

IMPORTANT

10/05/2022

To,

ANAND SINGH,  
141/3K/1C  
Om Gayatri Nagar

Allahabad, Allahabad, Uttar Pradesh - **211004**  
Mobile : 7838665655.

Dear Customer,

Re: Health Insurance Policy - P/700004/01/2023/002570

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.

## Family Health Optima Insurance Plan

SHAHLIP22030V062122

<b>Policy No.</b> : P/700004/01/2023/002570		<b>Previous Policy No.</b> : P/700004/01/2022/002306	
Customer Code : AA0008807232		GSTIN : 09AAJCS4517L1ZW	
Customer Name : ANAND SINGH		SAC Code : 997133/Accident and Health Insurance Services	
Proposer Code : 11352799		Issuing Office Code : 161111	
Proposer Name : ANAND SINGH		Issuing Office Name : Branch Office -East Delhi	
Address : 141/3K/1C Om Gayatri Nagar  Allahabad,Allahabad,Uttar Pradesh -211004		Address : No:209-210,LakshmiDeep Building, DIST Centre ,LakshmiNagar, Delhi-110092	
Tel/Mobile : /7838665655/		Tel/Mobile : 011-40154739/011-40154773	
E-mail id : anand4u18@gmail.com		E-mail id : telesaleseastdelhi@starhealth.in	
Proposer GSTIN : -		Place of Supply : Uttar Pradesh / State Code : 9	
Proposal date : 11/05/2019		Fulfiller Code : SO700004	
Date of Inception of first policy : 12-MAY-2019		<b>Name</b> : OFFICE DIRECT  <b>Tel/Mobile</b> : 011-40154739/011-40154773  <b>E-mail id</b> : telesaleseastdelhi@starhealth.in	
Renewal Year : Third Year			
Collection Number & Date : 1355002982 & 10/05/2022			
Premium : Rs 11950 /- CGST @9% : Rs 1,076/- SGST / UTGST @9% : Rs 1,076/- Total Premium : Rs 14102 /- Stamp Duty : Re 1 /-			
<b>Total Premium In Words</b> : Rupees Fourteen Thousand One Hundred Two Only			
Installment Facility Optn :No		Premium Payment Frequency :Annual	
Installment Amount Rs. : 0			

<b>Period of insurance</b> : <b>From</b> : 12/05/2022 00:00	<b>To</b> : Midnight of 11/05/2023
<b>Basic Floater Sum Insured</b> : 500000	
<b>In words</b> : Rupees: Five Lakhs Only	
<b>Bonus: Rs.</b> 225000	<b>Limit of Coverage : Rs.</b> 725000
<b>Recharge Benefit</b> : Rs. 150000	
<b>Scheme Description</b> : 2ADULT+1CHILD	

### 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	ANAND SINGH	M	13/11/1983	38	SELF	11352799-1	No PED declared	12/05/2019
2	ASMITA DEENESH	F	28/06/1982	39	SPOUSE	11352799-2	No PED declared	12/05/2019
3	OZEESHA ASMI SINGH	F	29/06/2013	8	DEPENDANT CHILD	11352799-3	No PED declared	12/05/2019

### 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
1	ASMITA DEENESH	Spouse	40	100			

Entered By : PREMIA

Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

L66010TN2005PLC056649

Attached to and forming part of Policy No. P/700004/01/2023/002570

## 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).

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

**"This policy covers 68 other excluded expenses. Accordingly, exclusion (Code Excl 37) appearing in the policy wordings stands deleted"**

## 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 .**

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Tele Sales-Noida on 10th Day of May 2022.

## Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered By : PREMIA  
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

## TAX Invoice



Invoice No. : 9B355Y23P0000559	Customer ID : AA0008807232
Invoice Date : 10/05/22	Policy No : P/700004/01/2023/002570
Recipient	Supplier
GSTIN : -	GSTIN : 09AAJCS4517L1ZW
Proposer Name : ANAND SINGH	NAME : Star Health and Allied Insurance Co Ltd - Branch Office -East Delhi
Address : 141/3K/1C Om Gayatri Nagar	Tel/Mobile : No:209-210,LakshmiDeep Building, DIST Centre ,LakshmiNagar, Delhi-110092
City :	City : NOIDA
State : Uttar Pradesh	State : Uttar Pradesh
Pincode : 211004	Pincode : 110092
Client Category : IND	Place of Supply : 9 - Uttar Pradesh

HSN / SAC Code	Description of Service(s)	Total A	Discount B	TaxableValue 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	11950	0	11950		1076	1076		Rs. 14102

Total Invoice Value (in Figures) : Rs. 14102

Total Invoice Value (in Words) : Rupees: Fourteen thousand one hundred two 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

**Corporate Identity Number L66010TN2005PLC056649 Email ID : stargst@starhealth.in**

Entered By : PREMIA

Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory