

Arogya Sanjeevani Policy, Star Health and Allied Insurance Co Ltd.
Certificate of Insurance UNIQUE ID: SHAHLIP22027V032122

Certificate no : P/161130/01/2024/024465	Previous Certificate no :
Customer Code : AA0029656791	GSTIN : 06AAJCS4517L1Z2
Customer Name : Sanjay Mehrotra	SAC Code : 997133/Accident and Health Insurance Services
Proposer's Code : 33336802	Issuing Office Code : 161130
Proposer's Name : Mr.Sanjay Mehrotra	Issuing Office Name : Branch Office - Gurgaon III
Address : 4/1204 exotica dream ville sectore 16 c near gaur city greater noida west . Noida,Gautam Buddha Nagar,Uttar Pradesh -201301	Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
Phone No : nil/9582645363/	Phone No : 0124-4797452
E-mail Id : sanjaymehrotra1959@gmail.com	E-mail Id : gurgaon3@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 06/05/2023	Fulfiller Code : SH60442
Date of Inception of first policy : 06-MAY-2023	Intermediary Code : OL0000000032 Name : M/S.OFFICE DIRECT - JSPPS Phone No : 8448789517/8448789517 E-mail Id : star.jsps@starinsurance.in
Policy Category : NEW	
Collection Number : 1439024264	
Collection Date : 04/05/2023	
Premium :Rs 25,010 /- IGST @18% : 4,502 /- Stamp Duty :Rs 1 /- Total Premium :Rs 29,512 /-	

Total Premium In Words : Rupees Twenty Nine Thousand Five Hundred Twelve Only	Installment Facility Opted :No
Premium Payment Frequency :Annual	Installment Amount Rs. : 0

Period of Insurance : FROM 06/05/2023 00:00 TO : Midnight Of 05/05/2024
Basic Floater Sum Insured : Rs. 500000 /- Bonus : Rs. 0 /-
Total Sum Insured In Words : Rupees Five Lakhs Only
Scheme Description : 2ADULT

Details of Insured Persons :

Sl. no.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception Date
1	Mr.Sanjay Mehrotra	M	03/03/1959	64	SELF	33336802-1	06/05/2023
2	Radha mehrotra	F	09/08/1964	58	SPOUSE	33336802-2	06/05/2023

For detailed coverage, terms & Conditions and exclusions, kindly visit website : www.starhealth.in

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 Email: support@starhealth.in, Fax No: 1800 425 5522.**

Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522

Permanent Exclusion Details

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/161130/01/2024/024465

Insured Name	ID Card	Permanent Exclusion Disease
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Entered by : STAR_PORTAL
Approved by : SH41063

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory