

Family Health Optima Insurance Plan

Unique Identification No. IRDA/NL-HLT/SHAI/P-H/V.II/129/23-24
Policy Schedule

Policy No. : P/700002/01/2023/005313	Previous Policy No. : P/700002/01/2022/001974
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 : 1428101883	
Receipt Date : 16/09/2023	
Premium : Rs 46548 /- IGST @18% : Rs 8379 /- Stamp Duty : Re 1 /- Total Premium : Rs 54928 /-	
Total Premium In Words : Rupees Fifty Four Thousand Nine Hundred Twenty Eight Only	
PERIOD OF INSURANCE FROM : 30/10/2023 00:00:00 TO : Midnight Of 29/10/2024	
SCHEME - DESCRIPTION : 2 ADULTS BASIC FLOATER SUM INSURED : Rs.500000 In Words: Five Lakhs Only	
Bonus : Rs 155000	
Limit of coverage : Rs.655000 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 V AYYAPPAN	M	12/05/1954	69Yrs	DEPENDANT FATHER	515318-1	No PED declared
2	M A PUSHPA	F	01/01/1962	61Yrs	DEPENDANT MOTHER	3148688-1	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

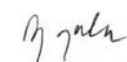
IRDAI Regn. No 129

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