

Date: 05-May-2024

IMPORTANT

To,

ADHAR GUPTA , S/O Devendra kumar agarwal Hno.9 Achar jaan Bijnor

Bijnor Tehsil, Uttar Pradesh-**246701** Mobile: 9719213675

Dear Customer,

Re: Health Insurance Policy - 11240279223503

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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Star Super Surplus (Floater) Insurance Policy Unique Identification No. SHAHLIP22034V062122

In Consideration of payment of Rs. 11,894/- towards renewal premium of <u>policy</u> <u>number:11240279223502</u>, the policy stands renewed for a further period of 1 Year as per the details given below

	Renewal Endorsemen	t No:11240279223503	Personal & Carine Insurance
Customer Code :	21775106	GSTIN Personal & Caring Insurance Insurance	: 09AAJCS4517L1ZW
Customer Name :	ADHAR GUPTA	SAC Code	 997133 / Accident and Health Insurance Services
Cust CKYC No :	60036496137188	Health Insurar	The Health Insur III a
Proposer Code :	21775106	Issuing Office Code	: 231119
Proposer Name :	ADHAR GUPTA Health Insurance	Issuing Office Name	: Branch Office - Moradabad
Proposer Address: Health Insurance Street Resident Resid	S/O Devendra kumar agarwal Hno.9 Achar jaan Bijnor Bijnor Tehsil Uttar Pradesh 246701	Issuing Office Address in the state of the s	Shop No. 2 & 3, 2nd Floor, Mittal Complex, Above ICICI Bank, Delhi Road, Moradabad Moradabad Tehsil Uttar Pradesh 244001
Phone No :	9719213675	Phone No	: 0591-2487007 as Carline Linguistical
E-mail Id	aamodkumar69@yahoo.in	E-mail Id	: moradabad@starhealth.in
Proposer GSTIN :	NO	Place of Supply	: Uttar Pradesh
Proposal date :	08-May-2021	Fulfiller Code	: SH24290
Date of Inception: of first policy	08-May-2021	Health Personal & Cacins Insurance	s ceine Hause
Renewal Year :	Third Year	Intermediary	: BA0000169109
Collection No <:	231119/RV/2025/0125330024	Code	onal & Caring Insurance The storage of the storage
Collection Date :	05-May-2024	Personal & Caring Insurance Pe	Health Insurance
Premium :	Rs. 10,080/	Name Health Insurance Insurance	: AAMOD KUMAR
Personal & Carine Insurance Personal & Carine Insurance CGST @ 9% :	Rs. 907/- Health Health Health	Phone No	:9412855891
SGST @ 9% Health Insurance	Rs. 907/- curine insurance The Health Insurance The Health Insurance Insuran	E-mail din Industria	: aamodkumar69@yaho o.in
Total Premium :	Rs. 11,894/- Health Insurance Insurance Specialist	A -= 1	Personal to Casinal Insurance Personal Insurance Pe
Stamp Duty :	Re. 1/2-stonal & Carrier Re. 1/2-stonal & Carrier Annual Specialist	Health Insurance	The Health Insurance

The Health	only Health personal & Carlos	STAR Sories Carlos	Insurance The Health Insurance of
PERIOD OF INSURANCE	: From : 08-May-2024 00:00	To: Midnight Of 07-May-2025	Policy Term :1 Year
The state of the s	7	persona.	

Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-

Plan Type: GOLD	Family Size: 2A+2C
Sum Insured: Rs. 25,00,000	Defined Limit (Rs.) : 5,00,000
Sum Insured in words : Indian Rupees Twent	y Five lakhs only

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IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

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Attached to and forming part of Policy No: 11240279223503

Details of Insured Persons:

SI. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	ADHAR GUPTA	Male	26-Nov-1976	47	Self	21775106-1	08-May-2021
Pre E	xisting Disease : No PED De	eclared	ATAR Health	in ance	parties Specialist	A -	SET ALE
2	SHALINI GUPTA	Female	06-Aug-1979	44	Spouse	21775106-2	08-May-2021
Pre E	xisting Disease: No PED De	eclared	A _ = = =	Joseph	Personal & Carins Insurance	7110-113	VET
3	DIVIK GUPTA	Male	05-Aug-2004	19	Son	21775106-3	08-May-2021
Pre E	xisting Disease : No PED De	eclared			Health Insurance	The Health Insurance	Λ_
eall4	MADHAV GUPTA	Male	12-May-2008	Health Insur15	The Health Insurance Son	21775106-4	08-May-2021
Pre E	xisting Disease : No PED D	eclared	The Health in His line		Health Health	Personal & Carus	pacialist

Nominee Details:

	Nominee Det	ails for the Pro	ose	Appointee Details			
S.No Healt Insurance Speciality	Name const. Instances Special	Relationship with proposer		% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1	SHALINI GUPTA	Spouse	44	100	Health Insurance The Health Insurance	permitted.	-=1

Sector Classification:

	- E E Jamelth	FIG. 101-1117-1117-1117-1117-1117-1117-1117-		Insurance	TIL MANAGEMENT OF THE PARTY OF	15
Urban	Personal & Caring Insurance	The Horitage	Health Insurance	Personal & Carlos Specialist	_	

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 - Moradabad on 05th Day of May 2024.

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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

2021

Issue Office: 231119-Branch Office - Moradabad

Address: Shop No. 2 & 3, 2nd Floor,

Mittal Complex, Above ICICI Bank,

Delhi Road, Moradabad

Moradabad Tehsil Uttar Pradesh 244001

Tel / Fax : 0591-2487007

Email : moradabad@starhealth.in

This is to certify that ADHAR GUPTA has paid Rs 11,894/- (Total Premium: Indian Rupees Eleven thousand eight hundred ninety four only) towards Premium for Hospitalization Insurance vide Policy No: 11240279223503 for the Period 08-May-2024 To 07-May-2025 issued on 05-May-2024.

Payment received by Payment Gateway vide Receipt No: 231119/RV/2025/0125330024/1 Receipt Date: 05-May-2024

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 : 05-May-2024 For and on behalf of

Place: Branch Office - Moradabad Star Health and Allied Insurance Company Ltd.

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Authorised Signatory

Email ID: info@starhealth.in

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Tax Invoice



Invoice No.	: 0924051003493898	Customer ID	21775106
Invoice Date	e : 05-May-2024	Policy No.	11240279223503
	Recipient		Supplier
GSTIN	Spatth Persons Spacific	GSTIN	: 09AAJCS4517L1ZW
Name Personal &	ADHAR GUPTA	Name of Specialist	: Star Health and Allied Insurance Co Ltd - Branch Office - Moradabad
Address	: S/O Devendra kumar agarwal Hno.9 Achar jaan Bijnor	Address Health Insurance Specialist	: Shop No. 2 & 3, 2nd Floor, Mittal Complex, Above ICICI Bank, Delhi Road, Moradabad
City Health Insurance The Host	: Bijnor Tehsil Pin Code : 246701	City Realth Insurance Control	: Moradabad Pin Code : 244001 Tehsil
State	: Uttar Pradesh Client : IND Category	State	: Uttar Pradesh Supply Uttar Pradesh

		Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value
HSN / SAC Code	Description of Service(s)	A	В	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	10,080.00	0	10,080.00	He Oh	907.00	907.00	A 0	11,894.00

Total Invoice Value (in Figures) : Rs. 11,894/-

Total Invoice Value (in Words) : Rupees Eleven thousand eight hundred ninety four 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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