

FAMILY HEALTH OPTIMA INSURANCE POLICY - SCHEDULE

Policy No. : P/700002/01/2015/007530/2	Previous Policy No. : P/700002/01/2015/007530
Proposer's Code : 3629867	Issuing Office Code : 700002
Proposer's Name : TARALKUMAR G. SONI	Issuing Office Name : Online Business
Address : F-302, PLAM DRIVE, SECTOR 66 GOLF COURSE EXT. ROAD GURGAON Haryana - 122018	Address : No:111-112,Gokul Arcade-A 1st Floor Sahar Road Vile Parle(East) Mumbai - 400057 ONLINE BUSINESS
Phone No : 9717186262	Toll Free No : 1800-425-2255
E-mail id : taralsoni@gmail.com	E-mail id : online@starhealth.in
Proposal date : 01/11/2021	Fulfiller Code : SO700002 Sector : Urban
Date of Inception of first policy : 02/11/2021	Intermediary Code : OL0000000004 Name : Delhi Telesales Phone No : / E-mail id : NIL
Renewal Year : NEW	
Receipt No : 892873674	
Receipt Date : 01/11/2021	
Premium : Rs 43,890.00 /- GST : Rs 7900.20 /- Stamp Duty : Rs 1.00 /- Total Premium : Rs 51,791.20 /-	
Total Premium In Words : Rupees Fifty One Thousand Seven Hundred Ninety One Thousand Only	
PERIOD OF INSURANCE FROM : 02/11/2021 00:00:00 TO : Midnight Of 01/11/2022	
SCHEME - DESCRIPTION : 2 ADULTS BASIC FLOATER SUM INSURED : Rs 500000 /- (Five Lakhs Only)	
LIMIT OF COVERAGE : Rs.500000 /- Bonus : Rs /-	

Details of Insured Persons :

Sl. No.	Name of the Insured	Sex	Date of Birth	Age-Yrs/Mths	Relationship with Proposer	Pre Existing Disease/s	ID Card No
1	GIRISHKUMAR K SONI	MALE	04-11-1954	66 Yrs 11 Mths	FATHER	NONE	3629867-1
2	VARSHABEN G SONI	FEMALE	30-12-1960	60 Yrs 10 Mths	MOTHER	NONE	3629867-2

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).

Expenses relating to the hospitalisation will be in proportion to the room rent stated in the policy.

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In the event of the policy being withdrawn in future, intimation about the withdrawal will be sent 3 months prior to the date when renewal falls due. The insured will have the option of migrating to any other similar health insurance policy offered by the Company at the relevant time. Continuity of benefits for waiting period and bonus, if any and if applicable, will be given provided the insured had been renewing the policy without any break (or renewing within the grace period offered)

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Online Business on 02nd Day of November 2020.

Entered By : STAR_PORTAL

IRDA Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : info@starhealth.in

This is an electronically generated document(Policy Schedule). "Consolidated stamp No.CSD/33/2014/2177 Dt.02/11/2020"

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Attached to and forming part of Policy No. P/700002/01/2015/007530/2

Revision in sum insured:In case of an upward revision in sum insured on renewal, in respect of disease, sickness, illness the sum insured will be restricted to that policy sum insured when the signs or symptoms was diagnosed or received medical advice or treatment.

Entered By : STAR_PORTAL

This is an electronically generated document(Policy Schedule). "Consolidated stamp paid vide certificate No.CSD/33/2014/2177 Dt.02/11/2021"

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

Policy No : P/700002/01/2015/007530/2 **Type Of Policy** : FHO-Policy
Issue Office : 700002 - Online Business
Address : No:111-112,Gokul Arcade-A 1st Floor
Sahar Road Vile Parle(East)
Mumbai - 400057
Toll Free No : 1800-425-2255
Email : online@starhealth.in

This is to certify that TARALKUMAR G SONI (PAN Number: BWTPS9158R) has paid Rs 51,791,20 /- (Total Premium In Words : Indian Rupees Fifty One Thousand Seven Hundred Ninety One only) towards Premium for Hospitalization Insurance vide Policy No: P/700002/01/2015/007530/2 for the Period 02-NOV-21 To 01-NOV-22 issued on 02-NOV-21 .

Payment received by Cheque/Credit/Debit Card vide collection No:

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.

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



Family Health Optima

Following values are the details entered to obtain your Family Health Optima policy

Proposer Details

This section contains proposer details

Name : TARALKUMAR G SONI

Mobile: 9717186262

Address: F-302, PLAM DRIVE, SECTOR 66
GOLF COURSE EXT. ROAD

Email: taralsoni@gmail.com

Gurgaon, Haryana - 122018

PAN:

Plan Details

This section contains the Plan and Policy Details

Policy Start Date: 02-11-2021

Policy End Date: 01-11-2022

Policy Period: From 02/11/2021 00:00:00 to Midnight Of 01/11/2022

Insured Details

The Section contains the details of all Nominated Members to be covered in the policy

Insured 1

Insured Name

:

GIRISHKUMAR KANUBHAI SONI

Gender

:

MALE

Date of Birth

:

04-11-1954

Relationship to the Proposer

:

FATHER

Pre Exisiting Disease

:

NONE

Insured 2

Insured Name

:

VARSHABEN GIRISHKUMAR SONI

Gender

:

FEMALE

Date of Birth

:

30-12-1960

Relationship to the Proposer

:

MOTHER

Pre Exisiting Disease

:

NONE

Whether any of the Insured Members covered in the policy has suffered/advised treatment for any of the following diseases:

- a. Cancer - No
- b. Chronic Kidney Disease - No
- c. Brain Stroke\CVA - No
- d. Parkinsons Disease - No
- e. Alzheimers's Disease - No
- f. Renal Complications - No
- g. Heart Diseases - No

Social Status : No

Premium Calculation

Cover Description	Sum Insured	Premium
Base Cover	500000	43890
TOTAL PREMIUM		43890
STAMP DUTY		1
GST @18%		7900.20
TOTAL AMOUNT		51791.20

Declaration

I hereby confirm that all the above information is true and correct according to my belief.I also agree that my policy is for cancellation in case any of the above entered information is found to be false/intentionally misrepresented.

Note: Acceptance of Risk in case of persons suffering from any disease/ailments is subject to evaluation by our Medical Team