

Arogya Sanjeevani Policy - 2020

SHAHLIP22027V032122

Unique Reference No. SHAI/PR0052

Following are the details entered to obtain your policy

Proposer Details :

Title	: Mr.	First Name	: Sarvesh
Middle Name	:	Last Name	: Vishwanath
Gender	: Male	Date Of Birth	: 31/10/1998
Email	: sarvesh.v@infosight	Mobile	: 9590956508
	t-consulting.com	Occupation	: Business/Traders
Annual Income	: 500000	GST Type	:
GST ID Number	:	GSTIN Issuance	:
PAN Number	:	Date	:
Do you have an	:	Last 4 digit of	:
eIA number?	: No	Aadhaar Number	: 4546
Insurance Repository	:	Please Enter your	:
Physically challenged	: No	eIA Number	:
		Social Sector	: No

Communication Address :

Address Line 1	: Plot no 117 Neil	Address Line 2	: Road No.3 Near
	Rao Tower EPIP		Nallur Halli Metro
Address Line 3	: BANGALORE		Station bangalore
City	: Bangalore	Area	: ITPL Whitefield
State	: Karnataka	District	: Bangalore
		Pincode	: 560066

Residence Address :

Address Line 1	:	Address Line 2	:
Address Line 3	:	Area	:
City	:	District	:
State	:	Pincode	:

Nominee Details1

Nominee Name : VEERESH V
Nominee Age : 24
Nominee Relation : Brother
Nominee Claim % : 100

Appointee Details1

Appointee Name :
Appointee Age :
Appointee Relation :

Are you an ASHA worker

NO

Are you an MGNREGA worker

NO

Plan Details

Start Date : 02/01/2025
Policy Period : 1
Previous Policy :
Details :
End Date : 01/01/2026

Bank Details

Account Number : 224010230141
Bank Name : Kotak Mahandra Bank
IFSC Code : KKBK0008076
Type of Account : Savings Account
Bank Branch : SRINAGAR
Name as per Bank : STAR
AC

Insured 1

Relationship with Proposer : Self
First Name : Sarvesh
Date Of Birth : 31/10/1998
Height : 1.69mts
Occupation : Business/Traders
Title : Mr.
Last Name : Vishwanath
Gender : Male
Weight : 69 kg
Sum Insured : 500000

Health History

Do you have any health problems?

NONE	
Cover Description	Amount
TOTAL AMOUNT	Rs 4920.00

Medical Declaration:

Have you or any member of your family proposed to be insured, suffered or are suffering from any disease/ailment/adverse medical condition of any kind especially Heart/Stroke/Cancer/Renal disorder/Alzheimer's disease/Parkinsons's disease

No

Declaration:

I hereby declare, on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these persons. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full payment of the premium chargeable. I understand that acceptance of the proposal is subject to evaluation of the proposal by Company's medical team I further declare that I will notify in writing any change occurring in the occupation or general health of the person proposed for insurance after the proposal has been submitted but before communication of the risk acceptance by the company. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured and seeking information from any insurer to whom an application for insurance on the person to be insured has been made for the purpose of underwriting the proposal and/or claim settlement. I authorize the company to share information pertaining to my proposal including the medical records of the person to be insured for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority. I confirm that the payment is made through my card / bank account. I also confirm that the source of funds for premium paid under this policy is legal. I hereby confirm that the features of the product have been understood by me. I hereby authorize Star Health and Allied Insurance Company to contact me. It will override my registry on the NCPR

Prohibition of rebates:

Section 41 of the Insurance Act 1938: No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relation to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

I also confirm that the source of funds for premium paid under this policy is legal.

The policyholder can only make payments through self- account or card; third-party payments are not allowed.

I hereby agree and confirm that: The premium is paid for purchase of insurance policy through net banking account or credit/debit card issued in my name, i.e. proposer/policyholder. - And all premium has been paid from genuine sources and no premium has been paid out of proceeds of crime related to any of the scheduled offences listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The company has right to cancel the insurance contract in case I am found guilty by any competent court of law directly or indirectly governing prevention of money laundering in India.

Go Green Initiative:

Please note that the policy document for this product will be delivered over email. If you require a physical copy of the policy document, kindly contact our customer care or consult your advisor. Join us in our efforts to promote a more sustainable, eco-friendly, and cleaner environment.

Authenticated through OTP at Jan-02-2025 17:06:11