

IMPORTANT

14/12/2020

To,

Anurag Upadhyay,
H. No. 73, khushbu Residency, Rajrai Semri Road
Semri, Agra

Agra (CB), Agra, Uttar Pradesh - **282001**
Mobile : 9897240919.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2021/074677

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.

R Margabandhu

Chk_RMargabandhu
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Date: Mon Dec 14 13:30:31 IST 2020

Family Health Optima Insurance Plan SHAHLIP21211V042021

In consideration of payment of Rs.12231 /- towards renewal premium of Policy number: P/161130/01/2020/044689, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/161130/01/2021/074677	
Customer Code : AA0010315499	GSTIN : 06AAJCS4517L1Z2
Customer Name : Anurag Upadhyay	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 13036448	Issuing Office Code : 161130
Proposer Name : Anurag Upadhyay	Issuing Office Name : Branch Office - Gurgaon III
Address : H. No. 73, khushbu Residency, Rajrai Semri Road Semri, Agra Agra (CB),Agra,Uttar Pradesh-282001	Address : 1st Floor,, SCO 4, Sector 14 Market Near Payal Cinema, Gurgaon Gurgaon-122001
Tel/Mobile : /9897240919/	Tel/Mobile : 0124-4797452
E-mail id : anuragbmas09@gmail.com	E-mail id : gurgaon3@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 13/12/2019	Fulfiller Code : SO161130
Date of Inception of first policy : 14-DEC-2019	Intermediary Code : WA0000000009
Renewal Year : First Year	Name : M/S.Policy Bazaar Insurance Web Aggregator Pvt Ltd
Collection Number & Date : 1439077576 & 14/12/2020	Tel/Mobile : 1800-208-8787/
Premium : Rs 10365 /- IGST @18% : Rs 1,866 /- Total Premium : Rs 12231 /- Stamp Duty : Re 1 /-	E-mail id : Claims@Policybazaar.com
Total Premium In Words : Rupees Twelve Thousand Two Hundred Thirty One Only	
Installation Facility Optn :No	Premium Payment Frequency :Annual
Installation Amount Rs. : 0	
Period of insurance : From : 14/12/2020 13:29 To : Midnight of 13/12/2021	
Basic Floater Sum Insured : 300000 Scheme Description : 2A	
In words : Rupees: Three Lakhs Only	
Bonus: Rs. 75000 Limit of Coverage : Rs. 375000 Recharge Benefit : Rs. 75000	

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	Anupama Upadhyay	F	08/02/1976	44	DEPENDANT PARENT	13036448-1	No PED declared	14/12/2019
2	Rajeev Upadhyay	M	06/07/1970	50	DEPENDANT PARENT	13036448-2	No PED declared	14/12/2019

Entered By : PREMIA
Approved By : PORTAL

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/161130/01/2021/074677

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	Anurag Upadhyay	Son	18	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 .

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:

1. Central or State Government AYUSH Hospital or
2. Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine/Central Council for Homeopathy; or
3. 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:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. 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:

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

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/161130/01/2021/074677

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 - Gurgaon III on 14th Day of December 2020.

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

Hospitalisation Benefit Policy

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

Policy No : P/161130/01/2021/074677 **Type Of Policy** : Family Health Optima Insurance - 2017
Issue Office : 161130 - Branch Office - Gurgaon III
Address : 1st Floor,, SCO 4, Sector 14 Market
Near Payal Cinema, Gurgaon
Gurgaon-122001
Toll Free No : 0124-4797452
Email : gurgaon3@starhealth.in

This is to certify that Anurag Upadhyay has paid Rs 12231 (Total Premium In Words : Indian Rupees Twelve Thousand Two Hundred Thirty-One Only) towards Premium for Hospitalization Insurance vide Policy No: P/161130/01/2021/074677 for the Period 14-DEC-20 To 13-DEC-21 issued on 14-DEC-20 .
Payment received by Cheque/Credit/Debit Card vide collection No:1439077576

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.

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