

Date: 04-Jul-2024 IMPORTANT

To.

MR.SURESH DUNDAPPA KOSHTI , 8/1317/4 RUTURAJ COLONY SANGLI ROAD, ICHALKARANJI KOLHAPUR 416115

Ichalkaranji, Maharashtra-**416115** Mobile: 0/9850817193

Dear Customer,

Re: Health Insurance Policy - 11240334369805

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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Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V022223

In Consideration of payment of Rs. 29,942/- towards renewal premium of policy number:11240334369804, the policy stands renewed for a further period of 1 Year as per the details given below

	Renewal Endorseme	nt No:11240334369805	Personal & Caring Insurance
Customer Code	11630568	GSTIN Personal & Caring Insurance	: 27AAJCS4517L1ZY
Customer Name	: MR.SURESH DUNDAPPA KOSHTI	SAC Code	: 997133 / Accident and Health
Cust CKYC No	Health row Health Insurance SporeInter	A Figure Health	Insurance Services
Proposer Code	11630568	Issuing Office Code	: 151117
Proposer Name Proposer Address	: MR.SURESH DUNDAPPA KOSHTI : 8/1317/4 RUTURAJ COLONY SANGLI ROAD, ICHALKARANJI KOLHAPUR 416115	Issuing Office Name Issuing Office Address	 Branch Office - Kolhapur 1st Floor, C.S.NO 520/2,'E 'Ward Shahupuri,SL Benadikar Path Near C.B.S. Karvir Tehsil Maharashtra
Health personal the Health Insu	Ichalkaranji Maharashtra 416115	Health Insurance The Realth Insurance The Realth Insurance	416001
Phone No	: 0/9850817193 Health Insurance Processing Market Specific February Specific Februar	Phone No	: 0231-6650913/0231-6650909
E-mail Id	In a carine Insurance The Hamiltonian Specialist	E-mail Id	: kolhapur.pune@starhealth.in
Proposer GSTIN	: NO	Place of Supply	: Maharashtra
Proposal date	27-Jun-2019	Fulfiller Code	: SH49790
Date of Inception of first policy	13-Jul-2019	Personal & Carine Insurance Person	ASTARS Health Insurance
Renewal Year	Fifth Year	Intermediary	: BA0000406153
Collection No	: 151117/RV/2025/0142309480	Code Health Insurance	Information Health Insurance
Collection Date	: 04-Jul-2024	The Health U.C.	Health Personne The Health Insurance Specialist
Premium Health Insurance	Rs. 25,374/-	Name Health Insurance	: MRS.SWAROOPA SURESH KOSHTI
CGST @ 9%	RS. 2,284/- Health Incurance Specialist	Phone No	:9850817193/985081719 3
SGST @ 9%	Rs. 2,284/- Health Personal & Carine Health Personal	E-mail Id	: shreyan19@rediffmail.
Stamp Duty	Rs. 29,942/-	hith restonal & carine Industrial Restoration of the Health Insurance Specialist	A SEE wealth Presional & Couling
Total Premium I	n Words : Rupees Twenty Nine th two only	ousand nine hundred	FORTY PERSONS & Caring Linearing
PERIOD OF INSUR	ANCE : From : 13-Jul-2024 00:00	To: Midnight Of 1	2-Jul-2025 Policy Term : 1 Yea
Installment Facilit	y Option: No Premium Payment Fre	quency:Annual In	stallment Amount Rs. : 0/-
Policy Type : FLOA	TER The Health Incurance Space Inc.	Scheme Description: 2	A° Ino Herita
Basic Floater Sum	Insured : Rs. 5,00,000/-	Bonus : Rs. 2,50,000/-	Health Person
		A. A. C.	Saline Insuran
Sum Insured In W	ords: Rupees Five lakhs only	A == ==	aith personal a specialist

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IRDAI Regn.No.129 28/MAR/2023

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Attached to and forming part of Policy No: 11240334369805

Details of Insured Persons:

SI. Name of the Insured		Gender Date of Bir		Age in Yrs	Relationship with Proposer	ID Card No	Inception date	
1	SURESH DUNDAPPA KOSHTI	Male	02-Mar-1966	58	Self Insurance	11630568-1	13-Jul-2019	
re E	xisting Disease : Treatment	of diseases re	elated to CardioVasc	ular System	errons. alth Insurance Specialist	A -=	personal & Carlo	
2	SWAROOPA SURESH KOSHTI	Female	01-Jun-1972	52	Spouse	11630568-2	13-Jul-2019	
re E	xisting Disease: No PED De	clared	A -==		Personal & Caring Insurance	THE REAL PROPERTY.	-AETA	

Sector Classification:

The Holling		A CANADA S C	-==
Urban Persona & Caring Line	<	Health Insurance The Health Insurance Space	Personal &

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE NO. LOA/CSD/667/2023/1172 DT. 28/MAR/2023"

Please check whether the details given by you about the insured person(s) 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.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

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.

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 - Kolhapur on 04th Day of July 2024.

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.

Authorised Signatory

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Tax Invoice



Invoice No.	: 272407I01212	23906	Customer ID	: 11630568	=				
Invoice Date : 04-Jul-2024			Policy No.	: 11240334369805	Personal & Citi				
17.11.12	Recipie	nt		Supplier					
GSTIN	Health Insurance	nsurance Specially	GSTIN	: 27AAJCS4517L1ZY	_==				
Name Personal & Co	: MR.SURESH D	UNDAPPA KOSHTI	Name co	: Star Health and Allied Insurance Co Ltd - Branch Office - Kolhapur	gersonel alth Ins				
Address	ess : 8/1317/4 RUTURAJ COLONY SANGLI ROAD, ICHALKARANJI KOLHAPUR 416115			: 1st Floor, C.S.NO 520/2,'E 'Ward Shahupuri,SL Benadikar Path					
	Health Health	Personal & Carine Insurance Personal & Carine Insurance Property Insurance I	Han	Near C.B. Smith	_				
City Health Insurance The Health	: Ichalkaranji	Pin Code : 416115	City Health Insurance Health Insurance Specialist	: Karvir Tehsil Pin Code : 416001					
State	: Maharashtra	Client : IND Category	State Health Insurance	: Maharashtra Place of : Maharashtra supply	1				

			Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value	1
1 S	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	
Marill C	997133	Insurance Services	25,374.00	0	25,374.00	personal & Carins Insurance Specif	2,284.00	2,284.00	0	29,942.00	

Total Invoice Value (in Figures) : Rs. 29,942/-

Total Invoice Value (in Words) : Rupees Twenty Nine thousand nine hundred forty two only

Amount of Tax Subject to reverse Charge

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.

<u>This is a digitally signed document and hence no physical signature is required</u>

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

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