGI CHOWK NEAR PRAMUKH CHHAYA SOCIETY SURAT Surat Majura Tehsil Gujarat 395010	Issuing Office Address : Office No. 207, 2nd Floor, 21 century Business Center ,Ring Road Udhna Darwaja, Surat Surat Majura Tehsil Gujarat 395002
Phone No : 9925677998	Phone No : 02614003101-107
E-mail Id : neel66007@gmail.com	E-mail Id : surat@starhealth.in
Proposer GSTIN : NO	Place of Supply : Gujarat
Proposal Date : 07-Dec-2023	Fulfiller Code : SO171213
Date of Inception of first policy : 08-Dec-2023	
Policy Category : Second Year	Intermediary Code : BA0000892591
Collection No : 171213/RV/2026/0267978526	
Collection Date : 28-Nov-2025	
Premium : Rs. 27,421/-	Name : CHAITALI V SORATHIA
CGST @ 0% : Rs. 0/-	Phone No : 9081023100/9081023100
SGST @ 0% : Rs. 0/-	E-mail Id : SORATHIACHAITALI@GMAIL.COM
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.	

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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IRDAI Regn.No.129

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

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

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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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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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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 : 2995112402219813

Type of Policy : Star Comprehensive Revised - 2024

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 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

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.

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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.

Authorised Signatory

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Tax Invoice

Invoice No.	:		Customer ID	:	PI0004640348
Invoice Date	:	28-Nov-2025	Policy No.	:	2995112402219813
Recipient			Supplier		
GSTIN	:		GSTIN	:	24AAJCS4517L1Z4
Name	:	KAPADIYA DINESHBHAI PARSOTAMBHAI	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	State	:	Gujarat
		Pin Code : 395010			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 @ 0% D = C * IGST	CGST @ 0% E = C * CGST	UT/SGST @ 0% F = C * UT/SGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value 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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Approved by : PORTAL

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