

IMPORTANT

17/05/2022

To,

Mr. VAIBHAV SARAF,
II-A, 275, NEHRU NAGAR GHAZIABAD UP

.

Ghaziabad, Ghaziabad, Uttar Pradesh - **201001**
Mobile : 9968182105.

Dear Customer,

Re: Health Insurance Policy - P/161132/01/2023/002369

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.

Family Health Optima Insurance Plan

SHAHLP22030V062122

Policy No. : P/161132/01/2023/002369	Previous Policy No. : P/161132/01/2022/001987
Customer Code : AA0007024592	GSTIN : 09AAJCS4517L1ZW
Customer Name : Mr.VAIBHAV SARAF	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 9298613	Issuing Office Code : 161132
Proposer Name : Mr.VAIBHAV SARAF	Issuing Office Name : Branch Office - Ghaziabad
Address : II-A, 275, NEHRU NAGAR GHAZIABAD UP . . Ghaziabad, Ghaziabad, Uttar Pradesh - 201001	Address : C - 100 First floor, Above United Bank of India, Raj Nagar District Center, Raj nagar Ghaziabad - 201001
Tel/Mobile : /9968182105/	Tel/Mobile : 0120-4522224/4522205
E-mail id : jain.vaibhav1312@gmail.com	E-mail id : ghaziabad@starhealth.in
Proposer GSTIN : -	Place of Supply : Uttar Pradesh / State Code : 9
Proposal date : 04/05/2016	Fulfiller Code : SH24643
Date of Inception of first policy : 10-MAY-2016	Intermediary Code : SMD Name : Mr.SALIM AHMED Tel/Mobile : 9312419486/9312419486 E-mail id : salim.ahmed@starhealth.in
Renewal Year : Sixth Year	
Collection Number & Date : 1441002605 & 17/05/2022	
Premium : Rs 15320 /- CGST @9% : Rs 1,379/- SGST / UTGST @9% : Rs 1,379/- Total Premium : Rs 18078 /- Stamp Duty : Re 1 /-	

Total Premium In Words : Rupees Eighteen Thousand Seventy Eight Only

Installment Facility Optn : No	Premium Payment Frequency : Annual	Installment Amount Rs. : 0
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Period of insurance : From : 18/05/2022 00:00	To : Midnight of 17/05/2023
Basic Floater Sum Insured : 500000	
In words : Rupees: Five Lakhs Only	
Bonus: Rs. 375000	Limit of Coverage : Rs. 875000
Recharge Benefit : Rs. 150000	
Scheme Description : 2ADULT+1CHILD	

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	Inception Date
1	Mr.VAIBHAV SARAF	M	13/12/1985	36	SELF	5291013-1	No PED declared	10/05/2016
2	SHALINI JAIN	F	14/11/1986	35	SPOUSE	5291013-2	No PED declared	10/05/2016
3	AARYAN JAIN	M	24/06/2015	6	DEPENDANT CHILD	5291013-3	No PED declared	10/05/2016

Entered By : SH30933

Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

L66010TN2005PLC056649

Attached to and forming part of Policy No. P/161132/01/2023/002369

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	Aryan jain	Son	7	100	Vaibhv saraf	34	Father

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., ATTACHED.

"This policy covers 68 other excluded expenses. Accordingly, exclusion (Code Excl 37) appearing in the policy wordings stands deleted"

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 .

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Ghaziabad on 17th Day of May 2022.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered By : SH30933

Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 9B441Y23P0000908	Customer ID : AA0007024592
Invoice Date : 17/05/22	Policy No : P/161132/01/2023/002369
Recipient	Supplier
GSTIN : -	GSTIN : 09AAJCS4517L1ZW
Proposer Name : Mr.VAIBHAV SARAF	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Ghaziabad
Address : II-A, 275, NEHRU NAGAR GHAZIABAD UP	Tel/Mobile : C - 100 First floor,Above United Bank of India, Raj Nagar District Center, Raj nagar Ghaziabad - 201001
City :	City : GHAZIABAD
State : Uttar Pradesh	State : Uttar Pradesh
Pincode : 201001	Pincode : 201001
Client Category : IND	Place of Supply : 9 - Uttar Pradesh

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	15320	0	15320		1379	1379		Rs. 18078

Total Invoice Value (in Figures) : Rs. 18078
Total Invoice Value (in Words) : Rupees: Eighteen thousand seventy-eight 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

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

Entered By : SH30933
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory