

Date: 23-Jun-2025

IMPORTANT

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DHARMARAJ NEMCHANDRA WAGANNAWAR, FLAT NO. 705/B-WING, SHREE SAINATH CO-OP HSG SOCIETY LTD BHANDUP EAST

Mumbai City, Maharashtra-**400042** Mobile: -/9869725043

Dear Customer,

#### Re: Health Insurance Policy - 2293112006084450

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.

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### **Medi Classic Insurance Policy (Individual)** Unique Identification No. SHAHLIP25038V082425 **POLICY SCHEDULE**

Policy No. :	2293112006084450	ce The III. Ith Insurance Special	: 11250215490605
Customer Code :	BP0054831374		: 27AAJCS4517L1ZY
Customer Name :	DHARMARAJ N WAGANNAVAR	SEE SEE MANUFACE	: 997133 / Accident and Health
Cust CKYC No :	10031023892470	more the second	Insurance Services
Proposer Code :	11587298	Issuing Office Code	: 171122
Proposer Name :	DHARMARAJ NEMCHANDRA WAGANNAWAR	Issuing Office Name	: Branch Office Thane II
Proposer Address: in the second Address and t	FLAT NO. 705/B-WING, SHREE SAINATH CO-OP HSG SOCIETY LTD BHANDUP EAST - Mumbai City Maharashtra 400042	Issuing Office Address	: 1st Floor, Panama Planet, Above Bharat Bank,Gokhale Road Naupada, THANE (W) Thane Town Maharashtra 400602
Phone No :	-/9869725043 Health Inducation The Health In	Phone No	: 022-67668500/502/520
E-mail Id	dharmarajwagannawar@gmail.co m	E-mail Id  Bealth Insurance The Hottle Insurance St	: ThaneII.mumbai@starhealth. n
Proposer GSTIN :	NO Health lasurance The Health	Place of Supply	: Maharashtra
Proposal Date 📑	22-Jun-2023 Despetable Insurance Specialist	Fulfiller Code	: SH24951
Date of Inception: of first policy Policy Category: Collection No:	22-Jun-2019  Sixth Year  211357000843	Intermediary Code	: BA0000164136
Collection Date :	23-Jun-2025	e Health Insurance Sp.	Health Personal & Caring Insurance
Premium :	RS. 17,073/and	Name Health	Ms.SUMEGHA D WAGANNAVAR
Health Insurance Specialist CGST @ 9%	RS. 1,537/	Phone No	19757496533
SGST @ 9% Health Insurance	RS. 1,537/- specific limits and linductions and limits and limits and limits and limits and limits	E-mail Id	: megha2169@gmail.co m
Total Premium : Stamp Duty   Health   H	Re. 1/-in insurance Specials	Personal & Carine Insurance	Personal & California Specialist
Total Premium In	Words : Rupees Twenty thousan	d one hundred forty se	Persons & Carling Insurance The Health Insurance
	: From : 23-Jun-2025 16:31 Hr	s <b>To:</b> Midnight of 22-	THE PARTY OF THE P

Entered by : SH23702 Approved by : SH23702 IRDAI Regn.No.129

(inclusive GST)

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For Star Health and Allied Insurance Company Ltd

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Emporate: Identity Number L66010TN2005PLC056649



### Attached to and forming part of Policy No: 2293112006084450

#### **Details of Insured Persons:**

No. of Persons Insured: 1

1	Personal & Corros  Pealifi Insurance Specialist		A A		Relationshi	Health Insurance Sum	Cumu.	ID	Optional Covers Opted			PERSONAL & Carring   Insi	
SI. Name	Name	e Gender	Name Gender Date of Birth	The same of the sa	in	p with Proposer	with Insured Bonu			Gold Plan	Hospital Cash	Patient Care	Inception date
1	DHARMARAJ N. WAGANNAVAR	Male	19-May- 1965	60 Health Insurance	Self ranal & the Health Insure	2,00,000	50,000	115872 98-1	No	No Personal 8 Carins	Health No Insurant	22-Jun-2019	

Pre Existing Disease:

No PED Declared

#### **Nominee Details:**

	Nominee Det	ails for the Pro	pose	Appointee Details				
S.No	Name Health	Relationship with proposer		% of the claim	Appointee Name	Appointee Age	Relationship with nominee	
Halth Lirance	SUMEGHA	Spouse	56	100	Positive Insurance The Insurance Operation of Special State of the Insurance Operation of Special State of the Insurance Operation of Special State of the Insurance Operation of the I	Ast.	Health Person	

The wording mentioned below appearing under Coverage II (M) in policy wording stands deleted. "Note: Yoga and Naturopathy systems of treatment are excluded from the scope of coverage under AYUSH treatment".

#### **Sector Classification:**

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Urban	The Health Insura Ico Sp	Urban	Personal & Caring Insurance	The July	Health Insurance 770
2 ( 5 4 11 11 11 11 11 11 11 11 11 11 11 11 1		The second secon			TATION OF THE PARTY OF THE PART

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#### **IMPORTANT**

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.

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.

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at **Branch**Office Thane II on 23rd Day of June 2025.

As per Section 34 of CGST Act of 2017, Policy Issued in one Financial Year and Cancelled in another Financial Year on or after 01st of December, then Only Premium Amount will be Refunded to the Customer and GST Amount will Not be Refunded. Customer has to Claim the Refund of GST Amount from the GST Portal.

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For Star Health and Allied Insurance Company Ltd

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## **Tax Invoice**



Invoice No.	: 272506I025166515	Customer II	BP0054831374
Invoice Date	23-Jun-2025	Policy No.	: 2293112006084450
The state of the s	Recipient		Supplier
GSTIN	halth persons Specially	GSTIN	: 27AAJCS4517L1ZY
Name Personal & C	: DHARMARAJ N WAGANNAVAR	Name :	: Star Health and Allied Insurance Co Ltd - Branch Office Thane II
Address	: FLAT NO. 705/B-WING, SHREE CO-OP HSG SOCIETY LTD, BHANDUP EAST	Address  Health Insurance Insurance	: 1st Floor, Panama Planet, Above Bharat Bank,Gokhale Road
The Access	400042 Health Insurance The House	h in surance Specialist	Naupada, THANE (W)
City	: Mumbai City Pin Code : 400042	City  Health Insurance	: Thane Town Pin Code : 400602
State	: Maharashtra Client : IND Category	State	: Maharashtra Place of Maharashtra supply

5		Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value
HSN / SAC Code	Description of Service(s)	A	В	C = A - B	D = C * IGST	E = C * CGST	F = C * UTGST or SGST	G= C * Cess	H = C + D + E+ F + G
997133	Insurance Services	17,073.00	0	17,073.00	He Oh	1,537.00	1,537.00	0	20,147.00

**Total Invoice Value (in Figures)** : Rs. 20,147/-

**Total Invoice Value (in Words)** : Rupees Twenty thousand one hundred forty seven 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

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

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

Corporate Identity Number L66010TN2005PLC056649 IRDAI Regn.No.129 Email ID: stargst@starhealth.in

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