

IMPORTANT

30/04/2023

To,

Mr.SANJAY PODUVAL,  
FLAT NO - 201 PRIYANKA RESIDENCY MANIK SAI ENCLAVE SAINIK PURI TELENGANA  
HYDERABAD

Hyderabad,Rangareddi,Telangana -500094  
Mobile : 8985007465.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2024/020936

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.

## SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY

## Schedule

Unique Identification No.SHAHLIP22199V062122

Policy No. : P/161130/01/2024/020936	Previous Policy No. :	
Customer Code : AA0029631053	GSTIN : 06AAJCS4517L1Z2	
Customer Name : Mr.SANJAY PODUVAL	SAC Code : 997133/Accident and Health Insurance Services	
Proposer's Code : 33300401	Issue Office Code : 161130	
Proposer's Name : Mr.SANJAY PODUVAL	Issue Office Name : Branch Office - Gurgaon III	
Address : FLAT NO - 201 PRIYANKA RESIDENCY MANIK SAI ENCLAVE SAINIK PURI TELENGANA HYDERABAD . Hyderabad,Rangareddi,Telangana - 500094	Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001	
Phone No : nil/8985007465/	Phone No : 0124-4797452	
E-mail Id : sanjaycaps@gmail.com	E-mail Id : gurgaon3@starhealth.in	
Proposer GSTIN : -	Place of Supply : -	
Proposal Date : 30/04/2023	Fulfiller Code : SH60442	
Date of Inception of first policy : 30-APR-2023	<b>Intermediary Code : OL0000000032</b> <b>Name : M/S.OFFICE DIRECT - JSPS</b> <b>Phone No : 8448789517/8448789517</b> <b>E-mail Id : star.jsps@starinsurance.in</b>	
Renewal Year : NEW		
Collection Number : 1439020650		
Collection Date : 29/04/2023		
Premium :Rs 18,000 /- IGST @18% : 3,240 /- Stamp Duty :Re 1 /- Total Premium :Rs 21,240 /-		
<b>Total Premium In Words : Rupees Twenty One Thousand Two Hundred Forty Only</b>		
<b>Period Of Insurance From : 30/04/2023 00:00 Hrs To : Midnight Of 29/04/2024</b>		
<b>Policy Type : Individual</b>		
Installment Facility Optn :No	Premium Payment Frequency :Annual	
Installment Amount Rs. : 0		

## Details of Insured Persons :

Sl. No.	Name	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	OP Limit Rs.	ID Card No	Co-Pay	Sum Insured (Rs.)	Inception Date
1	INDUCHANDAN JAYASHREE	F	02/09/1948	74	MOTHER	1000	33300401-1	30	500000	30/04/2023

Details of Pre Existing Diseases relating to the above person : Hypertension and its complications

Entered by : STAR\_PORTAL

For Star Health and Allied Insurance Company Ltd.

Approved by : SH41063

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID : info@starhealth.in

Authorised Signatory



Attached to and forming part of Policy No. P/161130/01/2024/020936

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 dishonour of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception). Expenses relating to the hospitalisation will be considered in proportion to the room rent stated in the policy.

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		
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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	Rekha Poduval	Spouse	49	100			

In the event of the policy being withdrawn in future, intimation about the withdrawal will be sent 3 months prior to the date when renewal falls due. The insured will have the option of migrating to any other similar health insurance policy offered by the Company at the relevant time. Continuity of benefits for waiting period and bonus, if any and if applicable, will be given provided the insured had been renewing the policy without any break (or renewing within the grace period offered)

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Gurgaon III on 30th Day of April 2023.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

**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.** : 33300401-1

**Name :** INDUCHANDAN JAYASHREE

**Date Of Birth** : 02-SEP-48 **Age** : 74 Years

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

**Valid From** : 30-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

Approved by : SH41063

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

## TAX Invoice



Invoice No. : 6A439Y24P0017853	Customer ID : AA0029631053
Invoice Date : 30/04/23	Policy No : P/161130/01/2024/020936
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer's Name : Mr.SANJAY PODUVAL	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : FLAT NO - 201 PRIYANKA RESIDENCY MANIK SAI ENCLAVE SAINIK PURI TELEGANA HYDERABAD	Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
City : .	City : GURGAON III
State : Telangana	State : Haryana
Pincode : 500094	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 InvoiceValue H=C+D+E+F+G
997133	Insurance Services	18000	0	18000	3240				Rs. 21240

Total Invoice Value (in Figures) : Rs. 21240  
Total Invoice Value (in Words) : Rupees: Twenty-one thousand two hundred forty 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

Entered by : STAR\_PORTAL

Approved by : SH41063

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Approved by : SH41063

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

<b>Name Of the Product</b>	<b>Senior Citizens Red Carpet Health Insurance Policy</b>
<b>Product UIN No.</b>	<b>SHAHLIP22199V062122</b>

**Summary of Important Benefits-Individual**

S.No	Particulars of Coverage / Benefits		Benefit Limits (in Rs.)										Refer to Policy clause No.
	Sum Insured (in Rs.)		1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	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 Room Rent stated in the policy or actuals whichever is less		1,000	2,000	3,000	4,000	5,000	6,000	6,000	7,000	8,500	10,000	2(A)
2	ICU Charges (Per Day) - Up to		2,000	4,000	6,000	8,000	10,000	15,000	20,000	Actuals	Actuals	Actuals	2(B)
3	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees - Up to		Maximum of 25% of the Sum Insured per hospitalization										2(C)
4	Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses - Up to		Maximum of 50% of the Sum Insured per hospitalization										2(D)
5	Emergency Ambulance	Limit Per hospitalization	600	600	600	600	1,000	1,000	1,000	1,500	1,500	1,500	2(E)
		Limit Per policy period	1,200	1,200	1,200	1,200	2,000	2,000	2,000	3,000	3,000	3,000	
6	Pre-Hospitalization Medical Expenses		Up to 30 days prior to the date of hospitalization										2(F)
7	Post-Hospitalization Medical Expenses (Limit Per Occurrence) - Equivalent to 7% of the hospitalization expenses comprising of Nursing Charges, Surgeon / Consultant fees, Diagnostic charges, Medicines and drugs expenses subject to a maximum of		5,000	5,000	5,000	5,000	5,000	5,000	7,000	7,000	10,000	10,000	2(G)
8	Day Care Procedures / Treatments		All Day Care Procedures are Covered										Important note 1 under 2G
9	Out Patient Medical Consultations incurred in a Network Hospital (Limit per policy period) - Up to (Note: Limit of Rs.200/- is applicable per Consultation)		N/A	N/A	600	800	1,000	1,200	1,400	1,800	2,200	2,600	2(H)
10	Cost of Health Check-up - Up to (for every claim free year provided the health check-up is done at network hospitals and the policy is in force)		N/A	N/A	N/A	N/A	1,000	1,000	2,000	2,000	2,500	2,500	2(I)
11	Cataract (Limit Per person, per policy period) - Up to		15,000	15,000	18,000	20,000	21,500	23,000	25,000	30,000	35,000	40,000	Refer table under Coverage
12	(Limit Per person, per policy period for each disease / condition) - Up to ▪ Cerebrovascular Accident, ▪ Cardiovascular Diseases, ▪ Cancer (Including Chemotherapy / Radiotherapy), ▪ Medical Renal Diseases (Including Dialysis), ▪ Treatment of Breakage of Long Bones		75,000	1,50,000	2,00,000	2,25,000	2,75,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000	
	All other major surgeries (Limit Per person, per policy period for each disease / condition) - Up to		60,000	1,20,000	1,50,000	2,00,000	2,25,000	2,50,000	2,75,000	3,00,000	3,25,000	3,50,000	
13	Co-payment (Applicable on each and every admissible claim)		30% for all claims										2(K)
14	Coverage for Modern Treatments		Covered up to the limits										2(J)
15	Instalment Facility (if Opted)		Available										4(13)

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.

Entered by : STAR\_PORTAL

For Star Health and Allied Insurance Company Ltd.

Approved by : SH41063

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