

**IMPORTANT**

17/04/2023

To,

Mr. Vijay Sagar,  
Mr Vijay Sagar H.No 53 Sector 1B East Ext Trikuta Nagar  
Jammu

JAMMU, JAMMU, Jammu & Kashmir - **180020**  
Mobile : 9419235092.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2024/013597

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

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**  
**Policy Schedule**  
**Unique Identification No. SHAHLIP23164V072223**

<b>Policy No.</b> : P/161130/01/2024/013597	<b>Previous Policy No.</b> : 14138556
Customer Code : AA0029550485	GSTIN : 06AAJCS4517L1Z2
Customer Name : Vijay Sagar	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 33204788	Issuing Office Code : 161130
Proposer Name : Mr.Vijay Sagar	Issuing Office Name : Branch Office - Gurgaon III
Address : Mr Vijay Sagar H.No 53 Sector 1B East Ext Trikuta Nagar Jammu  JAMMU,JAMMU,Jammu & Kashmir - 180020	Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
Tel/Mobile : NIL/9419235092/	Tel/Mobile : 0124-4797452
E-mail id : drvijaysagar1965@gmail.com	E-mail id : gurgaon3@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 14/04/2023	Fulfiller Code : SH60442
Date of Inception of first policy : 04-MAY-2023	<b>Intermediary Code : OL0000000032</b>  <b>Name : M/S.OFFICE DIRECT - JSPS</b>  <b>Tel/Mobile : 8448789517/8448789517</b>  <b>E-mail id : star.jsps@starinsurance.in</b>
Renewal Year : NEW	
Collection Number & Date : 1439010266 & 14/04/2023	
Base Product Premium : Rs 35679 /- Lifestyle and Habit related discount : Rs 1784 /-	
Premium : Rs 33895 /- IGST @18% : Rs 6,101 /-	
Total Premium : Rs 39996 /- Stamp Duty : Re 1 /-	
<b>Total Premium In Words : Rupees Thirty Nine Thousand Nine Hundred Ninety Six Only</b>	

<b>Period of insurance</b> : <b>From</b> : 04/05/2023 00:00	<b>To</b> : Midnight of 03/05/2024
<b>Basic Floater Sum Insured</b> : 1000000	
<b>In words</b> : Rupees: Ten Lakhs Only	
<b>Bonus: Rs. 0</b>	<b>Limit of Coverage : Rs. 1000000</b>
<b>Recharge Benefit</b> : Rs. 150000	
<b>Scheme Description</b> : 2ADULT+2CHILD	
<b>Policy Term</b> : 1 Year	

**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	Co pay	Inception Date
1	Mr.Vijay Sagar	M	19/01/1965	58	Self	33204788-1	No PED declared	0	04/05/2019
2	Neena Koul	F	17/10/1965	57	Spouse	33204788-2	No PED declared	0	04/05/2019
3	Pranav Sagar	M	09/07/2002	20	Dependant Child	33204788-3	No PED declared	0	04/05/2019
4	Kannav Sagar	M	06/08/1997	25	Dependant Child	33204788-4	No PED declared	0	04/05/2019

Entered By : STAR\_PORTAL  
Approved By : SH45116

For Star Health and Allied Insurance Company Ltd.

**Corporate Identity Number L66010TN2005PLC056649**

  
Authorised Signatory

Attached to and forming part of Policy No. P/161130/01/2024/013597  
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	Neena Koul	Spouse	57	100			

Sector Classification

Rural		
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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.

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 .

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	Mr.Vijay Sagar	33204788-1	Waived	Not Applicable	Waived	Covered
2	Neena Koul	33204788-2	Waived	Not Applicable	Waived	Covered
3	Pranav Sagar	33204788-3	Waived	Not Applicable	Waived	Covered
4	Kannav Sagar	33204788-4	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 authorized by and on behalf of the company has set his hand at Branch Office - Gurgaon III on 17th Day of April 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.** : 33204788-1

**Name** : Mr.Vijay Sagar

**Date Of Birth** : 19-JAN-65 **Age** : 58 Years

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

**Valid From** : 04-MAY-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.** : 33204788-2

**Name** : Neena Koul

**Date Of Birth** : 17-OCT-65 **Age** : 57 Years

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

**Valid From** : 04-MAY-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.** : 33204788-3

**Name** : Pranav Sagar

**Date Of Birth** : 09-JUL-02 **Age** : 20 Years

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

**Valid From** : 04-MAY-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.** : 33204788-4

**Name** : Kannav Sagar

**Date Of Birth** : 06-AUG-97 **Age** : 25 Years

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

**Valid From** : 04-MAY-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.

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**TAX Invoice**

Invoice No. : 6A439Y24P0010318	Customer ID : AA0029550485
Invoice Date : 17/04/23	Policy No : P/161130/01/2024/013597
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer Name : Mr.Vijay Sagar	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : Mr Vijay Sagar H.No 53 Sector 1B East Ext Trikuta Nagar Jammu	Tel/Mobile : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
City : .	City : GURGAON III
State : Jammu & Kashmir	State : Haryana
Pincode : 180020	Pincode : 122001
Client Category : IND	Place of Supply : 6 - Haryana

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	35679	1784	33895	6101				Rs. 39996

Total Invoice Value (in Figures) : Rs. 39996

Total Invoice Value (in Words) : Rupees: Thirty-nine thousand nine hundred ninety-six 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

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

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Name Of the Product					Family Health Optima Insurance plan							
Product UIN No.					SHAHLIP23164V072223							
S.No	Particulars of Coverage / Benefits		Summary of Important Benefits								Refer to Policy clause No.	
			Benefit Limits (in Rs.)									
	Sum Insured (in Rs.)		1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	
1	Room Rent (Per Day) - Up to *Hospitalization expenses will be considered in proportion to the eligible Room Rent		2,000	2,000	5,000	5,000	Single Standard A/C Room				2(A)	
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees		Actual								2(B)	
3	Anesthesia, Blood,Oxygen,Operation theatre charges, ICU charges, Medicines and Drugs		Actual								2(C)	
4	Cataract treatment	Limit Per Eye (Up to)	12,000	12,000	25,000	30,000	40,000	50,000	50,000	50,000	50,000	2(E)
		Limit Per policy period (Up to)	12,000	12,000	35,000	45,000	60,000	75,000	75,000	75,000	75,000	
5	Emergency Ambulance	Limit Per hospitalization	750	750	750	750	750	750	750	750	750	2(F)
		Limit Per policy period	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	
6	Air Ambulance		N/A	N/A	N/A	N/A	Covered up to 10% of the Sum Insured per policy period				2(G)	
7	Pre-Hospitalization		60 days	60 days	60 days	60 days	60 days	60 days	60 days	60 days	60 days	2(H)
8	Post-Hospitalization		90 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days	2(I)
9	Day Care Treatments / Procedures		All Day Care Procedures								2(D)	
10	Domiciliary Hospitalization		Coverage for a period exceeding three days								2(J)	
11	Organ Donor Expenses (per policy period)		10% of the Sum insured or Rs.1,00,000/- whichever is less								2(K)	
12	Cost of Health Checkup (Available after every claim free year) Up to		N/A	N/A	750	1,000	1,500	2,000	2,500	3,000	3,500	2(L)
13	Coverage for New Born Baby		10% of the Sum Insured or maximum of Rs.50,000/- whichever is less in a policy year (Available if the mother is covered under the policy for a continuous period of 12 months) Note:4. The Exclusion No.1 (Code Excl 01), Exclusion No.2 (Code Excl 02), Exclusion No.3 (Code Excl 03) and the above mentioned sublimit will not apply for treatment related to Congenital Internal disease/defects for the new born								2(M)	
14	Emergency Domestic Medical Evacuation (Per Hospitalization) Up to		5,000	5,000	5,000	5,000	7,500	7,500	7,500	10,000	10,000	2(N)
15	Compassionate Travel Up to		N/A	N/A	N/A	N/A	N/A	5,000	5,000	5,000	5,000	2(O)
16	Repatriation of Mortal Remains (Per Policy Period)		5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	2(P)
17	Treatment in Valuable Service Provider (Lump-Sum benefit)		N/A	N/A	1% of the Sum Insured subject to a maximum of Rs.5,000/- is payable as lumpsum per policy period						2(Q)	
18	Shared Accommodation ( BenefitAmount Per Day)		N/A	N/A	800	800	800	800	800	1,000	1,000	2(R)
19	AYUSH Treatment (Ayurveda, Unani, siddha and Homeopathy Systems of medicines) Up to		10,000	10,000	10,000	10,000	15,000	15,000	15,000	20,000	20,000	2(S)
20	Second Medical Opinion		Available from a Doctor in the Company's network of medical practitioners,Mail:"e_medicalopinion@starhealth.in"								2(T)	
21	Assisted Reproduction Treatment (Limit for every block of 36 months and payable on renewal)		N/A	N/A	N/A	N/A	1,00,000	2,00,000	2,00,000	2,00,000	2,00,000	2(U)
22	Automatic Restoration of Sum Insured		N/A	N/A	Available for three times per policy period and 100% of the Sum Insured at each time						2 (V)	
23	Recharge Benefit		N/A	N/A	75,000	1,00,000	1,50,000	1,50,000	1,50,000	1,50,000	1,50,000	2(W)
24	Additional Sum Insured for Road Traffic Accident (Once in a Policy Period)		25% of the Sum Insured subject to a maximum of 5,00,000								2(X)	

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25	BONUS	N/A	N/A	The insured is entitled to Bonus of 25%of expiring Basic Sum Insured and additional 10%of the expiring Sum Insured in the subsequent years	2Z
26	Co-Payment	The Policy is subject to 20% Co-Pay for each and every claim for person whose age at the time of entry is 61 years and above			2(AA)
27	Coverage for Modern Treatement	Covered up to the limits mentioned in the policy clause			2(Y)
28	Installment facility (if Opted)	Available			4(13)
29	Star Wellness Programme	This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities			2 (AB)

N/A = Benefits not available to the respective Sum Insured.

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

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