

Arogya Sanjeevani Policy, Star Health and Allied Insurance Co Ltd.
Certificate of Insurance UNIQUE ID: SHAHLIP22027V032122

In consideration of payment of Rs.9640/- towards renewal premium of **Policy number: P/151121/01/2022/021819**, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151121/01/2023/015307			
Customer Code	: AA0016531669	GSTIN	: 27AAJCS4517L1ZY
Customer Name	: Jayashree Ramkrushna Pathak	SAC Code	: 997133/Accident and Health Insurance Services
Proposer's Code	: 19549019	Issuing Office Code	: 151121
Proposer's Name	: Jayashree Ramkrushna Pathak	Issuing Office Name	: Branch Office - Nashik II
Address	: N-31 A 1/8/10 , behind mataji kirana, vijay nagar cidco colony Nashik, Nashik, Maharashtra -422009	Address	: 3rd floor, Bedmutha's Navkar Empire, Opp Big Bazaar, collage road, Nashik
Phone No	: 73XXXXXX81 / -	Phone No	: 0253-6799197 / 0253-6799196
E-mail Id	: prXXXXXXX@gmail.com	E-mail Id	: nashik2@starhealth.in
Proposer GSTIN	: -	Place of Supply	: -
Proposal date	: 25/12/2020	Fulfiller Code	: SH25741
Date of Inception of first policy	: 25-DEC-2020	Intermediary Code: BA0000423507 Name : Mrs.SANDHYA PRAMOD PATHAK Phone No : 8857906244/8857906244 E-mail Id : pramodpathak531@gmail.com	
Policy Category	: Second Year		
Collection Number	: 1296017198		
Collection Date	: 24/12/2022		
Premium :Rs 8,170/- CGST @9% :Rs 735/- SGST / UTGST @9% :Rs 735/- Stamp Duty :Rs 1/- Total Premium :Rs 9,640/-			
Total Premium In Words	: Rupees Nine Thousand Six Hundred Forty Only	Installment Facility Opted : No	
Premium Payment Frequency	: Annual	Installment Amount Rs. : 0	
Period of Insurance	: FROM 26/12/2022 00:00 TO : Midnight Of 25/12/2023		

Details of Insured Persons :

Sl. no.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	Sum Insured (Rs.)	Bonus Rs	ID Card No	Inception Date
1	Jayashree Ramkrushna Pathak	F	20/04/1970	52	SELF	300000	30000	19549019-1	25/12/2020

For detailed coverage, terms & Conditions and exclusions, kindly visit website : www.starhealth.in

IMPORTANT

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 Email: support@starhealth.in, Fax No: 1800 425 5522.**

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

Entered by : PREMIA
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649
Email ID : info@starhealth.in

Authorised Signatory

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Attached to and forming part of Policy No : P/151121/01/2023/015307

" CONSOLIDATED CERTIFICATE LOA/CSD/489/2022/4371 DATED 10-OCT-2022"

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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