

IMPORTANT

21/12/2022

To,

SURESH CHAND VISHKARMA,  
S/O-RAM KISHOR VISHKARMA,VILLAGE-DUBRA JAGISHPUR,POST-BALRAJNAGAR  
DISTT-ALLAHABAD  
UTTARPRADESH

Uda,Allahabad,Uttar Pradesh -**229412**  
Mobile : 9899369096.

Dear Customer,

Re: Health Insurance Policy - P/161117/01/2023/014986

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.

## Family Health Optima Insurance Plan

SHAHLP22030V062122

<b>Policy No.</b> : P/161117/01/2023/014986	<b>Previous Policy No.</b> : P/161117/01/2022/013687
<b>Customer Code</b> : AA0022417012	<b>GSTIN</b> : 06AAJCS4517L1Z2
<b>Customer Name</b> : SURESH CHAND VISHKARMA	<b>SAC Code</b> : 997133/Accident and Health Insurance Services
<b>Proposer Code</b> : 25693336	<b>Issuing Office Code</b> : 161117
<b>Proposer Name</b> : SURESH CHAND VISHKARMA	<b>Issuing Office Name</b> : Branch Office - Gurgaon
<b>Address</b> : S/O-RAM KISHOR VISHKARMA,VILLAGE-DUBRA JAGISHPUR,POST-BALRAJNAGAR DISTT-ALLAHABAD UTTARPRADESH  Uda,Allahabad,Uttar Pradesh -229412	<b>Address</b> : 412/2, K - I Tower, M G Road, Sector 14, Gurgaon, Haryana
<b>Tel/Mobile</b> : nil/9899369096/	<b>Tel/Mobile</b> : 0124-4255201 & 4797454
<b>E-mail id</b> : sureshvishwakarma@gmail.com	<b>E-mail id</b> : gurgaon@starhealth.in
<b>Proposer GSTIN</b> : -	<b>Place of Supply</b> : -
<b>Proposal date</b> : 24/12/2021	<b>Fulfiller Code</b> : SH23296
<b>Date of Inception of first policy</b> : 28-DEC-2021	<b>Intermediary Code</b> : BA0000548749  <b>Name</b> : SHYAM SHANKER PAL  <b>Tel/Mobile</b> : 9891441417/9891441417  <b>E-mail id</b> : sachinshyam13@gmail.com
<b>Renewal Year</b> : Fifth Year	
<b>Collection Number &amp; Date</b> : 1134016382 & 21/12/2022	
<b>Basic Cover</b> : Rs 22465 /- <b>Section 1(Extra Protect Add-on Cover)</b> : Rs 0 /- <b>Section 2(Extra Protect Add-on Cover)</b> : Rs 0 /- <b>Premium</b> : Rs 22465 /-  <b>IGST @18%</b> : Rs 4,044 /- <b>Total Premium</b> : Rs 26509 /- <b>Stamp Duty</b> : Re 1 /-	
<b>Total Premium In Words</b> : Rupees Twenty Six Thousand Five Hundred Nine Only	
<b>Installment Facility Optn</b> :No	<b>Premium Payment Frequency</b> :Annual
<b>Installment Amount Rs.</b> : 0	

<b>Period of insurance</b> : <b>From</b> : 28/12/2022 00:00	<b>To</b> : Midnight of 27/12/2023
<b>Basic Floater Sum Insured</b> : 500000	
<b>In words</b> : Rupees: Five Lakhs Only	
<b>Bonus: Rs.</b> 0	<b>Limit of Coverage</b> : Rs. 500000
<b>Recharge Benefit</b> : Rs. 150000	
<b>Scheme Description</b> : 2ADULT+2CHILD	

### Details of Insured Persons :

Sl. No.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Pre Existing Disease	Inception Date
1	SURESH CHAND VISHKARMA	M	08/10/1970	52	SELF	25693336-1	No PED declared	28/12/2017
2	UMA VISHWAKARMA	F	20/03/1973	49	SPOUSE	25693336-2	No PED declared	28/12/2022
3	ASHU VISHWAKARMA	M	06/01/1999	23	DEPENDANT CHILD	25693336-3	No PED declared	28/12/2022
4	MEHAK VISHWAKARMA	F	15/07/2006	16	DEPENDANT CHILD	25693336-4	No PED declared	28/12/2022

Entered By : SH2164

Approved By : SH2164

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

**L66010TN2005PLC056649**

Attached to and forming part of Policy No. P/161117/01/2023/014986

## Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Age	Relationship with Nominee
1	UMA VISHWAKARMA	Spouse	49	100			

## Sector Classification

Rural		
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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).

**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 / 1800 102 4477 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 - Gurgaon on 21st Day of December 2022.

## Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered By : SH2164

Approved By : SH2164

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

## TAX Invoice



Invoice No. : 6I134Y23P0001197	Customer ID : AA0022417012
Invoice Date : 21/12/22	Policy No : P/161117/01/2023/014986
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer Name : SURESH CHAND VISHKARMA	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon
Address : S/O-RAM KISHOR VISHKARMA,VILLAGE-DUBRA JAGISHPUR,POST-BALRAJNAGAR DISTT-ALLAHABAD UTTARPRADESH	Tel/Mobile : 412/2, K - I Tower, M G Road, Sector 14, Gurgaon, Haryana
City :	City : GURGAON
State : Uttar Pradesh	State : Haryana
Pincode : 229412	Pincode : 122001
Client Category : IND	Place of Supply : 6 - Haryana

HSN / SAC Code	Description of Service(s)	Total A	Discount B	TaxableValue 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	22465	0	22465	4044				Rs. 26509

Total Invoice Value (in Figures) : Rs. 26509  
Total Invoice Value (in Words) : Rupees: Twenty-six thousand five hundred nine 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

**Corporate Identity Number L66010TN2005PLC056649 Email ID : stargst@starhealth.in**

Entered By : SH2164  
Approved By : SH2164

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory