

**IMPORTANT**

31-MAY-23

To,

ANIS ZAMAN  
304 IDRISPISHPANAJLI PALACE BLOCK A DHATKIDIH JAMSHEDPUR  
JHARKHAND

Jamshedpur, Purbi Singhbhum, Jharkhand -831001  
Mobile : 9234505777.

Dear Customer,

**Re: Health Insurance Policy - P/161130/01/2024/037878**

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](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 HEALTH ASSURE INSURANCE POLICY**  
**SCHEDULE (Floater)**  
**UNIQUE ID:SHAHLP23131V022223**

|   |   |
|---|---|
| <b>Policy No.</b> : P/161130/01/2024/037878   | <b>Previous Policy No.</b> : PROHLR980101826  |
| <b>Customer Code</b> : AA0029798211   | <b>GSTIN</b> : 06AAJCS4517L1Z2  |
| <b>Customer Name</b> : ANIS   | <b>SAC Code</b> : 997133/Accident and Health Insurance Services   |
| <b>Proposer's Code</b> : 33501550   | <b>Issuing Office Code</b> : 161130   |
| <b>Proposer's Name</b> : ANIS ZAMAN   | <b>Issuing Office Name</b> : Branch Office - Gurgaon III  |
| <b>Address</b> : 304 IDRISPISHPANAJLI PALACE<br>BLOCK A DHATKIDIH<br>JAMSHEDPUR<br>JHARKHAND<br>,<br>Jamshedpur,Purbi<br>Singhbhum,Jharkhand-831001 | <b>Address</b> : Plot no 412/2, K - I Tower<br>M G Road, Sector -14,<br>, Gurgaon -122001   |
| <b>Phone No</b> : ,/9234505777/   | <b>Phone No</b> : 0124-4797452  |
| <b>E-mail Id</b> : aniszaman58@gmail.com  | <b>E-mail Id</b> : gurgaon3@starhealth.in   |
| <b>Proposer GSTIN</b> : -   | <b>Place of Supply</b> : -  |
| <b>Proposal date</b> : 29/05/2023   | <b>Fulfiller Code</b> : SH60442   |
| <b>Date of Inception of first policy</b> : 29-JUN-2023  | <b>Intermediary Code</b> : OL0000000032<br><b>Name</b> : M/S.OFFICE DIRECT - JSPS<br><br><b>Phone No</b> : 8448789517/8448789517<br><b>E-mail Id</b> : star.jsps@starinsurance.in |
| <b>Renewal Year</b> : NEW   |   |
| <b>Collection Number</b> : 1439039390   |   |
| <b>Collection Date</b> : 29/05/2023   |   |
| <b>Premium</b> :Rs 16,969 /-<br><b>IGST @18%</b> : 3,054 /-<br><b>Stamp Duty</b> :Rs 1 /- <b>Total Premium</b> :Rs 20,023 /-                        |   |

|  |  |
|--|--|
| <b>Total Premium In Words</b> : Rupees Twenty Thousand Twenty Three Only       | <b>Installment Facility Optn</b> :No             |
| <b>Premium Payment Frequency</b> :Annual                                       | <b>Installment Amount Rs.</b> : 0                |
| <b>Period of Insurance</b> : FROM 29/06/2023 00:00 TO : Midnight Of 28/06/2024 | <b>Policy Term</b> : 1 Year                      |
| <b>Scheme Description (Family Size)</b> : 2ADULT+1CHILD                        | <b>Basic Floater Sum Insured</b> : Rs. 500000 /- |
| <b>Optional Cover ( Deductible )</b> : NO                                      | <b>Deductible:</b>                               |
| <b>Bonus</b> : Rs. 0 /-  |  |
| <b>Total Sum Insured In Words</b> : Rupees Five Lakhs Only                     |  |

**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 | Pre Existing Disease | Inception Date |
|---------|---------------------|-----|---------------|------------|----------------------------|------------|--------|----------------------|----------------|
| 1       | ANIS UZ ZAMAN       | M   | 10/10/1973    | 49         | SELF                       | 33501550-1 | 0      | No PED declared      | 29/06/2018     |
| 2       | AFRIN ZAMAN         | F   | 09/08/1981    | 41         | SPOUSE                     | 33501550-2 | 0      | No PED declared      | 29/06/2018     |
| 3       | ARHAAN ZAMAN        | M   | 20/07/2011    | 11         | DEPENDANT CHILD            | 33501550-3 | 0      | No PED declared      | 29/06/2018     |

Entered by : STAR\_PORTAL  
Approved by : BACKDATE

For Star Health and Allied Insurance Company Ltd.

**IRDAI Regn. No 129**

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



Authorised Signatory

Attached to and forming part of Policy No : P/161130/01/2024/037878

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                                | AFRIN ZAMAN | Spouse                     | 42  | 100 |                   |     |                           |

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Authorised Signatory

Attached to and forming part of Policy No : P/161130/01/2024/037878

Continuity Benefits applicable is as follows

| S.No. | Name Of the Insured | Id Card No | 30 Days<br>Waiting Period | 1st Year<br>Exclusions | First Two<br>Year<br>Exclusion | Pre Existing<br>Disease |
|-------|---------------------|------------|---------------------------|------------------------|--------------------------------|-------------------------|
| 1     | ANIS UZ ZAMAN       | 33501550-1 | Waived                    | Waived                 | Waived                         | Covered                 |
| 2     | AFRIN ZAMAN         | 33501550-2 | Waived                    | Waived                 | Waived                         | Covered                 |
| 3     | ARHAAN ZAMAN        | 33501550-3 | Waived                    | Waived                 | 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 **31st Day of May 2023**.

Permanent Exclusion Details

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

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**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.** : 33501550-1

**Name** : ANIS UZ ZAMAN

**Date Of Birth** : 10-OCT-73 **Age** : 49 Years

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

**Valid From** : 29-JUN-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.** : 33501550-2

**Name** : AFRIN ZAMAN

**Date Of Birth** : 09-AUG-81 **Age** : 41 Years

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

**Valid From** : 29-JUN-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.** : 33501550-3

**Name** : ARHAAN ZAMAN

**Date Of Birth** : 20-JUL-11 **Age** : 11 Years

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

**Valid From** : 29-JUN-23 **TA/SSM/SM Code** : SH60442

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

IRDAI Regn. No:129

\*This is a temporary ID card issued along with the policy. Original ID cards will be dispatched shortly.

Entered by : STAR\_PORTAL  
Approved by : BACKDATE

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

## TAX Invoice



|   |  |
|---|--|
| Invoice No. : 6B439Y24P0016634  | Customer ID : AA0029798211   |
| Invoice Date : 31/05/23   | Policy No : P/161130/01/2024/037878  |
| Recipient   | Supplier   |
| GSTIN : -   | GSTIN : 06AAJCS4517L1Z2  |
| Proposer's Name : ANIS ZAMAN  | NAME : Star Health and Allied Insurance Co Ltd<br>- Branch Office - Gurgaon III    |
| Address : 304 IDRISPISHPANAJLI PALACE<br>BLOCK A DHATKIDIH<br>JAMSHEDPUR<br>JHARKHAND | Address : Plot no 412/2, K - I Tower<br>M G Road, Sector -14,<br>, Gurgaon -122001 |
| City : Jamshedpur, Purbi<br>Singhbhum, Jharkhand-831001                               | City : GURGAON III   |
| State : Jharkhand   | State : Haryana  |
| Pincode : 831001  | Pincode : 122001   |
| Client Category : IND   | Place of Supply : 6 - Haryana  |

| HSN / SAC Code | Description of Service(s) | Total<br>A | Discount<br>B | Taxable Value<br>C = A - B | IGST @ 18%<br>D = C * IGST | CGST @ 9%<br>E = C * CGST | UT/SGST @ 9%<br>F = C * UTGST or SGST | CESS @ 1%<br>G = C * Cess | Total Invoice Value<br>H = C + D + E + F + G |
|----------------|---------------------------|------------|---------------|----------------------------|----------------------------|---------------------------|---------------------------------------|---------------------------|--|
| 997133         | Insurance Services        | 16969      | 0             | 16969                      | 3054                       |                           |                                       |                           | Rs. 20023                                    |

Total Invoice Value (in Figures) : Rs. 20023

Total Invoice Value (in Words) : Rupees: Twenty thousand twenty-three 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 : BACKDATE

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

| Name Of the Product           |   |               | Star Health Assure Insurance Policy   |  |           |           |           |           |           |             |             |                            |
|-------------------------------|---|---------------|---|--|-----------|-----------|-----------|-----------|-----------|-------------|-------------|----------------------------|
| Product UIN No.               |   |               | SHAHLIP23131V022223   |  |           |           |           |           |           |             |             |                            |
| 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  | 10,00,000                                    | 15,00,000 | 20,00,000 | 25,00,000 | 50,00,000 | 75,00,000 | 1,00,00,000 | 2,00,00,000 |                            |
| 1                             | Room Category<br>*Associated Medical expenses which vary based on the room occupied by the insured person will be considered in proportion to the room rent stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room rent. |               | Up to 1% of Sum Insured per day   | Any Room<br>(Except suite or above category) |           |           | Any room  |           |           |             |             | B. 1                       |
| 2                             | Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees  |               | Actual  |  |           |           |           |           |           |             |             | B. 2                       |
| 3                             | Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs   |               | Actual  |  |           |           |           |           |           |             |             | B. 3                       |
| 4                             | Day care procedures   |               | All Day Care Procedures are Covered   |  |           |           |           |           |           |             |             | B. 4                       |
| 5                             | Coverage for Non-medical Items (Consumables)  |               | Actual  |  |           |           |           |           |           |             |             | B. 5                       |
| 6                             | Emergency Road Ambulance  |               | Actual  |  |           |           |           |           |           |             |             | B. 6                       |
| 7                             | Air Ambulance   |               | Expenses incurred towards the cost of air ambulance service up to 10% of sum insured per policy year  |  |           |           |           |           |           |             |             | B. 7                       |
| 8                             | Pre-Hospitalization Expenses  |               | Up to 60 days prior to the date of hospitalization  |  |           |           |           |           |           |             |             | B. 8                       |
| 9                             | Post-Hospitalization Expenses   |               | Up to 180 days from the date of discharge from the hospital   |  |           |           |           |           |           |             |             | B. 9                       |
| 10                            | Domiciliary Hospitalization   |               | Coverage for medical treatment (Including AYUSH) for a period exceeding three days  |  |           |           |           |           |           |             |             | B. 10                      |
| 11                            | Organ Donor Expenses  |               | Up to the Sum Insured   |  |           |           |           |           |           |             |             | B. 11                      |
| 12                            | Health Checkup Assure   | Individual SI | 1,500   | 2,000  | 4,000     | 5,000     | 5,000     | 5,000     | 8,000     | 8,000       | 8,000       | B.12                       |
|                               |   | Floater SI    | 2,500   | 5,000  | 8,000     | 10,000    | 10,000    | 10,000    | 15,000    | 15,000      | 15,000      |                            |
| 13                            | Home Care Treatment   |               | Payable up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year  |  |           |           |           |           |           |             |             | B. 13                      |
| 14                            | Delivery Expenses   |               | Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to 10% of the Sum Insured is payable   |  |           |           |           |           |           |             |             | B. 14                      |
| 15                            | In Utero Fetal Surgery/Intervention   |               | Expenses incurred for list of In Utero Fetal Surgeries and Procedures after the waiting period of 24 months from the date of inception of this policy   |  |           |           |           |           |           |             |             | B. 15                      |
| 16                            | Assisted Reproduction Treatment- Limit of Liability in a policy year (Rs.)  |               | 1,00,000  | 2,00,000                                     | 2,00,000  | 2,00,000  | 2,00,000  | 4,00,000  | 4,00,000  | 4,00,000    | 4,00,000    | B. 16                      |
| 17                            | Hospitalization expenses for treatment of New Born Baby- Limit Per Policy Period (Rs.)  |               | 2,00,000  | 2,00,000                                     | 2,00,000  | 2,00,000  | 2,00,000  | 4,00,000  | 4,00,000  | 4,00,000    | 4,00,000    | B. 17                      |
| 18                            | Treatment for Chronic Severe Refractory Asthma  |               | Payable up to 10% of sum insured not exceeding Rs.5 lakhs per policy period   |  |           |           |           |           |           |             |             | B. 18                      |
| 19                            | Compassionate travel  |               | Expenses by air incurred upto Rs.10,000/- for one immediate family member(other than the travel companion) for travel towards the place where hospital is located   |  |           |           |           |           |           |             |             | B. 19                      |
| 20                            | Repatriation of Mortal Remains  |               | Payable up to Rs.15,000/- in a policy year towards the cost of repatriation of mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the Insured as recorded in the policy. |  |           |           |           |           |           |             |             | B. 20                      |
| 21                            | Treatment in Valuable service providers network   |               | 1% of Sum Insured subject to a maximum of Rs.5,000/- per policy period is payable as lump sum   |  |           |           |           |           |           |             |             | B. 21                      |

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Approved by : BACKDATE

For Star Health and Allied Insurance Company Ltd.



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| 22   | Shared accommodation                 | Rs.1,000/- per day will be payable for each continuous and completed period of 24 hours of stay in shared accommodation.  | B. 22       |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
|--|--------------------------------------|---|-------------|-----------------------------|------------------|--------------------|--------------|-----|----------------|-----|--------------------|--------------|-----|----------------|-----|------|
| 23   | AYUSH Treatment                      | Payable up to the sum insured.  | B. 23       |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
| 24   | Second Medical Opinion               | e_medicalopinion@starhealth.in.   | B. 24       |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
| 25   | Coverage for Modern Treatment        | Upto sum insured  | B. 25       |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
| 26   | Cumulative Bonus                     | The insured person will be eligible for Cumulative bonus calculated at 25% of sum insured for each claim free year and maximum upto 100% of the sum insured   | B. 26       |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
| 27   | Automatic Restoration of Sum Insured | The policy provides automatic restoration of sum insured for unlimited number of times and maximum upto 100% each time.   | B. 27       |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
| 28   | Rehabilitation and Pain Management   | Up to the sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year.   | B. 28       |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
| 29   | Star Wellness Program                | This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities.   | B. 29       |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
| 30   | Co-payment                           | 10% of each and every claim amount for fresh as well as renewal policies for insured person whose age at the time of entry is 61 years and above  | B. 30       |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
| 31   | Optional Cover to choose deductible  | <table><tr><th>Sum Insured</th><th>Aggregate Deductible Option</th><th>Discount offered</th></tr><tr><td rowspan="2">Up to Rs. 20 lakhs</td><td>Rs. 50,000/-</td><td>45%</td></tr><tr><td>Rs. 1,00,000/-</td><td>55%</td></tr><tr><td rowspan="2">Above Rs. 20 lakhs</td><td>Rs. 50,000/-</td><td>35%</td></tr><tr><td>Rs. 1,00,000/-</td><td>50%</td></tr></table> | Sum Insured | Aggregate Deductible Option | Discount offered | Up to Rs. 20 lakhs | Rs. 50,000/- | 45% | Rs. 1,00,000/- | 55% | Above Rs. 20 lakhs | Rs. 50,000/- | 35% | Rs. 1,00,000/- | 50% | B.31 |
| Sum Insured  | Aggregate Deductible Option          | Discount offered  |             |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
| Up to Rs. 20 lakhs   | Rs. 50,000/-                         | 45%   |             |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
|  | Rs. 1,00,000/-                       | 55%   |             |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
| Above Rs. 20 lakhs   | Rs. 50,000/-                         | 35%   |             |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
|  | Rs. 1,00,000/-                       | 50%   |             |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |
| Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached. |                                      |   |             |                             |                  |                    |              |     |                |     |                    |              |     |                |     |      |

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Approved by : BACKDATE

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