

13/02/2020

To,

PANDIT NAKUL SUKUMAR,
PLOT NO-4, SAIBAI HOUSING SOC,
NEAR MARKET YARD, LONAND
TAL-KHANDALA, DIST-SARARA,
Lonand,Satara,Maharashtra -**415521**
Mobile : 9021195401.

Dear Customer,

Re: Health Insurance Policy - P/151119/01/2020/019033

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.

**MEDICCLASSIC INSURANCE POLICY (INDIVIDUAL)
SCHEDULE
Unique Identification No. SHAHLIP20063V031920**

In consideration of payment of Rs.6153/- towards renewal premium of Policy number: P/151119/01/2019/014568, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151119/01/2020/019033	
Customer Code : CB0000055548	GSTIN : 27AAJCS4517L1ZY
Customer Name : M/S.SHRADHA COMPUTER SERVICES	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 10712204	Issuing Office Code : 151119
Proposer Name : PANDIT NAKUL SUKUMAR	Issuing Office Name : Branch Office - Hadapsar
Address : PLOT NO-4, SAIBAI HOUSING SOC, NEAR MARKET YARD, LONAND TAL-KHANDALA, DIST-SARARA, Lonand,Satara,Maharashtra- 415521	Issuing Office Address : Survey No.106-A/8 I Floor, Shivam Apartment, A Wing Sholapur Road, Hadapsar,Pune- 411013
Tel/Mobile : 02169225178/9021195401/	Tel/Mobile : 020 2 67646802 / 67646803
E-mail Id : nakulpandit7@gmail.com	E-mail Id : hadapsar.pune@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Proposal date : 11-02-20	Fulfiller Code : SH10466
Date of Inception of first policy : 11/02/2019	Intermediary Code : BA0000097284
Renewal Year : First Year	Name : Mr.SANJAYKUMAR R. JADHAV
Collection Number : 1263020651	Tel/Mobile : /9423808391
Receipt Date : 12/02/2020	E-mail Id : skumar3010@rediffmail.com
Premium :Rs 5,215 /- CGST @9% :Rs 469/- SGST / UTGST @9% :Rs 469/- Stamp Duty :Re 1 /- Total Premium:Rs 6153 /-	
Total Premium In Words : Rupees Six Thousand One Hundred Fifty Three Only	
PERIOD OF INSURANCE : FROM : 12/02/2020 00:00:00 TO : Midnight Of 11/02/2021	Policy Term : 1 Year

Details of Insured Persons :

No. of Persons Insured: 1

Sl. no.	Name	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	Sum Insured (Rs.)	Cumu.Bonus (Rs.)	ID Card No	Pre-existing Disease/s	Inception Date
1	PANDIT NAKUL SUKUMAR	M	31/08/1989	30	SELF	300000	15000	10712204-1	NIL	11/02/2019

Optional Covers Opted : Gold Plan: No	Hospital Cash:Yes	Patient Care: No
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Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

IRDAI Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : support@starhealth.in

Please see overleaf 2 of 4

Attached to and forming part of Policy No : P/151119/01/2020/019033

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

Sector Classification :

Rural		
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Toll Free No : 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522.

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.

"Consolidated stamp paid vide certificate No.CSD/188/2019/5022 DATED 23-OCT-2019"

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	PANDIT SUJATA SUKUMAR	Mother	56	100			

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 - Hadapsar on 13th Day of February 2020.

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Please see overleaf 3 of 4

TAX Invoice



Invoice No. : 27K263Y20P000893	Customer ID : CB0000055548
Invoice Date : 13/02/20	Policy No : P/151119/01/2020/019033
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : PANDIT NAKUL SUKUMAR	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Hadapsar
Address : PLOT NO-4, SAIBAI HOUSING SOC, NEAR MARKET YARD, LONAND TAL-KHANDALA, DIST-SARARA,	Address : Survey No.106-A/8 I Floor, Shivam Apartment, A Wing Sholapur Road, Hadapsar,Pune-411013
City : Lonand,Satara,Maharashtra-415521	City : HADAPSAR
State : Maharashtra	State : Maharashtra
Pincode : 415521	Pincode : 411013
Client Category : CORP	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	TaxableValue 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	5215	0	5215		469	469		Rs. 6153 /-

Total Invoice Value (in Figures) : Rs. 6153 /-

Total Invoice Value (in Words) : Rupees: Six thousand one hundred fifty-three 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

For Star Health and Allied Insurance Company Ltd.


Authorised Signatory

Please see overleaf 4 of 4