

IMPORTANT

04-MAR-23

To,

Deepak Kumar
Near State Bank of India
Babu Bazar, Fazilnagar

Kushinagar, Uttar Pradesh - **274401**
Mobile : 8178305643.

Dear Customer,

Re: Health Insurance Policy - P/700002/01/2023/019407

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 ab initio.

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 15 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,



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.

R Margabandhu

CN=R Margabandhu,
SERIALNUMBER=0162dc76d96537e33318479e45e7b4f3861b154
754850a362c3c265309, ST=TAMIL NADU, O=D.2.5.4.17-600034,
OID.2.5.4.20-513b7b332ce06023148e5206744690a09638750906c
a028e1517786e50a, OU=UNDERWRITING - Chief Risk Officer,
O=STAR HEALTH AND ALLIED INSURANCE COMPANY, C=IN,
Date : Tue May 24 17:45:09 IST 2022

**STAR COMPREHENSIVE INSURANCE POLICY
SCHEDULE (INDIVIDUAL)
UNIQUE ID:SHAHLIP22028V072418**

Policy No. :	P/700002/01/2023/019407	Previous Policy No. :	
Customer Code :	AA0025998407	GSTIN :	27AAJCS4517L1ZY
Customer Name :	Deepak Kumar	SAC Code :	997133/Accident and Health Insurance Services
Proposer's Code :	29287565	Issuing Office Code :	700002
Proposer's Name :	Deepak Kumar	Issuing Office Name :	Online Business
Address :	Near State Bank of India Babu Bazar, Fazilnagar Kushinagar, Uttar Pradesh - 274401	Address :	349 Business Point, Unit No.204 / 205,2nd Floor, Near Sai Service, Western Express Highway, Andheri (E), Mumbai -400069
Phone No :	/8178305643/	Phone No :	1800-425-2255
E-mail Id :	imdeepak.kumar38@gmail.com	E-mail Id :	online@starhealth.in
Proposer GSTIN :	-	Place of Supply :	-
Proposal date :	04/03/2023	Fulfiller Code :	SO700002
Date of Inception of first policy :	04-MAR-2023	Intermediary Code : OL0000000001 Name : Direct Phone No : / E-mail Id :	
Renewal Year :	NEW		
Collection Number :	1272023995		
Receipt Date :	04/03/2023		
Premium :Rs 46,830/- IGST @18% : 8,430/- Stamp Duty:Rs 1 /- Total Premium :Rs 55,260/-			
Total Premium In Words : Rupees Fifty Five Thousand Two Hundred Sixty Only		Installment Facility Optn :Yes	
Premium Payment Frequency :Semi - Annual		Installment Amount : Rs. 9210	
Period of Insurance : FROM 04/03/2023 17:45		TO : Midnight Of 03/03/2026	
		Collection No: 1272023995	
		Policy Term: 3 Year	

Details of Insured Persons :

Sl. no.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Co-Pay	Section 1		Section 10	Pre-Existing Disease	Inception Date
								Basic Sum Insured (Health) (Rs.)	Cumulative Bonus Rs	Capital Sum Insured (Rs.)		
1	Sant Kumar	M	01/01/1973	49	DEPENDANT PARENT	29287565-1	0	500000	0	500000	No PED declared	04/03/2023

Buy Back Pre Existing Disease Opted: No

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).

Entered by : STAR_PORTAL

Approved by : PORTAL

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID : info@starhealth.in

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Attached to and forming part of Policy No : P/700002/01/2023/019407

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.

Sector Classification :

Urban		
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INSTALLMENT PREMIUM TABLE

Sr.No	Installment Due Dt.	Premium Amount (Rs)	GST Amount (Rs)	Total Installment Premium Amount (Rs)
1	04-MAR-23	7805	1405	9210
2	04-SEP-23	7805	1405	9210
3	04-MAR-24	7805	1405	9210
4	04-SEP-24	7805	1405	9210
5	04-MAR-25	7805	1405	9210
6	04-SEP-25	7805	1405	9210
Total :		46830	8430	55260

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

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING NO.LOA/CSD/324/2023/1696 DATED 16-FEB-2023"

AYUSH Hospital means a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- Central or State Government AYUSH Hospital or
- Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine/Central Council for Homeopathy; or
- AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - Having at least 5 in-patient beds;
 - Having qualified AYUSH Medical Practitioner in charge round the clock;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- Having qualified registered AYUSH Medical Practitioner(s) in charge;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Entered by : STAR_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Attached to and forming part of Policy No : P/700002/01/2023/019407

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	Sant Kumar	Father	49	100			

In witness whereof the undersigned being authorised by and on behalf of the company has set his hand at **Online Business** on **04th Day of March 2023**.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered by : STAR_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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 Card is valid until otherwise Cancelled.
- 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 hospitalization, kindly submit any **Government approved photo ID Card.**

Corporate Identity Number: **L66010TN2005PLC056649**



Star Health and Allied Insurance Company Limited

Customer Identity Card

Customer ID No. : 29287565-1

Name : Sant Kumar

Date Of Birth : 01-JAN-73 **Age** : 49 Years

Gender : Male **Office Code** : 700002

Valid From : 04-MAR-23 **TA/SSM/SM Code** : SO700002

Agent/Broker/TE Code : OL0000000001

IRDAI Regn. No:129

Entered by : STAR_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 27B272Y23P009170	Customer ID : AA0025998407
Invoice Date : 04/03/23	Policy No : P/700002/01/2023/019407
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : Deepak Kumar	NAME : Star Health and Allied Insurance Co Ltd - Online Business
Address : Near State Bank of India Babu Bazar, Fazilnagar	Address : 349 Business Point, Unit No.204 / 205,2nd Floor, Near Sai Service, Western Express Highway, Andheri (E), Mumbai -400069
City :	City : ONLINE BUSINESS
State : Uttar Pradesh	State : Maharashtra
Pincode : 274401	Pincode : 400069
Client Category : IND	Place of Supply : 27 - Maharashtra

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	49294	2464	46830	8430				Rs. 55260

Total Invoice Value (in Figures) : Rs. 55260
Total Invoice Value (in Words) : Rupees: Fifty-five thousand two hundred sixty 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.

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 : STAR_PORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Name Of the Product	Star Comprehensive Insurance Policy
Product UIN No.	SHAHLP22028V072122

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	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	
1	Room Rent (Per Day) - Up to *Hospitalization expenses will be considered in proportion to the eligible Room Rent	Private Single A/c Room									II.Section 1(A)
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, blood, oxygen, operation theatre charges, Surgical Appliances, Medicines and Drugs	Actual									II. Section 1(B & C)
3	Road Ambulance charges(per policy period)	Actual									II.Section 1(D)
4	Air Ambulance charges	Up to Rs.2,50,000/- per hospitalization not exceeding Rs.5,00,000/- per policy period									II.Section 1(E)
5	Pre-Hospitalization Expenses	Up to 60 days prior to admission									II.Section 1(F)
6	Post-Hospitalization Expenses	Up to 90 days from the date of discharge									II.Section 1(G)
7	Out Patient Medical Consultation Coverage other than Out Patient Dental/ Ophthal	Up to 1,200/- (per Consultation limit Rs.300/-)	Up to 1,500/- (per consultation limit Rs.300/-)	Up to 2,100/- (per consultation limit Rs.300/-)	Up to 2,400/- (per consultation limit Rs.300/-)	Up to 3,000/- (per consultation limit Rs.300/-)	Up to 3,300/- (per consultation limit Rs.300/-)	Up to 5,000/- (per consultation limit Rs.300/-)	Up to 5,000/- (per consultation limit Rs.300/-)	Up to 5,000/- (per consultation limit Rs.300/-)	II.Section 1(H)
8	Domiciliary hospitalization	Coverage for medical treatment for a period exceeding three days									II.Section 1(I)
9a.	Delivery Charges(Normal Delivery)	15,000/-	25000/-	30000/-	30000/-	30000/-	30000/-	50000/-	50000/-	50000/-	II. Section 2.B
9b.	Delivery Charges(Caesarean Delivery)	20000/-	40000/-	50000/-	50000/-	50000/-	50000/-	100000/-	100000/-	100000/-	
10	New Born Cover	100000/-	100000/-	100000/-	100000/-	100000/-	100000/-	200000/-	200000/-	200000/-	
11	Vaccination Expenses for New Born (Subject to a valid claim under 9a or 9b above)	5,000/-	5,000/-	5,000/-	5,000/-	5,000/-	5,000/-	10,000/-	10,000/-	10,000/-	II. Section 2.C
12	Waiting Period for Delivery	24 months for first delivery from first inception of the policy 24 months from claim under 9a or 9b for next delivery									Special condition no.1- Under Section 2
13	Out-patient Dental and Ophthalmic Treatment Coverage- Once in a block of every 3 years of continuous renewal	Up to 5,000/-	Up to 5,000/-	Up to 10,000/-	Up to 10,000/-	Up to 10,000/-	Up to 10,000/-	Up to 15,000/-	Up to 15,000/-	Up to 15,000/-	II Section 3
14	Organ Donor Expenses	Payable up to the Basic Sum Insured									II.Section 4
15	Hospital Cash Benefit upto 7 days per occurrence & upto 120 days per policy period. (1 day time excess)	500/- per day	750/- per day	750/- per day	1000/- per day	1000/- per day	1500/- per day	2500/- per day	2500/- per day	2500/- per day	II.Section 5
16	Health Check Up for every claim free years of continuous renewal	Up to 2,000/-	Up to 2,500/-	Up to 3,000/-	Up to 4,000/-	Up to 4,500/-	Up to 4,500/-	Up to 5,000/-	Up to 5,000/-	Up to 5,000/-	II.Section 6
17	Bariatric Surgery(per policy period)	2,50,000/-	2,50,000/-	2,50,000/-	2,50,000/-	5,00,000/-	5,00,000/-	5,00,000/-	5,00,000/-	5,00,000/-	II.Section 7
18	Second Medical Opinion	The Insured Person is given the facility of obtaining a medical Second Opinion from a Doctor in the Company's network of Medical Practitioners.									II. Section 8
19	AYUSH Treatment(Per Policy Period)	Up to 15,000/-	Up to 15,000/-	Up to 15,000/-	Up to 15,000/-	Up to 20,000/-	Up to 20,000/-	Up to 30,000/-	Up to 30,000/-	Up to 30,000/-	II.Section 9
20	Day Care Treatments / Procedures	All Day Care Procedures									Under Important Note. Point No.1
21	Accidental Death and Permanent Total Disablement	5,00,000/-	7,50,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-	50,00,000/-	75,00,000/-	1,00,00,000/-	II. Section 10
22	Star Wellness Program	Discount in the Renewal premium for healthy life style through wellness activities.									II. Section 11
23	Buy Back Pre Existing Disease(Optional Cover)	Waiting Period of Pre Existing Disease reduces from 36 months to 12 months									II.Section 12
24	Automatic Restoration of Sum Insured (Applicable for Section 1 only)	100% (once during policy period)									IV.30a
25	Coverage for Modern Treatment	Covered up to limits mentioned in the policy clause									II.Section 13
26	Instalment Facility (If Opted)	Available									IV.13

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

Entered by : STAR_PORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory