

IMPORTANT

19/08/2021

To,

Mr. VIJAY ARORA,
C-251, SHADANA COLONY, BAREILLY

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Bareilly, Bareilly, Uttar Pradesh - **243005**
Mobile : 7983608152.

Dear Customer,

Re: Health Insurance Policy - P/230000/01/2022/004962

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

Policy No. : P/230000/01/2022/004962	Previous Policy No. : P/230000/01/2021/004309
Customer Code : AA0009482210	GSTIN : 09AAJCS4517L1ZW
Customer Name : Mr.VIJAY ARORA	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 5590242	Issuing Office Code : 230000
Proposer Name : Mr.VIJAY ARORA	Issuing Office Name : Zonal Office UP
Address : C-251,SHADANA COLONY,BAREILLY - - Bareilly,Bareilly,Uttar Pradesh-243005	Address : 501, 2nd Floor, Lekhraj Market-3, Faizabad Road, Indira Nagar, Lucknow-226016
Tel/Mobile : -/7983608152/	Tel/Mobile : 0522- 4935801/4935802/4935811
E-mail id : abhshek_invest@yahoo.co.in	E-mail id : lucknow.zo@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 30/07/2016	Fulfiller Code : SH53176
Date of Inception of first policy : 30-JUL-2016	Intermediary Code : BA0000432071
Renewal Year : Fifth Year	Name : Mrs.ANJU BHARDWAJ
Collection Number & Date : 1208005231 & 19/08/2021	Tel/Mobile : 7983608152/7983608152
Premium : Rs 18415 /- CGST @9% : Rs 1,657 /- SGST / UTGST @9% : Rs 1,657 /- Total Premium : Rs 21729 /- Stamp Duty : Re 1 /-	E-mail id : swastianju2503@gmail.com
Total Premium In Words : Rupees Twenty One Thousand Seven Hundred Twenty Nine Only	
Installment Facility Optn :No	Premium Payment Frequency :Annual
Installment Amount Rs. : 0	

Period of insurance : From : 31/08/2021 00:00	To : Midnight of 30/08/2022
Basic Floater Sum Insured : 500000	
In words : Rupees: Five Lakhs Only	
Bonus: Rs. 215000	Limit of Coverage : Rs. 715000
Recharge Benefit : Rs. 150000	
Scheme Description : 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	VIJAY ARORA	M	02/03/1973	48	SELF	5590242-1	No PED declared	30/07/2016
2	RUCHI ARORA	F	25/12/1980	40	SPOUSE	5590242-2	No PED declared	30/07/2016
3	LAVISH ARORA	M	18/11/2002	18	DEPENDANT CHILD	5590242-3	No PED declared	30/07/2016
4	ANSHIKA ARORA	F	10/12/2004	16	DEPENDANT CHILD	5590242-4	No PED declared	30/07/2016

Entered By : PREMIA

Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Attached to and forming part of Policy No. P/230000/01/2022/004962

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	RUCHI ARORA	Spouse	40	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).

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

"This policy covers 68 other excluded expenses. Accordingly, exclusion (Code Excl 37) appearing in the policy wordings stands deleted"

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 Zonal Office UP on 19th Day of August 2021.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered By : PREMIA

Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 9E208Y22P0000619	Customer ID : AA0009482210
Invoice Date : 19/08/21	Policy No : P/230000/01/2022/004962
Recipient	Supplier
GSTIN : -	GSTIN : 09AAJCS4517L1ZW
Proposer Name : Mr.VIJAY ARORA	NAME : Star Health and Allied Insurance Co Ltd - Zonal Office UP
Address : C-251,SHADANA COLONY,BAREILLY	Tel/Mobile : 501, 2nd Floor, Lekhraj Market-3, Faizabad Road, Indira Nagar, Lucknow-226016
City : Bareilly, Bareilly, Uttar Pradesh-243005	City : ZONAL OFFICE UP
State : Uttar Pradesh	State : Uttar Pradesh
Pincode : 243005	Pincode : 226 001
Client Category : IND	Place of Supply : 9 - Uttar Pradesh

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	18415	0	18415		1657	1657		Rs. 21729

Total Invoice Value (in Figures) : Rs. 21729
Total Invoice Value (in Words) : Rupees: Twenty-one thousand seven hundred twenty-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.

E. & O.E

This is a digitally signed document and hence no physical signature is required

Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory