

IMPORTANT

13-MAY-23

To,

Mr.ASHUTOSH KUMAR
Ashutosh Kumar House no 13, Block A1 Manjusha nivas
Near Rani Public school Sant nagar, Burari Delhi

New Delhi,North,Delhi -**110084**
Mobile : 8826694215.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2024/028266

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly. If you or any of the insured person(s) have suffered or suffering from any of the diseases which has not been mentioned in the proposal, the claim that may arise will result in the repudiation of the claim/ cancellation of the policy. The other option for you is to continue with the previous insurer.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 15 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,



Authorised Signatory

"Let Star Health help you to become healthier and happier. Star Wellness Benefits includes Mind Body healing and other Condition management programmes (Weight management, Diabetes etc....) Visit www.starhealth.in / customer portal login and start your journey with us to Better Health".

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.

STAR COMPREHENSIVE INSURANCE POLICY
SCHEDULE (Floater)
UNIQUE ID: SHAHLIP22028V072122

| | |
|--|---|
| Policy No. : P/161130/01/2024/028266 | Previous Policy No. : 17545821 |
| Customer Code : AA0029689452 | GSTIN : 06AAJCS4517L1Z2 |
| Customer Name : ASHUTOSH KUMAR | SAC Code : 997133/Accident and Health Insurance Services |
| Proposer's Code : 33376282 | Issuing Office Code : 161130 |
| Proposer's Name : Mr.ASHUTOSH KUMAR | Issuing Office Name : Branch Office - Gurgaon III |
| Address : Ashutosh Kumar House no 13, Block A1 Manjusha nivas Near Rani Public school Sant nagar, Burari Delhi New Delhi,North,Delhi -110084 | Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001 |
| Phone No : nil/8826694215/ | Phone No : 0124-4797452 |
| E-mail Id : Ashutosh.kumar@htlive.com | E-mail Id : gurgaon3@starhealth.in |
| Proposer GSTIN : - | Place of Supply : - |
| Proposal date : 12/05/2023 | Fulfiller Code : SH60442 |
| Date of Inception of first policy : 04-JUL-2023 Renewal Year : NEW Collection Number : 1439028136 Receipt Date : 10/05/2023 Premium :Rs 14,340 /- IGST @18% : 2,581 /- Stamp Duty :Rs 1 /- Total Premium :Rs 16,921 /- | Intermediary Code : OL0000000032 Name : M/S.OFFICE DIRECT - JSPS Phone No : 8448789517/8448789517 E-mail Id : star.jsps@starinsurance.in |
| Total Premium In Words : Rupees Sixteen Thousand Nine Hundred Twenty One Only Installment Facility Optn :No | |
| Premium Payment Frequency :Annual Installment Amount : Rs. 0 | |
| Period of Insurance : FROM 04/07/2023 00:00 TO : Midnight Of 03/07/2024 | |
| Scheme Description (Family Size) : 2 ADULTS + 1 CHILD | Basic Floater Sum Insured : Rs. 500000 /- |
| Bonus : Rs. 0 /- | |
| Sum Insured Under Section 1 (Health) Rs. 500000 /- Policy Term : 1 Year | |
| Capital Sum Insured Under Section 10 (For Accidental Death & Permanent Total Disablement) : Rs. 500000 /- For Mr / Ms. ASHUTOSH KUMAR Only. | |

Entered by : STAR_PORTAL

Aproved by : SH41768

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID : info@starhealth.in

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Attached to and forming part of Policy No : P/161130/01/2024/028266

Details of Insured Persons :

| Sl. no. | Name of the Insured | Sex | Date of Birth | Age in Yrs | Relationship with Proposer | ID Card No | Co-Pay | Buy Back PED Opted | Pre-Existing Disease/s | Inception Date |
|---------|---------------------|-----|---------------|------------|----------------------------|------------|--------|--------------------|------------------------|----------------|
| 1 | ASHUTOSH KUMAR | M | 01/03/1983 | 40 | SELF | 33376282-1 | 0 | No | No PED declared | 03/07/2018 |
| 2 | Sarita Kumari | F | 05/04/1986 | 37 | SPOUSE | 33376282-2 | 0 | No | No PED declared | 03/07/2018 |
| 3 | Rishabh K Ashutosh | M | 16/12/2010 | 12 | DEPENDANT CHILD | 33376282-3 | 0 | No | No PED declared | 03/07/2018 |

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).

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

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.

Sector Classification :

| |
|-------|
| Urban |
|-------|

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

Nominee Details

| Nominee Details for the proposer | | | | | Appointee Details | | |
|----------------------------------|---------------|----------------------------|-----|-----|-------------------|-----|---------------------------|
| S.No. | Name | Relationship with proposer | Age | % | Appointee Name | Age | Relationship with Nominee |
| 1 | Sarita Kumari | Spouse | 37 | 100 | | | |

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For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Continuity Benefits applicable is as follows

| S.No. | Name Of the Insured | Id Card No | 30 Days Waiting Period | 1st Year Exclusions | First Two Year Exclusion | Pre Existing Disease |
|-------|---------------------|------------|------------------------|---------------------|--------------------------|----------------------|
| 1 | ASHUTOSH KUMAR | 33376282-1 | Waived | Not Applicable | Waived | Covered |
| 2 | Sarita Kumari | 33376282-2 | Waived | Not Applicable | Waived | Covered |
| 3 | Rishabh K Ashutosh | 33376282-3 | Waived | Not Applicable | Waived | Covered |

"A waiting period apply as fresh from the date of enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased current sum insured".

In witness whereof the undersigned being authorised by and on behalf of the company has set his hand at **Branch Office - Gurgaon III** on **13th Day of May 2023**.

Permanent Exclusion Details

| Insured Name | ID Card | Permanent Exclusion Disease |
|--------------|---------|-----------------------------|
|--------------|---------|-----------------------------|

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For Star Health and Allied Insurance Company Ltd.



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Emergency Help Line No. 1800 425 2255 / 1800 102 4477

e-mail : support@starhealth.in Website : www.starhealth.in

Please quote the Customer Id No. for assistance

- ▶ This Card is valid until otherwise Cancelled.
- ▶ This ID Card is invalid, if the insurance cover is not in force
- ▶ Immediate intimation to 'Star' through above Tel Nos. is a must in case of Hospitalisation.

At the time of hospitalization, kindly submit any **Government approved photo ID Card**.

Corporate Identity Number: **L66010TN2005PLC056649**



**Star Health and Allied Insurance
Company Limited**

Customer Identity Card

Customer ID No. : 33376282-2

Name : Sarita Kumari

Date Of Birth : 05-APR-86 **Age** : 37 Years

Gender : Female **Office Code** : 161130

Valid From : 04-JUL-23 **TA/SSM/SM Code** : SH60442

Agent/Broker/TE Code : OL0000000032

IRDAI Regn. No:129



**Star Health and Allied Insurance
Company Limited**

Customer Identity Card

Customer ID No. : 33376282-3

Name : Rishabh K Ashutosh

Date Of Birth : 16-DEC-10 **Age** : 12 Years

Gender : Male **Office Code** : 161130

Valid From : 04-JUL-23 **TA/SSM/SM Code** : SH60442

Agent/Broker/TE Code : OL0000000032

IRDAI Regn. No:129



**Star Health and Allied Insurance
Company Limited**

Customer Identity Card

Customer ID No. : 33376282-1

Name : ASHUTOSH KUMAR

Date Of Birth : 01-MAR-83 **Age** : 40 Years

Gender : Male **Office Code** : 161130

Valid From : 04-JUL-23 **TA/SSM/SM Code** : SH60442

Agent/Broker/TE Code : OL0000000032

IRDAI Regn. No:129

Entered by : STAR_PORTAL

Approved by : SH41768

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

TAX Invoice

| | |
|---|--|
| Invoice No. : 6B439Y24P0007191 | Customer ID : AA0029689452 |
| Invoice Date : 13/05/23 | Policy No : P/161130/01/2024/028266 |
| Recipient | Supplier |
| GSTIN : - | GSTIN : 06AAJCS4517L1Z2 |
| Proposer's Name : Mr.ASHUTOSH KUMAR | NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III |
| Address : Ashutosh Kumar House no 13, Block A1 Manjusha nivas Near Rani Public school Sant nagar, Burari Delhi | Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001 |
| City : - | City : GURGAON III |
| State : Delhi | State : Haryana |
| Pincode : 110084 | Pincode : 122001 |
| Client Category : IND | Place of Supply : 6 - Haryana |

| 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 | CESS@1% G=C*Cess | Total Invoice Value H =C+D+E +F+G |
|----------------|---------------------------|------------|---------------|----------------------------|----------------------------|--------------------------|-------------------------------------|---------------------|--------------------------------------|
| 997133 | Insurance Services | 14340 | 0 | 14340 | 2581 | | | | Rs. 16921 |

Total Invoice Value (in Figures) : Rs. 16921
Total Invoice Value (in Words) : Rupees: Sixteen thousand nine hundred twenty-one 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.

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.

E. & O.E

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

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

Entered by : STAR_PORTAL
Approved by : SH41768

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

| | |
|---------------------|-------------------------------------|
| Name Of the Product | Star Comprehensive Insurance Policy |
| Product UIN No. | SHAHLP22028V072122 |

Summary of Important Benefits

| S.No | Particulars of Coverage / Benefits | Benefit Limits (in Rs.) | | | | | | | | | Refer to Policy clause No. |
|------|--|---|---|---|---|---|---|---|---|---|---|
| | Sum Insured (in Rs.) | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 | 50,00,000 | 75,00,000 | 1,00,00,000 | |
| 1 | Room Rent (Per Day) - Up to *Hospitalization expenses will be considered in proportion to the eligible Room Rent | Private Single A/c Room | | | | | | | | | II.Section 1(A) |
| 2 | Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, blood, oxygen, operation theatre charges, Surgical Appliances, Medicines and Drugs | Actual | | | | | | | | | II. Section 1(B & C) |
| 3 | Road Ambulance charges(per policy period) | Actual | | | | | | | | | II.Section 1(D) |
| 4 | Air Ambulance charges | Up to Rs.2,50,000/- per hospitalization not exceeding Rs.5,00,000/- per policy period | | | | | | | | | II.Section 1(E) |
| 5 | Pre-Hospitalization Expenses | Up to 60 days prior to admission | | | | | | | | | II.Section 1(F) |
| 6 | Post-Hospitalization Expenses | Up to 90 days from the date of discharge | | | | | | | | | II.Section 1(G) |
| 7 | Out Patient Medical Consultation Coverage other than Out Patient Dental/ Ophthal | Up to 1,200/- (per Consultation limit Rs.300/-) | Up to 1,500/- (per consultation limit Rs.300/-) | Up to 2,100/- (per consultation limit Rs.300/-) | Up to 2,400/- (per consultation limit Rs.300/-) | Up to 3,000/- (per consultation limit Rs.300/-) | Up to 3,300/- (per consultation limit Rs.300/-) | Up to 5,000/- (per consultation limit Rs.300/-) | Up to 5,000/- (per consultation limit Rs.300/-) | Up to 5,000/- (per consultation limit Rs.300/-) | II.Section 1(H) |
| 8 | Domiciliary hospitalization | Coverage for medical treatment for a period exceeding three days | | | | | | | | | II.Section 1(I) |
| 9a. | Delivery Charges(Normal Delivery) | 15,000/- | 25000/- | 30000/- | 30000/- | 30000/- | 30000/- | 50000/- | 50000/- | 50000/- | II. Section 2.B |
| 9b. | Delivery Charges(Caesarean Delivery) | 20000/- | 40000/- | 50000/- | 50000/- | 50000/- | 50000/- | 100000/- | 100000/- | 100000/- | |
| 10 | New Born Cover | 100000/- | 100000/- | 100000/- | 100000/- | 100000/- | 100000/- | 200000/- | 200000/- | 200000/- | |
| 11 | Vaccination Expenses for New Born (Subject to a valid claim under 9a or 9b above) | 5,000/- | 5,000/- | 5,000/- | 5,000/- | 5,000/- | 5,000/- | 10,000/- | 10,000/- | 10,000/- | II. Section 2.C |
| 12 | Waiting Period for Delivery | 24 months for first delivery from first inception of the policy 24 months from claim under 9a or 9b for next delivery | | | | | | | | | Special condition no.1- Under Section 2 |
| 13 | Out-patient Dental and Ophthalmic Treatment Coverage- Once in a block of every 3 years of continuous renewal | Up to 5,000/- | Up to 5,000/- | Up to 10,000/- | Up to 10,000/- | Up to 10,000/- | Up to 10,000/- | Up to 15,000/- | Up to 15,000/- | Up to 15,000/- | II Section 3 |
| 14 | Organ Donor Expenses | Payable up to the Basic Sum Insured | | | | | | | | | II.Section 4 |
| 15 | Hospital Cash Benefit upto 7 days per occurrence & upto 120 days per policy period. (1 day time excess) | 500/- per day | 750/- per day | 750/- per day | 1000/- per day | 1000/- per day | 1500/- per day | 2500/- per day | 2500/- per day | 2500/- per day | II.Section 5 |
| 16 | Health Check Up for every claim free years of continuous renewal | Up to 2,000/- | Up to 2,500/- | Up to 3,000/- | Up to 4,000/- | Up to 4,500/- | Up to 4,500/- | Up to 5,000/- | Up to 5,000/- | Up to 5,000/- | II.Section 6 |
| 17 | Bariatric Surgery(per policy period) | 2,50,000/- | 2,50,000/- | 2,50,000/- | 2,50,000/- | 5,00,000/- | 5,00,000/- | 5,00,000/- | 5,00,000/- | 5,00,000/- | II.Section 7 |
| 18 | Second Medical Opinion | The Insured Person is given the facility of obtaining a medical Second Opinion from a Doctor in the Company's network of Medical Practitioners. | | | | | | | | | II. Section 8 |
| 19 | AYUSH Treatment(Per Policy Period) | Up to 15,000/- | Up to 15,000/- | Up to 15,000/- | Up to 15,000/- | Up to 20,000/- | Up to 20,000/- | Up to 30,000/- | Up to 30,000/- | Up to 30,000/- | II.Section 9 |
| 20 | Day Care Treatments / Procedures | All Day Care Procedures | | | | | | | | | Under Important Note. Point No.1 |
| 21 | Accidental Death and Permanent Total Disablement | 5,00,000/- | 7,50,000/- | 10,00,000/- | 15,00,000/- | 20,00,000/- | 25,00,000/- | 50,00,000/- | 75,00,000/- | 1,00,00,000/- | II. Section 10 |
| 22 | Star Wellness Program | Discount in the Renewal premium for healthy life style through wellness activities. | | | | | | | | | II. Section 11 |
| 23 | Buy Back Pre Existing Disease(Optional Cover) | Waiting Period of Pre Existing Disease reduces from 36 months to 12 months | | | | | | | | | II.Section 12 |
| 24 | Automatic Restoration of Sum Insured (Applicable for Section 1 only) | 100% (once during policy period) | | | | | | | | | IV.30a |
| 25 | Coverage for Modern Treatment | Covered up to limits mentioned in the policy clause | | | | | | | | | II.Section 13 |
| 26 | Instalment Facility (If Opted) | Available | | | | | | | | | IV.13 |

Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.

Entered by : STAR_PORTAL
Aproved by : SH41768

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory