

IMPORTANT
27/04/2022

To,

YASH BAGADIA,
FLAT NO B 508 , MUKUND VIVEK PARADISE
NO 17/2A1 MUNNEKOLALA VILLAGE MARATHAHALLI BANGALORE

Mahadevapura (CMC+OG),Bangalore,Karnataka **-560037**
Mobile : 8861549779.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2023/018309

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/161130/01/2023/018309		Previous Policy No. : P/161118/01/2022/006362	
Customer Code : AA0018758909		GSTIN : 06AAJCS4517L1Z2	
Customer Name : YASH BAGADIA		SAC Code : 997133/Accident and Health Insurance Services	
Proposer Code : 21902021		Issuing Office Code : 161130	
Proposer Name : YASH BAGADIA		Issuing Office Name : Branch Office - Gurgaon III	
Address : FLAT NO B 508 , MUKUND VIVEK PARADISE NO 17/2A1 MUNNEKOLALA VILLAGE MARATHAHALLI BANGALORE Mahadevapura (CMC+OG),Bangalore,Karnataka -560037		Address : 412/2, K - I Tower, M G Road, Sector 14, Gurgaon, Haryana	
Tel/Mobile : NIL/8861549779/		Tel/Mobile : 0124-4797452	
E-mail id : yashbagadia22@gmail.com		E-mail id : gurgaon3@starhealth.in	
Proposer GSTIN : -		Place of Supply : Karnataka / State Code : 29	
Proposal date : 15/05/2021		Fulfiller Code : SO161130	
Date of Inception of first policy : 15-MAY-2021		Intermediary Code : OL0000000032 Name : M/S.OFFICE DIRECT - JSPS Tel/Mobile : 8448789517/8448789517 E-mail id : star.jsps@starinsurance.in	
Renewal Year : First Year			
Collection Number & Date : 1439018212 & 27/04/2022			
Basic Cover : Rs 32855 /- Section 1(Extra Protect Add-on Cover) : Rs /- Section 2(Extra Protect Add-on Cover) : Rs /- Premium : Rs 32855 /-			
IGST @18% : Rs 5,914 /-			
Total Premium : Rs 38769 /- Stamp Duty : Re 1 /-			
Total Premium In Words : Rupees Thirty Eight Thousand Seven Hundred Sixty Nine Only			
Installment Facility Optn :No		Premium Payment Frequency :Annual	
Installment Amount Rs. : 0			

Period of insurance : From : 15/05/2022 00:00	To : Midnight of 14/05/2023
Basic Floater Sum Insured : 1000000	
In words : Rupees: Ten Lakhs Only	
Bonus: Rs. 250000	Limit of Coverage : Rs. 1250000
Recharge Benefit : Rs. 150000	
Scheme Description : 2ADULT	

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	MUKESH BAGADIA	M	24/03/1964	58	DEPENDANT PARENT	21902021-1		15/05/2021
Pre Existing Disease :		All complications related to the surgeries or procedures performed previously- cholecystectomy Diabetes Mellitus and its complications						
2	JYOTI BAGADIA	F	06/01/1966	56	DEPENDANT PARENT	21902021-2		15/05/2021
Pre Existing Disease :		Diabetes Mellitus and its complications						

Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.

L66010TN2005PLC056649


Authorised Signatory

Attached to and forming part of Policy No. P/161130/01/2023/018309

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	Jyoti Bagadia	Mother	56	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., 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 - Gurgaon III on 27th Day of April 2022.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered By : PREMIA

Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice

Invoice No. : 6A439Y23P0015780	Customer ID : AA0018758909
Invoice Date : 27/04/22	Policy No : P/161130/01/2023/018309
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer Name : YASH BAGADIA	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : FLAT NO B 508 , MUKUND VIVEK PARADISE NO 17/2A1 MUNNEKOLALA VILLAGE MARATHAHALLI BANGALORE	Tel/Mobile : 412/2, K - I Tower, M G Road, Sector 14, Gurgaon, Haryana
City :	City : GURGAON III
State : Karnataka	State : Haryana
Pincode : 560037	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	32855	0	32855	5914				Rs. 38769

Total Invoice Value (in Figures) : Rs. 38769
Total Invoice Value (in Words) : Rupees: Thirty-eight thousand seven hundred sixty-nine 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 : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory