

**IMPORTANT**

30-APR-23

To,

Mr.SANJAY PODUVAL

FLAT NO - 201 PRIYANKA RESIDENCY MANIK SAI ENCLAVE SAINIK PURI TELENGANA  
HYDERABAD

Hyderabad,Rangareddi,Telangana -**500094**

Mobile : 8985007465.

Dear Customer,

**Re: Health Insurance Policy - P/161130/01/2024/020934**

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.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void ab initio.

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](http://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**

<b>Policy No.</b> : P/161130/01/2024/020934	<b>Previous Policy No.</b> :
<b>Customer Code</b> : AA0029631108	<b>GSTIN</b> : 06AAJCS4517L1Z2
<b>Customer Name</b> : SANJAY	<b>SAC Code</b> : 997133/Accident and Health Insurance Services
<b>Proposer's Code</b> : 33300341	<b>Issuing Office Code</b> : 161130
<b>Proposer's Name</b> : Mr.SANJAY PODUVAL	<b>Issuing Office Name</b> : Branch Office - Gurgaon III
<b>Address</b> : FLAT NO - 201 PRIYANKA RESIDENCY MANIK SAI ENCLAVE SAINIK PURI TELENGANA HYDERABAD  Hyderabad,Rangareddi,Telangana - 500094	<b>Address</b> : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
<b>Phone No</b> : nil/8985007465/	<b>Phone No</b> : 0124-4797452
<b>E-mail Id</b> : sanjaycaps@gmail.com	<b>E-mail Id</b> : gurgaon3@starhealth.in
<b>Proposer GSTIN</b> : -	<b>Place of Supply</b> : -
<b>Proposal date</b> : 30/04/2023	<b>Fulfiller Code</b> : SH60442
<b>Date of Inception of first policy</b> : 30-APR-2023 <b>Renewal Year</b> : NEW <b>Collection Number</b> : 1439020662 <b>Receipt Date</b> : 29/04/2023  <b>Premium</b> :Rs23,640 /- <b>IGST @18%</b> : 4,255 /- <b>Stamp Duty</b> :Rs 1 /- <b>Total Premium</b> :Rs 27,895 /-	<b>Intermediary Code</b> : OL0000000032  <b>Name</b> : M/S.OFFICE DIRECT - JSPS  <b>Phone No</b> : 8448789517/8448789517  <b>E-mail Id</b> : star.jsps@starinsurance.in
<b>Total Premium In Words</b> : Rupees Twenty Seven Thousand Eight Hundred Ninety Five Only <b>Installment Facility Optn</b> :No	
<b>Premium Payment Frequency</b> :Annual <b>Installment Amount</b> : Rs. 0	
<b>Period of Insurance</b> : FROM 30/04/2023 00:00 TO : Midnight Of 29/04/2024	
<b>Scheme Description (Family Size)</b> : 2 ADULTS	<b>Basic Floater Sum Insured</b> : Rs. 500000 /-
<b>Bonus</b> : Rs. 0 /-	
<b>Sum Insured Under Section 1 (Health)</b> Rs. 500000 /- <b>Policy Term</b> : 1 Year	
<b>Capital Sum Insured Under Section 10 (For Accidental Death &amp; Permanent Total Disablement)</b> : Rs. 500000 /- For Mr / Ms. SANJAY PODUVAL Only.	

Entered by : STAR\_PORTAL

Aproved by : SH41063

**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/161130/01/2024/020934

**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	SANJAY PODUVAL	M	19/05/1968	54	SELF	33300341-1	0	No	No PED declared	30/04/2023
2	REKHA P	F	15/05/1973	49	SPOUSE	33300341-2	0	No	No PED declared	30/04/2023

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	
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**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	REKHA PODUVAL	Spouse	46	100			

In witness whereof the undersigned being authorised by and on behalf of the company has set his hand at **Branch Office - Gurgaon III** on **30th Day of April 2023**.

**Permanent Exclusion Details**

Insured Name	ID Card	Permanent Exclusion Disease
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Entered by : STAR\_PORTAL

Aproved by : SH41063

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

**Emergency Help Line No. 1800 425 2255 / 1800 102 4477**  
e-mail : support@starhealth.in Website : [www.starhealth.in](http://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.** : 33300341-2

**Name** : REKHA P

**Date Of Birth** : 15-MAY-73 **Age** : 49 Years

**Gender** : Female **Office Code** : 161130

**Valid From** : 30-APR-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.** : 33300341-1

**Name** : SANJAY PODUVAL

**Date Of Birth** : 19-MAY-68 **Age** : 54 Years

**Gender** : Male **Office Code** : 161130

**Valid From** : 30-APR-23 **TA/SSM/SM Code** : SH60442

**Agent/Broker/TE Code** : OL0000000032

IRDAI Regn. No:129

Entered by : STAR\_PORTAL

Approved by : SH41063

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

## TAX Invoice



Invoice No. : 6A439Y24P0017851	Customer ID : AA0029631108
Invoice Date : 30/04/23	Policy No : P/161130/01/2024/020934
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer's Name : Mr.SANJAY PODUVAL	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : FLAT NO - 201 PRIYANKA RESIDENCY MANIK SAI ENCLAVE SAINIK PURI TELEGANA HYDERABAD	Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
City : .	City : GURGAON III
State : Telangana	State : Haryana
Pincode : 500094	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	23640	0	23640	4255				Rs. 27895

Total Invoice Value (in Figures) : Rs. 27895

Total Invoice Value (in Words) : Rupees: Twenty-seven thousand eight hundred ninety-five 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 : SH41063

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 : SH41063

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory