

IMPORTANT

To,

SHYAMA PROSAD BARUA,
QTR NO. GD-25/C, THIRD UNIT COLONY, DVC DTPS, DURGAPUR-7,
DIST-BARDHAMAN, WEST BENGAL

Durgapur, Bardhaman, West Bengal-713207
Mobile : 8802299224.

Dear Customer,

Re: Health Insurance Policy - P/191114/01/2019/006815

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 stay in eligible room as stated in the policy, to avoid payment of proportionate increased charges claimed by the hospitals, from your hand.

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.

Family Health Optima Insurance Plan
Unique Identification No. IRDAI/HLT/SHAI/P-H/V.III/129/2017-18
Policy Schedule

In consideration of payment of Rs.11388 /- towards renewal premium of **Policy number: P/191114/01/2018/006668**, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No		P/191114/01/2019/006815	
Customer Code : AA0002069251		GSTIN : 19AAJCS4517L1ZV	
Customer Name : SHYAMA PROSAD BARUA		SAC Code : 997133/Accident and Health Insurance Services	
Proposer Code : 1838077		Issuing Office Code : 191114	
Proposer Name : SHYAMA PROSAD BARUA		Issuing Office Name : Branch Office - Durgapur	
Address : QTR NO. GD-25/C, THIRD UNIT COLONY, DVC DTPS, DURGAPUR-7, DIST-BARDHAMAN, WEST BENGAL Durgapur,Barddhaman,West Bengal-713207		Address : SM-10, Ambedkar Sarani,City Centre,Durgapur - 713 216.	
Tel/Mobile : 8802299224/8802299224/0		Tel/Mobile : 0343 - 2546041 / 42 / 44 / 45	
E-mail id : shyama.nsn@gmail.com		E-mail id : durgapur@starhealth.in	
Proposer GSTIN : -		Place of Supply : -	
Proposal date : 25/07/2011		Fulfiller Code : SH6622	
Date of Inception of first policy : 25-JUL-11		Intermediary Code : BA0000007617 Name : SAMIRAN MITRA Tel/Mobile : 0343-2591042/9434537015 E-mail id : samiran.dtps@gmail.com	
Renewal Year : Seventh Year			
Receipt No & Date : 1146007209 & 07/09/2018			
Premium : Rs 9650 /-			
CGST @9% : Rs 869/- SGST / UTGST @9% : Rs 869/- Total Premium : Rs 11388 /- Stamp Duty : Re 1 /-			
Total Premium In Words : Rupees Eleven Thousand Three Hundred Eighty Eight Only			

Period of insurance	From : 23/09/2018 00:00:00	To : Midnight of 22/09/2019
Basic Floater Sum Insured	: 400000	Scheme Description : 2A+1C
In words	: Rupees: Four Lakhs Only	
Bonus: Rs.	180000	Limit of Coverage : Rs. 580000
		Recharge Benefit : Rs. 100000

Details of Insured Persons :

Sl. No.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Pre-existing Disease	Inception Date
1	SHYAMA PROSAD BARUA	M	27/12/1979	38	SELF	1838077-1	No PED declared	25/07/2011
2	APARAJITA BARUA	F	01/05/1986	32	SPOUSE	1838077-2	No PED declared	25/07/2011
3	SPANDAN BARUA	M	04/02/2018	0	DEPENDANT CHILD	1838077-3	No PED declared	17/03/2018

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For Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : support@starhealth.in



Authorised Signatory

Attached to and forming part of Policy No. P/191114/01/2019/006815

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Age	Relationship with Nominee

Sector Classification

Urban		
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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.

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).

Condition No. 3 regarding delay in payment of claim shall read as follows and not as stated in policy wordings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

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 / 1800 102 4477 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 - Durgapur on 07th Day of September 2018.

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For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

Policy No P/191114/01/2019/006815 **Type Of Policy** : Family Health Optima Insurance - 2017
Issue Office 191114 - Branch Office - Durgapur
Address SM-10, Ambedkar Sarani, City
Centre, Durgapur - 713 216.
Toll Free No 0343 - 2546041 / 42 / 44 / 45
Email durgapur@starhealth.in

This is to certify that SHYAMA PROSAD BARUA has paid Rs 11388 (Total Premium In Words : Indian Rupees Eleven Thousand Three Hundred Eighty-Eight Only) towards Premium for Hospitalization Insurance vide Policy No: P/191114/01/2019/006815 for the Period 23-SEP-18 To 22-SEP-19 issued on 07-SEP-18 .
Payment received by Cheque/Credit/Debit Card vide collection No:1146007209

Note :- This Certificate must be surrendered to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No.	19F146Y19P000258	Customer ID	AA0002069251
Invoice Date	07/09/18	Policy No	P/191114/01/2019/006815
Recipient		Supplier	
GSTIN	:	GSTIN	: 19AAJCS4517L1ZV
Proposer Name	:	NAME	: Star Health and Allied Insurance Co Ltd - Branch Office - Durgapur
Address	:	Tel/Mobile	: SM-10, Ambedkar Sarani, City Centre, Durgapur - 713 216.
	:		:
City	:	City	: DURGAPUR
State	:	State	: West Bengal
Pincode	:	Pincode	: 713 216
Client Category	:	Place of Supply	: 19 - West Bengal

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST @ 9% F = C * UTGST or SGST	Total Invoice Value H = C + D + E + F
99713	Insurance Services	9650	0	9650		869	869	Rs. 11388

Total Invoice Value (in Figures) : Rs. 11388
Total Invoice Value (in Words) : Rupees: Eleven thousand three hundred eighty-eight 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.

E. & O.E

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

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

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For Star Health and Allied Insurance Company Ltd.



Authorised Signatory