



Star Health and Allied Insurance Company Limited

RENEWAL NOTICE

Policy No.P/111111/01/2018/006077

Date : 16/09/2018

K SENTHIL KUMAR

NO:6/5, CHAVADI STREET,
KORATTUR, CHENNAI-600080

Chennai (M Corp.),Chennai,Tamil Nadu-600080
89XXXXXX03 / - /seXXXXXX@gmail.com

Proposer/Customer Code : 8127380 / AA0006031404

Branch Office - Anna Nagar-111111

Plot No C.39, II avenue,II floor, Western wing,
AnnaNagar, Chennai-600040
CHENNAI - 600040
044-49042700 / 01/ 02
chennai.annanagar@starhealth.in

Reference No : R/111111/01/2019/007029 - Direct Receipt

Dear Customer,

We value your relationship with us and thank you for the same. We wish to bring to your kind notice that your **Family Health Optima Insurance Policy** is due for renewal on **16/11/2018**. The renewal premium, including GST, works out to Rs.**10054/-** as per details given below.

S. No	Name of the Insured	Date of Birth	Age as on Renewal	Relationship with proposer	Sum Insured (Rs.)	Premium (Rs.)
1	K SENTHIL KUMAR	04/02/1984	34	SELF	300000	8520
2	S BABY PRIYA	18/10/1990	28	SPOUSE		
3	S.B.PRAJAN	06/07/2011	7	DEPENDANT CHILD		
GST@ 18%						1534
Total Renewal Premium						10054
To match escalation of medical costs, you can also opt for higher Sum Insured. The higher sum insured options and the respective premium (including Tax) are given below						
SI 400000 Rs.11375/-	SI 500000 Rs.12738/-	SI 1000000 Rs.16473/-	SI 1500000 Rs.19441/-	SI 2000000 Rs.21883/-	SI 2500000 Rs.24178/-	

If there is any change in the list of insured persons to be covered and/ or you desire any changes in the sum insured etc., please inform us immediately so that we can work out the revised renewal premium and advise you. Otherwise, please arrange to remit the renewal premium of Rs.**10054/-** on or before **15/11/2018**. Please note that the payment of premium by any mode other than by cash will be eligible for benefit under Sec. 80 D of the Income Tax Act. If you pay by Cheque or DD, please make payment in favour of **Star Health and Allied Insurance Company Limited.,**

We request you to renew the policy before the renewal date to ensure continuity of cover and renewal benefits.

"Please furnish your **mobile number** and **email id** in the space provided below to enable our company to communicate with you as our valued customer, whenever required".

Mobile Number :	Email id :
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You can also update your Address / Mobile No / E Mail ID, online by visiting our website www.starhealth.in.

Please note that this policy can be renewed online or using your mobile. Kindly log on to our website www.starhealth.in to know the details.

Always at your service.

For Star Health and Allied Insurance Company Limited

Authorised Signatory

Intermediary Name/Code: K SENTHIL KUMARAN/BA0000167871
Phone No : 9884204641
Fulfiller Name/Code : Mr.SELVI SENTHILKUMARAN/SH1752
Phone No : 9840350514

IRDA Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : info@starhealth.in

Star Health and Allied Insurance Co.Ltd Spot Acknowledgement

Acknowledged hereby receipt of Cash / Cheque / DD No. _____ Dt _____ for Rs. _____/- drawn on _____ from Mr./Mrs/Ms. _____ towards premium for the renewal of Policy No. _____.

A system generated "Advance Premium Receipt" for this payment will follow from our office, which is subject to realization of the cheque.

Name & Code of the Authorised Person
Place:
Date:

Signature of Authorised Person