



# Star Health and Allied Insurance Company Limited

## RENEWAL REMINDER

Policy No.P/141141/01/2023/000471

Date : 28/03/2023

**Mr. ANTONY BIBBIN JOHN**

53, 2nd Cross, LG LAKE DEW LAYOUT, Bileshivale,  
Doddagubbi Post, adjacent to World Courier Pvt limited  
(DIAGNOLLAY OPP to FERNS MEADOWS), BANGALORE - 560077.  
Bangalore,Bangalore,Karnataka- **560077**  
96XXXXXX41 / - /biXXXXXX@gmail.com

**Branch Office - Hebbal II-141141**

NO. 255, 2nd Floor, 1st Main,  
1st Cross,Ganganagar,  
Bangalore - 560032  
BANGALORE - 560032  
080 - 4613 1777  
hebbal2.bo@starhealth.in

Proposer/Customer Code : 2142050 / AA0000243861

Reference No : R/141141/01/2024/000120 - 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 **26/04/2023**. The renewal premium, including GST, works out to Rs.**27559/-** 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	MRS. MARY FLORENCE BIBBIN	24/06/1971	51	SPOUSE	400000	23355
2	MR. ANTONY BIBBIN JOHN	02/02/1968	55	SELF		
3	MAST. NEIL BIBBIN JOHN	15/05/1998	24	DEPENDANT CHILD		
4	MAST. NOEL BIBBIN JOHN	13/04/2005	18	DEPENDANT CHILD		
GST@ 18%						4204
Total Renewal Premium						27559

**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.**27559/-** on or before **25/04/2023**. 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".

<b>Mobile Number :</b>	<b>Email id :</b>
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You can also update your Address / Mobile No / E Mail ID, online by visiting our website [www.starhealth.in](http://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](http://www.starhealth.in) to know the details.**

Always at your service.

For Star Health and Allied Insurance Company Limited

Authorised Signatory

**Intermediary Name/Code:** Mr.A ROBIN PRASHANTH/BA0000058609

**Phone No :** 9686066088

**Fulfiller Name/Code :** 141141 SO CODE/SO141141

**Phone No :**

IRDA Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID : [info@starhealth.in](mailto: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



# Star Health and Allied Insurance Company Limited

Sheet attached to and forming part of the Renewal Reminder  
( for Health/Personal Accident)

Name of the Proposer : Mr. ANTONY BIBBIN JOHN  
Policy Number : P/141141/01/2023/000471

As per the Regulatory requirements ,we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS).

For this purpose please submit the following details

Name of the proposer	
Name of the Bank & Branch	
Type of Account	SB Account / Current Account / Others (please specify)
Account Number	
IFSC Code of Bank	

Please attach a photo copy of a cheque leaf of the above Bank Account.

Date :  
Place : Signature of the Proposer

IRDA Regn. No 129 Corporate Identity Number L66010TN2005PLC056649 Email ID : [info@starhealth.in](mailto:info@starhealth.in)

Star Health and Allied Insurance Co.Ltd  
Spot Acknowledgement

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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 Signature of Authorised Person  
Place:  
Date: