

Date : 11-Nov-2024

**IMPORTANT**

To,

SK SAKHAWAT HOSSAIN,  
MAJHER PARA  
GODA, BURDWAN SADAR PURBA BURDWAN  
WEST BENGAL

Goda P) (CT), West Bengal-**713102**

Mobile : 8918563578

Dear Customer,

**Re: Health Insurance Policy - 11251289854800**

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.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void abinitio.

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.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 30 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

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

With kind regards,



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

<b>Policy No.</b> : 11251289854800	<b>Previous Policy No</b> : GSTIN : 22AAJCS4517L1Z8
<b>Customer Code</b> : PI0007065036	<b>SAC Code</b> : 997133 / Accident and Health Insurance Services
<b>Customer Name</b> : SK SAKHAWAT HOSSAIN	
<b>Cust CKYC No</b> : 20034341719339	
<b>Proposer Code</b> : PI0007065036	<b>Issuing Office Code</b> : 201117
<b>Proposer Name</b> : SK SAKHAWAT HOSSAIN	<b>Issuing Office Name</b> : Branch Office - Raipur
<b>Proposer Address</b> : MAJHER PARA GODA, BURDWAN SADAR PURBA BURDWAN WEST BENGAL Goda P) (CT) West Bengal 713102	<b>Issuing Office Address</b> : Lal Ganga Shopping Mall 2nd floor, Shop No. 06 to 10GE Road Raipur Town - C G Chattisgarh 492001
<b>Phone No</b> : 8918563578	<b>Phone No</b> : 0771-4017396
<b>E-mail Id</b> : ramijhossain404@gmail.com	<b>E-mail Id</b> : raipur@starhealth.in
<b>Proposer GSTIN</b> : NO	<b>Place of Supply</b> : West Bengal
<b>Proposal Date</b> : 11-Nov-2024	<b>Fulfiller Code</b> : SH16085
<b>Date of Inception</b> : 11-Nov-2024 of first policy	<b>Intermediary Code</b> : BA0000442781  <b>Name</b> : MRS.CHANDRAKALA SAHU <b>Phone No</b> : 9752507002/9752507002 <b>E-mail Id</b> : piyushkhare@gmail.com
<b>Policy Category</b> : New	
<b>Collection No</b> : 201117/RV/2025/0173636667	
<b>Collection Date</b> : 11-Nov-2024	
<b>Premium</b> : Rs. 24,377/- <b>IGST @ 18%</b> : Rs. 4,388/-	
<b>Total Premium</b> : Rs. 28,765/- <b>Stamp Duty</b> : Re. 1/-	
<b>Total Premium In Words : Rupees Twenty Eight thousand seven hundred sixty five only</b>	
<b>Period of Insurance</b> : From : 11-Nov-2024 17:04 Hrs To : Midnight of 10-Nov-2025	<b>Policy Term</b> : 1 Year
<b>Installment Facility Option</b> : No (inclusive GST)	<b>Premium Payment Frequency</b> : Annual <b>Installment Amount Rs.</b> : 0/-
<b>Policy Type</b> : FLOATER	<b>Scheme Description</b> : 2A
<b>Basic Floater Sum Insured</b> : Rs. 10,00,000/-	<b>Bonus</b> : Rs. 0/-
<b>Sum Insured In Words</b> : Rupees Ten lakhs only	
<b>Optional Cover (Deductible)</b> : No	<b>Deductible</b> : Rs. 0/-

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For Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

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**Attached to and forming part of Policy No: 11251289854800**

**Details of Insured Persons :**

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	SK SAKHAWAT HOSSAIN	Male	23-Dec-1972	51	Self	PI0007065036	11-Nov-2024
<b>Pre Existing Disease :</b> No PED Declared							
2	RUFIZA BEGAM	Female	01-Jan-1978	46	Spouse	ME0457274083	11-Nov-2024
<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	RUFIZA BEGAM	Spouse	46	100			

**Sector Classification:**

Urban	
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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 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 Email: support@starhealth.in, Fax No: 1800 425 5522.**

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Raipur on 11th Day of November 2024.

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** : 11251289854800

**Type of Policy** : Assure Insurance-2021

**Issue Office** : 201117-Branch Office - Raipur

**Address** : Lal Ganga Shopping Mall  
2nd floor, Shop No. 06 to 10GE Road  
Raipur Town - C G Chattisgarh 492001

**Tel / Fax** : 0771-4017396

**Email** : raipur@starhealth.in

This is to certify that SK SAKHAWAT HOSSAIN has paid Rs 28,765/- (Total Premium : Indian Rupees Twenty Eight thousand seven hundred sixty five only ) towards Premium for Hospitalization Insurance vide Policy No: 11251289854800 for the Period 11-Nov-2024 To 10-Nov-2025 issued on 11-Nov-2024.

Payment received by Payment Gateway vide Receipt No: 201117/RV/2025/0173636667/1 Receipt  
Date: 11-Nov-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** : 11-Nov-2024

**For and on behalf of**

**Place** : Branch Office - Raipur

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

**Policy No : 11251289854800**

Name	DOB	Gender	Customer id
SK SAKHAWAT HOSSAIN	23-Dec-1972	Male	PI0007065036
RUFIZA BEGAM	01-Jan-1978	Female	ME0457274083

**Valid From : 11-Nov-2024**

**Valid Till : 10-Nov-2025**

**Office Code : 201117**

**Agent/Broker/TE Code : BA0000442781**

**TA/SSM/SM Code : SH16085**

**IRDAI Regn.No:129**

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

e-mail : [support@starhealth.in](mailto: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**

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## Tax Invoice

<b>Invoice No.</b>	: 2224111000393370	<b>Customer ID</b>	: PI0007065036
<b>Invoice Date</b>	: 11-Nov-2024	<b>Policy No.</b>	: 11251289854800
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b>	:	<b>GSTIN</b>	: 22AAJCS4517L1Z8
<b>Name</b>	: SK SAKHAWAT HOSSAIN	<b>Name</b>	: Star Health and Allied Insurance Co Ltd - Branch Office - Raipur
<b>Address</b>	: MAJHER PARA GODA, BURDWAN SADAR PURBA BURDWAN WEST BENGAL	<b>Address</b>	: Lal Ganga Shopping Mall 2nd floor, Shop No. 06 to 10GE Road
<b>City</b>	: Goda P) (CT)	<b>City</b>	: Raipur Town - C
<b>State</b>	: West Bengal	<b>State</b>	: Chattisgarh
<b>Pin Code</b>	: 713102	<b>Pin Code</b>	: 492001
<b>Client Category</b>	: IND	<b>Place of supply</b>	: West Bengal

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	24,377.00	0	24,377.00	4,388.00	0	0	0	28,765.00

**Total Invoice Value (in Figures)** : Rs. 28,765/-  
**Total Invoice Value (in Words)** : Rupees Twenty Eight thousand seven hundred sixty five 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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<b>Name Of the Product</b>	<b>Star Health Assure Insurance Policy</b>
<b>Product UIN No.</b>	<b>SHAHLIP23131V022223</b>

## Summary of Important Benefits

S.No	Particulars of Coverage / Benefits		Benefit Limits (in Rs.)									Refer to Policy clause No.
	Sum Insured (in Rs.)		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				B. 1
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees		Actual									B. 2
3	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs		Actual									B. 3
4	Day care procedures		All Day Care Procedures are Covered									B. 4
5	Coverage for Non-medical Items (Consumables)		Actual									B. 5
6	Emergency Road Ambulance		Actual									B. 6
7	Air Ambulance		Expenses incurred towards the cost of air ambulance service up to 10% of sum insured per policy year									B. 7
8	Pre-Hospitalization Expenses		Up to 60 days prior to the date of hospitalization									B. 8
9	Post-Hospitalization Expenses		Up to 180 days from the date of discharge from the hospital									B. 9
10	Domiciliary Hospitalization		Coverage for medical treatment (Including AYUSH) for a period exceeding three days									B. 10
11	Organ Donor Expenses		Up to the Sum Insured									B. 11
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									B. 13
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									B. 14
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									B. 15
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									B. 18
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									B. 19
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.									B. 20
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									B. 21
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.									B. 22
23	AYUSH Treatment		Payable up to the sum insured.									B. 23
24	Second Medical Opinion		e_medicalopinion@starhealth.in.									B. 24
25	Coverage for Modern Treatment		Upto sum insured									B. 25
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									B. 26

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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	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%

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

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