



# Star Health And Allied Insurance Company Limited

Date : 05-Sep-2024

## **IMPORTANT**

To,

ALOK KUMAR DUTTAGUPTA,  
4/22A JAHURA BAZAR LANE  
KASBA  
KOLKATA, WB  
, -700042  
Mobile : XXXXXX8737

Dear Customer,

### **Re: Health Insurance Policy - 11250779919500**

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly. If you or any of the insured person(s) have suffered or suffering from any of the diseases which has not been mentioned in the proposal, the claim that may arise will result in the repudiation of the claim/cancellation of the policy. The other option for you is to continue with the previous insurer.

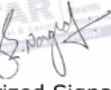
This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,

Authorized Signatory

  
This is an electronically generated document(Policy Schedule).



# Star Health And Allied Insurance Company Limited

## Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V022223 POLICY SCHEDULE

<b>Policy No.</b>	: 11250779919500	<b>Previous Policy No</b>	: 2825 2056 9512 1500 000
Customer Code	: PI0006434029	GSTIN	: 19AAJCS4517L1ZV
Customer Name	: ALOKE KUMAR DUTTAGUPTA	SAC Code	: 997133 / Accident and Health Insurance Services
Cust CKYC No	: -	Issuing Office Code	: 191150
Proposer Code	: PI0006434029	Issuing Office Name	: Branch Office - North Kolkata II
Proposer Name	: ALOKE KUMAR DUTTAGUPTA	Issuing Office Address	: First floor, 229/2, Acharya Prafulla Chandra Road Kolkata West Bengal 700004
Proposer Address	: 4/22A JAHURA BAZAR LANE KASBA KOLKATA, WB 700042	Phone No	: 7605043049
Phone No	: XXXXXX8737	E-mail Id	: northkolkata2.bo@starhealth.in
E-mail Id	: axxxxxxxxxxxxxxxxxxxxxx0@gmail.com	Place of Supply	: West Bengal
Proposer GSTIN	: NO	Fulfiller Code	: SH45717
Proposal Date	: XX-Sep-20XX	<b>Intermediary Code</b>	: BA0000478093
Date of Inception	: 15-Sep-2024 of first policy	<b>Name</b>	: Mr. GOPAL SAHA
Policy Category	: New	<b>Phone No</b>	: 9874619816/9874619816
Collection No	: 191150/RV/2025/0158866777	<b>E-mail Id</b>	: GOPALSAHA.PRIME@GMAIL.COM
Collection Date	: XX-Sep-20XX		
Premium	: Rs. 1,06,510/-		
CGST @ 9%	: Rs. 9,586/-		
SGST @ 9%	: Rs. 9,586/-		
Total Premium	: Rs. 1,25,682/-		
Stamp Duty	: Re. 1/-		
<b>Total Premium In Words : Rupees One lakh twenty five thousand six hundred eighty two only</b>			
<b>Period of Insurance</b>	: From : 15-Sep-2024 00:00 Hrs	To : Midnight of 14-Sep-2026	<b>Policy Term :</b> 2 Years
<b>Installment Facility Option:</b> No	<b>Premium Payment Frequency :</b> Annual	<b>Installment Amount Rs. :</b> 0/-	(inclusive GST)
<b>Policy Type :</b> FLOATER	<b>Scheme Description :</b> 2A		
<b>Basic Floater Sum Insured :</b> Rs. 15,00,000/-	<b>Bonus :</b> Rs. 0/-		
<b>Sum Insured In Words :</b> Rupees Fifteen lakhs only			
<b>Optional Cover (Deductible) :</b> No	<b>Deductible :</b> Rs. 0/-		

Entered by : SH11595  
Approved by : SH11595

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

Authorised Signatory

Page 2 of 8



# Star Health And Allied Insurance Company Limited

**Attached to and forming part of Policy No: 11250779919500**

**Details of Insured Persons :**

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Co-Pay	Inception date
1	ALOKE KUMAR DUTTAGUPTA	Male	03-Jul-1956	68	Self	PI0006434029	10	15-Sep-2023
<b>Pre Existing Disease :</b>		No PED Declared						
2	JAYONTI DUTTAGUPTA	Female	07-Jun-1958	66	Spouse	ME0455229566	10	15-Sep-2023
<b>Pre Existing Disease :</b>		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	SRIJONI DUTTA GUPTA	Daughter	32	100			

**Sector Classification:**

Urban	
-------	--

Please check whether the details given by you about the insured person(s) 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 Email: support@starhealth.in, Fax No: 1800 425 5522.**

Continuity Benefits applicable is as follows

S.No.	Name of the Insured	Id Card No	30 Days Waiting Period	1st Year Exclusions	First Two Year Exclusion	Pre Existing Disease
1	ALOKE KUMAR DUTTAGUPTA	PI0006434029	Waived	Not Applicable	Not Waived	Not Waived
2	JAYONTI DUTTAGUPTA	ME0455229566	Waived	Not Applicable	Not Waived	Not Waived

"A waiting period apply as fresh from the date of enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased current sum insured".

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - North Kolkata II on 05th Day of September 2024.

Entered by : SH11595  
Approved by : SH11595

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 3 of 8



# Star Health And Allied Insurance Company Limited

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.

Entered by : SH11595  
Approved by : SH11595

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 4 of 8



# Star Health And Allied Insurance Company Limited



**Star Health and Allied Insurance  
Company Limited**  
**Customer Identity Card**

**Policy No :** 11250779919500

Name	DOB	Gender	Customer id
ALOKE KUMAR DUTTAGUPTA	03-Jul-1956	Male	PI0006434029
JAYONTI DUTTAGUPTA	07-Jun-1958	Female	ME0455229566

**Valid From :** 15-Sep-2024

**Valid Till :** 14-Sep-2026

**Office Code :** 191150

**Agent/Broker/TE Code :** BA0000478093

**TA/SSM/SM Code :** SH45717

**IRDAI Regn.No:129**

**Emergency Help Line No.1800 425 2255/1800 102 4477**

e-mail : support@starhealth.in Website : [www.starhealth.in](http://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**

Entered by : SH11595  
Approved by : SH11595

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 5 of 8



# Star Health And Allied Insurance Company Limited

## Tax Invoice



<b>Invoice No.</b>	: 192409I006525523			<b>Customer ID</b>	: PI0006434029				
<b>Invoice Date</b>	XX-Sep-20XX			<b>Policy No.</b>	: 11250779919500				
<b>Recipient</b>					<b>Supplier</b>				
<b>GSTIN</b>				<b>GSTIN</b>	: 19AAJCS4517L1ZV				
<b>Name</b>	: ALOKE KUMAR DUTTAGUPTA			<b>Name</b>	: Star Health and Allied Insurance Co Ltd - Branch Office - North Kolkata II				
<b>Address</b>	: 4/22A JAHURA BAZAR LANE KASBA			<b>Address</b>	: First floor, 229/2, Acharya Prafulla Chandra Road				
<b>City</b>				<b>City</b>	: Kolkata				
<b>State</b>				<b>State</b>	: West Bengal				
		<b>Pin Code</b>	: 700042		<b>Pin Code</b>	: 700004			
		<b>Client Category</b>	: IND		<b>Place of supply</b>	: West Bengal			
HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	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
997133	Insurance Services	1,06,510.00	0	1,06,510.00	0	9,586.00	9,586.00	0	1,25,682.00

**Total Invoice Value (in Figures)** : Rs. 1,25,682/-

**Total Invoice Value (in Words)** : Rupees One lakh twenty five thousand six hundred eighty two 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**

Entered by : SH11595  
Approved by : SH11595

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 6 of 8



# Star Health And Allied Insurance Company Limited

<b>Name Of the Product</b>	<b>Star Health Assure Insurance Policy</b>
<b>Product UIN No.</b>	<b>SHAHLP23131V022223</b>

## Summary of Important Benefits

S.No	Particulars of Coverage / Benefits		Benefit Limits (in Rs.)										Refer to Policy clause No.				
	<b>Sum Insured (in Rs.)</b>		5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000						
1	Room Category  *Associated Medical expenses which vary based on the room occupied by the insured person will be considered in proportion to the room rent stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room rent.		Up to 1% of Sum Insured per day	Any room (Except suite or above category)				Any room									
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees			Actual													
3	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs			Actual													
4	Day care procedures			All Day Care Procedures are Covered													
5	Coverage for Non-medical Items (Consumables)			Actual													
6	Emergency Road Ambulance			Actual													
7	Air Ambulance			Expenses incurred towards the cost of air ambulance service up to 10% of sum insured per policy year													
8	Pre-Hospitalization Expenses			Up to 60 days prior to the date of hospitalization													
9	Post-Hospitalization Expenses			Up to 180 days from the date of discharge from the hospital													
10	Domiciliary Hospitalization			Coverage for medical treatment (Including AYUSH) for a period exceeding three days													
11	Organ Donor Expenses			Up to the Sum Insured													
12	Health Checkup Assure	Individual SI	1,500	2,000	4,000	5,000	5,000	5,000	8,000	8,000	8,000		B. 12				
		Floater SI	2,500	5,000	8,000	10,000	10,000	10,000	15,000	15,000	15,000						
13	Home Care Treatment			Payable up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year													
14	Delivery Expenses			Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to 10% of the Sum Insured is payable													
15	In Utero Fetal Surgery/Intervention			Expenses incurred for list of In Utero Fetal Surgeries and Procedures after the waiting period of 24 months from the date of inception of this policy													
16	Assisted Reproduction Treatment- Limit of Liability in a policy year (Rs.)		1,00,000	2,00,000	2,00,000	2,00,000	2,00,000	4,00,000	4,00,000	4,00,000	4,00,000		B. 16				
17	Hospitalization expenses for treatment of New Born Baby- Limit Per Policy Period (Rs.)		2,00,000	2,00,000	2,00,000	2,00,000	2,00,000	4,00,000	4,00,000	4,00,000	4,00,000		B. 17				
18	Treatment for Chronic Severe Refractory Asthma			Payable up to 10% of sum insured not exceeding Rs.5 lakhs per policy period													
19	Compassionate travel			Expenses by air incurred upto Rs.10,000/- for one immediate family member(other than the travel companion) for travel towards the place where hospital is located													
20	Repatriation of Mortal Remains			Payable up to Rs.15,000/- in a policy year towards the cost of repatriation of mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the Insured as recorded in the policy.													
21	Treatment in Valuable service providers network			1% of Sum Insured subject to a maximum of Rs.5,000/- per policy period is payable as lump sum													
22	Shared accommodation			Rs.1,000/- per day will be payable for each continuous and completed period of 24 hours of stay in shared accommodation.													
23	AYUSH Treatment			Payable up to the sum insured.													
24	Second Medical Opinion			e_medicalopinion@starhealth.in.													
25	Coverage for Modern Treatment			Upto sum insured													
26	Cumulative Bonus			The insured person will be eligible for Cumulative bonus calculated at 25% of sum insured for each claim free year and maximum upto 100% of the sum insured													

Entered by : SH11595  
Approved by : SH11595

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

Page 7 of 8



# Star Health And Allied Insurance Company Limited

27	Automatic Restoration of Sum Insured	The policy provides automatic restoration of sum insured for unlimited number of times and maximum upto 100% each time.			B. 27
28	Rehabilitation and Pain Management	Up to the sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year.			B. 28
29	Star Wellness Program	This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities.			B. 29
30	Co-payment	10% of each and every claim amount for fresh as well as renewal policies for insured person whose age at the time of entry is 61 years and above			B. 30
31	Optional Cover to choose deductible	Sum Insured	Aggregate Deductible Option	Discount offered	
		Up to Rs. 20 lakhs	Rs. 50,000/-	45%	
			Rs. 1,00,000/-	55%	
		Above Rs. 20 lakhs	Rs. 50,000/-	35%	
			Rs. 1,00,000/-	50%	B. 31

**Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.**

Entered by : SH11595  
Approved by : SH11595

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 8 of 8