

**IMPORTANT**

08/02/2020

To,

RAKSHIT BORA,  
SILVER SPRING APARMENT, C -137/138, UPPER GROUND FLOOR, UNIT -3, BACK SIDE  
SAINIK NAGAR, UTTAM NAGAR, WEST DELHI, PIN- 110059  
MISUMI INDIA PVT. LTD., UDYOG VIHAR, PHASE -1, PLOT NO.- 241, GATE NO.3,  
GURGAON, PIN- 122016

-

New Delhi, South West, Delhi - **110059**  
Mobile : 8447605529.

Dear Customer,

Re: Health Insurance Policy - P/191116/01/2020/013446

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**  
Unique Identification No. IRDAI/HLT/SHAI/P-H/V.III/129/2017-18  
Policy Schedule

In consideration of payment of Rs.14060 /- towards renewal premium of **Policy number: P/191116/01/2019/012373**, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No		P/191116/01/2020/013446	
Customer Code : AA0008257112		GSTIN : 19AAJCS4517L1ZV	
Customer Name : Mr.RAKSHIT BORA		SAC Code : 997133/Accident and Health Insurance Services	
Proposer Code : 10716823		Issuing Office Code : 191116	
Proposer Name : RAKSHIT BORA		Issuing Office Name : Branch Office - Central Kolkata	
Address : SILVER SPRING APARMENT, C - 137/138, UPPER GROUND FLOOR, UNIT -3, BACK SIDE SAINIK NAGAR, UTTAM NAGAR, WEST DELHI, PIN- 110059 MISUMI INDIA PVT. LTD., UDYOG VIHAR, PHASE -1, PLOT NO.- 241, GATE NO.3, GURGAON, PIN- 122016 - New Delhi,South West,Delhi-110059		Address : 4 th Floor, KAMDHENU,75C, Park Street, Kolkata 700016	
Tel/Mobile : NO/8447605529/NO		Tel/Mobile : 033-22650365 / 66 / 67 / 68	
E-mail id : rbora199@gmail.com		E-mail id : centralkolkata@starhealth.in	
Proposer GSTIN : -		Place of Supply : -	
Proposal date : 11/02/2019		Fulfiller Code : SH6530	
Date of Inception of first policy : 11-FEB-19		<b>Intermediary Code : BA0000380858</b>  <b>Name : Mr.SOMIRAN GHOSAL</b>  <b>Tel/Mobile : 9999996570/9999996570</b>  <b>E-mail id : somiran.ghosal@gmail.com</b>	
Renewal Year : First Year			
Collection Number & Date : 1178014313 & 08/02/2020			
Premium : Rs 11915 /- IGST @18% : Rs 2,145 /- Total Premium : Rs 14060 /- Stamp Duty : Re 1 /-			
<b>Total Premium In Words : Rupees Fourteen Thousand Sixty Only</b>			

<b>Period of insurance</b>	<b>From : 11/02/2020 00:00:00</b>	<b>To : Midnight of 10/02/2021</b>
<b>Basic Floater Sum Insured</b>	<b>: 500000</b>	<b>Scheme Description : 2A+1C</b>
<b>In words</b>	<b>: Rupees: Five Lakhs Only</b>	
<b>Bonus: Rs.</b>	<b>125000</b>	<b>Limit of Coverage : Rs. 625000</b>
		<b>Recharge Benefit : Rs. 150000</b>

**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	RAKSHIT BORA	M	27/06/1986	33	SELF	10716823-1		11/02/2019
<b>PED : No PED declared</b>								
2	SUPRIYA BORA	F	12/02/1988	31	SPOUSE	10716823-2	No PED declared	11/02/2019

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For Star Health and Allied Insurance Company Ltd.

**IRDAI Regn. No 129**

**Corporate Identity Number U66010TN2005PLC056649**

**Email ID : support@starhealth.in**



Authorised Signatory

Attached to and forming part of Policy No. P/191116/01/2020/013446

3	RIYANSHI BORA	F	18/12/2018	1	DEPENDANT CHILD	10716823-3	11/02/2019
PED : No PED declared							

## 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	Supriya bora	Spouse	32	100			

## Sector Classification

Urban		
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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).

Condition No. 3 regarding delay in payment of claim shall read as follows and not as stated in policy wordings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Condition No: 13 of the policy wordings should read as follows

"Automatic Termination: The insurance under this policy shall terminate immediately on the earlier of the following events:

\* Upon the death of the Insured Person This means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.

\* Upon exhaustion of the Basic Sum Insured, Basic Sum Insured plus Bonus, Basic Sum Insured plus Bonus plus Restore and / or Recharge Sum Insured."

## 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 .**

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Central Kolkata on 08th Day of February 2020.

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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/191116/01/2020/013446 **Type Of Policy** : Family Health Optima Insurance - 2017  
**Issue Office** 191116 - Branch Office - Central Kolkata  
**Address** 4 th Floor, KAMDHENU,75C, Park Street,  
Kolkata 700016  
**Toll Free No** 033-22650365 / 66 / 67 / 68  
**Email** centralkolkata@starhealth.in

This is to certify that RAKSHIT BORA has paid Rs 14060 (Total Premium In Words : Indian Rupees Fourteen Thousand Sixty Only ) towards Premium for Hospitalization Insurance vide Policy No: P/191116/01/2020/013446 for the Period 11-FEB-20 To 10-FEB-21 issued on 08-FEB-20 .

Payment received by Cheque/Credit/Debit Card vide collection No:1178014313

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

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For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

## TAX Invoice



Invoice No.	19K178Y20P000255	Customer ID	AA0008257112
Invoice Date	08/02/20	Policy No	P/191116/01/2020/013446
Recipient		Supplier	
GSTIN	:	GSTIN	: 19AAJCS4517L1ZV
Proposer Name	:	NAME	: Star Health and Allied Insurance Co Ltd - Branch Office - Central Kolkata
Address	:	Tel/Mobile	: 4 th Floor, KAMDHENU,75C, Park Street, Kolkata 700016
	:		
City	:	City	: CENTRAL KOLKATA
State	:	State	: West Bengal
Pincode	:	Pincode	: 700017
Client Category	:	Place of Supply	: 19 - 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	11915	0	11915	2145				Rs. 14060

Total Invoice Value (in Figures) : Rs. 14060  
Total Invoice Value (in Words) : Rupees: Fourteen thousand 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 U66010TN2005PLC056649 Email ID : stargst@starhealth.in**

Entered By : PREMIA

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For Star Health and Allied Insurance Company Ltd.



Authorised Signatory