

IMPORTANT

31-MAY-22

To,

VINAY KAPOOR,
A-701 SAHIL SIDDHIVINAYAK VINAYAK TOWER OPP MAYANK BLUE WATER PARK
BICHOLI MARDANA INDORE

Kanadia, Indore, Madhya Pradesh - **452016**
Mobile : 8889915005.

Dear Customer,

Re: Health Insurance Policy - P/201111/01/2023/001379

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.

Policy Schedule

Star Super Surplus (Floater) Insurance Policy

Unique id : SHAHLIP22034V062122

In consideration of payment of Rs.5635/- towards renewal premium of Policy number: P/201111/01/2022/001326, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/201111/01/2023/001379	
Customer Code : AA0018969749	GSTIN : 23AAJCS4517L1Z6
Customer Name : VINAY KAPOOR	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 22121686	Issuing Office Code : 201111/Area Office - Indore
Proposer's Name : VINAY KAPOOR	Fulfiller Code : SH23949
Address : A-701 SAHIL SIDDHIVINAYAK VINAYAK TOWER OPP MAYANK BLUE WATER PARK BICHOLI MARDANA INDORE Kanadia,Indore,Madhya Pradesh	Address : SATGURU PARINAY Office No. 504 505 5th Floor, Near Pakiza Showroom, Scheme No. 54, Opp. C21 Mall, A. B. Road,Indore-(M. P.)- 452010
Tel/Mobile : /8889915005/	Tel/Mobile : 0731-4760602
E-mail Id : vinay.kapoor22@gmail.com	E-mail Id : indore.ao@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal Date : 28/05/2021 Date of Inception of first policy : 28-MAY-2021 Renewal Year : First Year Collection Number : 1120001573 Receipt Date : 31/05/2022 Premium : Rs. 4,775 /- CGST @9% : Rs. 430 /- SGST /UTGST@9%:Rs. 430/- Total Premium : Rs. 5,635 /- Stamp Duty : Re. 1 /-	Intermediary Code : BA0000266398 Name : Mr.CHANDRA PRAKASH SHUKLA Phone : 9926277627/9926277627 Email id : cpshuklaji@gmail.com
Total Premium In Words : Indian Rupees Five Thousand Six Hundred Thirty Five Only	
Period of Insurance : FROM : 31/05/2022 00:00 Hrs TO: Midnight of 30/05/2023	
Plan Type : GOLD	Family Size: 2A+1C
Sum Insured : Rs. 1500000	Defined Limit (Rs.) : 500000
Sum Insured in words: Indian Rupees Fifteen Lakhs Only	
Instalment facility opted: No Instalment : Annual	

Insured Person Details:

Sl. no.	Name of the Insured	Gender	DOB	Age in Yrs	Relationship with Proposer	ID Card No	Pre-existing Diseases	Inception Date
1	VINAY KAPOOR	MALE	22/10/1983	38	SELF	22121686-1	No PED declared	28/05/2021
2	RAJNI KAPOOR	FEMALE	05/10/1983	38	SPOUSE	22121686-2	No PED declared	28/05/2021
3	NAINIKA KAPOOR	FEMALE	01/03/2008	14	DEPENDANT CHILD	22121686-3	No PED declared	28/05/2021

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	RAJNI KAPOOR	Spouse	38	100			

Entered by : SH50118
Approved by : BACKDATE

Place : INDORE
Date : 01/06/2022

For and on behalf of
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/201111/01/2023/001379

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.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 persons given in the Policy are deemed to have been accepted by you.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio.

Toll Free No : 1800 425 2255 / 1800 102 4477 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.

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.03/Gen/2022 DATED 31-JAN-2022"

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being duly authorised here in to set his hand at Area Office - Indore on 31st Day of May 2022.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
VINAY KAPOOR	22121686-1	
RAJNI KAPOOR	22121686-2	
NAINIKA KAPOOR	22121686-3	

Entered by : SH50118
Approved by : BACKDATE

Place : INDORE
Date : 01/06/2022

For and on behalf of
Star Health and Allied Insurance Company Ltd.


Authorised Signatory

STAR

Personal & Caring Insurance

The Health Insurance Specialist

Star Health and Allied Insurance Company Limited

TAX Invoice

STAR

Personal & Caring Insurance

The Health Insurance Specialist

Invoice No. : 23B120Y23P000824	Customer ID : AA0018969749
Invoice Date : 31/05/22	Policy No : P/201111/01/2023/001379
Recipient	Supplier
GSTIN : -	GSTIN : 23AAJCS4517L1Z6
Proposer's Name : VINAY KAPOOR	NAME : Star Health and Allied Insurance Co Ltd - Area Office - Indore
Address : A-701 SAHIL SIDDHIVINAYAK VINAYAK TOWER OPP MAYANK BLUE WATER PARK BICHOLI MARDANA INDORE	Address : SATGURU PARINAY Office No. 504 505 5th Floor, Near Pakiza Showroom, Scheme No. 54, Opp. C21 Mall, A. B. Road,Indore-(M. P.)-452010
City :	City : INDORE
State : Madhya Pradesh	State : Madhya Pradesh
Pincode : 452016	Pincode : 452 010
Client Category : IND	Place of Supply : 23 - Madhya Pradesh

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	4775	0	4775		430	430		Rs. 5635

Total Invoice Value (in Figures) : Rs. 5635

Total Invoice Value (in Words) : Rupees: Five thousand six hundred thirty-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.

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 : SH50118

Approved by : BACKDATE

Place : INDORE

Date : 01/06/2022

For and on behalf of

Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700 / 28288800 Toll Free Fax No: 1800-425-5522 Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649 Email :support@starhealth.in Website :www.starhealth.in IRDAI Regn.no: 129