

Family Health Optima Insurance Plan
Unique Identification No. IRDA/NL-HLT/SHAI/P-H/V.II/129/23-24
Policy Schedule

Policy No. : P/700002/01/2023/003245		Previous Policy No. : P/700002/01/2022/001589	
Customer Code : AA0000934925		Issuing Office Code : 700002	
Customer Name : M A Mohan		Issuing Office Name : Telesales - Kodambakkam	
Proposer's Code : 3148688		Address : MKM Chambers, 1st Floor, No:42, Kodambakkam High Road, Nungambakkam, Chennai-600034	
Proposer's Name : M A Mohan			
Address :7/365, A Type, Sidco Nagar 58th Street, Villivakkam, Chennai, Tamil Nadu-600049			
Phone No : 9962173074//9444582794/			
E-mail id : mamohan.analytics@gmail.com		Phone No : 044-42277527 / 044-42277528	
Proposal date : 07/10/2015		E-mail id : telesupport@starhealth.in	
Date of Inception of first policy : 10-OCT-15		Fulfiller Code : SO700001	
Renewal Year : Eighth Year		Name : OFFICE DIRECT Phone No : 044-42277527 / 044-42277528 E-mail id : telesupport@starhealth.in	
Receipt No : 1625961427			
Receipt Date : 16/09/2023			
Premium : Rs 25161 /- IGST @18% : Rs 4528 /-			
Stamp Duty : Re 1/- Total Premium : Rs 29690 /-			
Total Premium In Words : Rupees Twenty Nine Thousand Six Hundred Ninety Only			
PERIOD OF INSURANCE FROM : 30/10/2023 00:00:00 TO : Midnight Of 29/10/2024			
SCHEME - DESCRIPTION : 2 ADULTS + 1 CHILDREN BASIC FLOATER SUM INSURED : Rs. 400000 In Words: Four Lakhs Only			
Bonus : Rs 105000			
Limit of coverage : Rs.505000 Recharge Benefit : 150000			

Details of Insured Persons :

Sl. No.	Name of the Insured	Sex	Date of Birth	Age-Yrs	Relationship with Proposer	ID Card No	Pre Existing Disease/s D
1	M A MOHAN	M	25/03/1986	37 Yrs	SELF	1311288-1	No PED declared
2	D DEEPALAKSHMI	F	26/10/1987	36 Yrs	DEPENDANT SPOUSE	1311299-1	No PED declared
3	M PRASUNA	F	13/04/2014	9 Yrs	DEPENDANT CHILD	515298-1	No PED declared

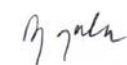
Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person given in the policy schedule are deemed to have been accepted by you.

Entered By : SH36227
IRDAI Regn. No 129

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

This is an electronically generated document(Policy Schedule).
Consolidated Stamp Duty paid vide
certificate NO: Adj/CS/277/102437/10

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory