

IMPORTANT

28/04/2023

To,

Krishna kumar Agarwal,
KK Agarwal Metal Shtore kanodiya market gurugovind singh rod chowk
patna city

Patna, Patna, Bihar - **800008**

Mobile : 9304027924.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2024/019800

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

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.

**DIABETES SAFE INSURANCE POLICY
SCHEDULE
SHAHLP23081V082223**

Policy No. : P/161130/01/2024/019800	Previous Policy No. :
Customer Code : AA0029575536	GSTIN : 06AAJCS4517L1Z2
Customer Name : Krishna kumar Agarwal	SAC Code : 997133/Accident and Health Insurance Services
Proposer's Code : 33231311	Issuing Office Code : 161130
Proposer's Name : Krishna kumar Agarwal	Issuing Office Name : Branch Office - Gurgaon III
Address : KK Agarwal Metal Shtore kanodiya market gurugovind singh rod chowk patna city	Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
Phone No : /9304027924/	Phone No : 0124-4797452
E-mail Id : Documents.form@outlook.com	E-mail Id : gurgaon3@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 19/04/2023	Fulfiller Code : SH60442
Date of Inception of first policy : 19-APR-2023	Intermediary Code : OL0000000032 Name : M/S.OFFICE DIRECT - JSPP Phone No : 8448789517/8448789517 E-mail Id : star.jsps@starinsurance.in
Renewal Year : NEW	
Collection Number : 1439013731	
Collection Date : 19/04/2023	
Premium :Rs 48,370 /- IGST @18% :Rs 8,707 /- Stamp Duty :Rs 1 /- Total Premium :Rs 57,077 /-	
Total Premium In Words : Rupees Fifty Seven Thousand Seventy Seven Only	
PERIOD OF INSURANCE FROM : 19/04/2023 00:00 TO : Midnight Of 18/04/2024	
Plan: Plan A	Type : Individual Installment Facility Optn :No
Premium Payment Frequency :Annual	Installment Amount Rs. :0 Policy Term : 1 Year

Entered by : STAR_PORTAL

Approved 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/161130/01/2024/019800

Details of Insured Persons

Sl. no.	Name	Sex	Date of Birth	Age In Yrs	Relationship with Proposer	ID Card No	Pre Existing Disease (Other than Diabetes)	Section 1 & 2 Sum Insured (Health) (Rs.)	Section 3 Limit of OP Expenses (Rs.)	Section 4 PA Sum Insured (Rs.)	Inception Date
1	Krishna kumar Agarwal	M	03-MAR-60	63	SELF	33231311-1		1000000	5500	1000000	19/04/2023
Pre Existing Disease : Diseases of the liver and its complications Calculous diseases of hepato pancreatico-biliary system Diseases of the Urinary System and their complications											

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	Jai shree agarwal	Spouse	60	100			

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., ATTA

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

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.

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Gurgaon III on 28th Day of April 2023.

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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. : 33231311-1

Name : Krishna kumar Agarwal

Date Of Birth : 03-MAR-60 **Age** : 63 Years

Gender : Male **Office Code** : 161130

Valid From : 19-APR-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

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For Star Health and Allied Insurance Company Ltd.

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TAX Invoice

Invoice No. : 6A439Y24P0016702	Customer ID : AA0029575536
Invoice Date : 28/04/23	Policy No : P/161130/01/2024/019800
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer's Name : Krishna kumar Agarwal	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : KK Agarwal Metal Shtore kanodiya market gurugovind singh rod chowk patna city	Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
City :	City : GURGAON III
State : Bihar	State : Haryana
Pincode : 800008	Pincode : 122001
Client Category : IND	Place of Supply : 6 - Haryana

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	CESS@1%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C *CGST	F = C *UTGST or SGST	G=C*Cess	H=C+D+E+F+G
997133	Insurance Services	48370	0	48370	8707				Rs. 57077

Total Invoice Value (in Figures) : Rs. 57077
Total Invoice Value (in Words) : Rupees: Fifty-seven thousand seventy-seven 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

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

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For Star Health and Allied Insurance Company Ltd.

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Name Of the Product	Diabetes Safe Insurance Policy
Product UIN No.	SHAHLIP23081V082223

Summary of Important Benefits - Applicable for Plan A and Plan B

S.No	Particulars of Coverage / Benefits	Benefit Limits (in Rs.)				Refer to Policy clause No.
	Sum Insured (in Rs.)	3,00,000	4,00,000	5,00,000	10,00,000	
Section - 1 - Coverage for Diabetes Mellitus and its related complications						
1	Room Category *Hospitalization expenses will be considered in proportion to the eligible Room Rent or actual whichever is less	Single Standard A/C Room				Ila.(A)
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	Actual	Actual	Actual	Actual	Ila. (B)
3	Anesthesia, Blood, Oxygen, Operation Theatre Charges, ICU, Medicines and drugs	Actual	Actual	Actual	Actual	Ila. (C)
4	Emergency Ambulance - Per Policy Period - Up to	2,000	2,000	2,000	2,000	Ila. (D)
5	Pre-Hospitalization	30 days	30 days	30 days	30 days	Ila. (E)
6	Post-Hospitalization (Up to 7% of the hospitalization expenses excluding Room Rent subject to a maximum of Rs.5,000/- per hospitalization)	60 days	60 days	60 days	60 days	Ila. (F)
Special Conditions under Section - 1						
7	Donor expenses for kidney transplantation	Actual	Actual	Actual	Actual	Ilb (1)
8	Dialysis expenses - Up to	Rs.1,000/- per sitting commencing from the policy year in which Chronic Kidney diseases occurs and payable for up to 24 consecutive months provided the policy is in force				Ilb. (2)
9	Cost of Artificial Limbs - Up to	10% of Sum Insured	10 % of Sum Insured	10 % of Sum Insured	10 % of Sum Insured	Ilb. (3)
10	Sub-Limit for Cardiovascular System - Per Policy Period- Applicable only for Plan -B	2,00,000	2,50,000	3,00,000	4,00,000	Ilb. (4)
11	Day Care Treatments/ Procedures	All Day Care Procedures are covered				Ilb.(6)
Section - 2 - Coverage for complications other than those falling under Section 1						
12	Room Category *Hospitalization expenses will be considered in proportion to the eligible Room Rent or actual whichever is less	Single Standard A/C Room				Ilc.(A)
13	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	Actual	Actual	Actual	Actual	Ilc.(B)
14	Anesthesia, Blood, Oxygen, Operation Theatre Charges, ICU, Medicines	Actual	Actual	Actual	Actual	Ilc.(C)
15	Pre-Hospitalization	30 days	30 days	30 days	30 days	Ilc.(D)
16	Emergency Ambulance - Per Policy Period - Up to	2,000	2,000	2,000	2,000	Ilc.(E)
17	Post-Hospitalization (Up to 7% of the hospitalization expenses excluding Room Rent subject to a maximum of Rs.5,000/- per hospitalization)	60 days	60 days	60 days	60 days	Ilc.(F)

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Special Conditions under Section - 2								
18	Day Care Treatments/ Procedures			All Day Care Procedures are covered			IId.(1)	
19	Cataract treatment	Limit Per Eye	20,000	20,000	20,000	30,000	IId. (2)	
		Limit Per Policy Period	30,000	30,000	30,000	40,000		
Section - 3 - Outpatient Expenses - For Consultation, Diagnostics and Medicines								
20	Cost of Fasting and Post Prandial and HbA1C tests - Once in every six months - up to			Rs.750/- per event up to Rs.1,500/- per policy period			Ile. (a)	
21	OP Expenses for Plan - A (per policy period)	Individual	1,000	2,500	3,500	5,500	Ile. (b)	
		Floater	2,000	3,500	5,500	7,500		
22	OP Expenses Limit for Plan - B (per policy period)	Individual	500	2,000	3,000	5,000		
		Floater	1,500	3,000	5,000	7,000		
23	Coverage for modern Treatment			Covered up to the limits mentioned in the policy clause			II.f	
Section - 4 - Personal Accident Cover (applicable for Plan A and Plan B)								
24	Accidental Death cover			3,00,000	4,00,000	5,00,000	10,00,000	II.g
25	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.								

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