

**IMPORTANT**

To,

YOGENDRA SINGH RATHORE,  
603, H-1, RIDDHI GARDENS,  
FILM CITY ROAD, MALAD-EAST,  
MUMBAI-400097.  
Mumbai, Mumbai (Suburban), Maharashtra-400097  
Mobile : 9769682970.

Dear Customer,

**Re: Health Insurance Policy - P/171124/01/2019/001138**

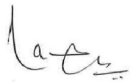
We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

**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 stay in eligible room as stated in the policy, to avoid payment of proportionate increased charges claimed by the hospitals, from your hand.

**Family Health Optima Insurance Plan**  
Unique Identification No. IRDAI/HLT/SHAI/P-H/V.III/129/2017-18  
**Policy Schedule**

<b>Policy No.</b> : P/171124/01/2019/001138	<b>Previous Policy No.</b> : P/171124/01/2018/000823
<b>Customer Code</b> : AA0001753852	<b>GSTIN</b> : 27AAJCS4517L1ZY
<b>Customer Name</b> : YOGENDRA SINGH RATHORE	<b>SAC Code</b> : 997133/Accident and Health Insurance Services
<b>Proposer Code</b> : 1103251	<b>Issuing Office Code</b> : 171124
<b>Proposer Name</b> : YOGENDRA SINGH RATHORE	<b>Issuing Office Name</b> : Branch Office Andheri II
<b>Address</b> : 603, H-1, RIDDHI GARDENS, FILM CITY ROAD, MALAD-EAST, MUMBAI-400097. Mumbai,Mumbai (Suburban),Maharashtra-400097	<b>Address</b> : SHREE PADMINI, 1st Floor,Telli Galli Cross Lane, Andheri -E, Mumbai - 400069.
<b>Tel/Mobile</b> : ./9769682970/./9769682970/	<b>Tel/Mobile</b> : 022 26814700 / 704
<b>E-mail id</b> : .	<b>E-mail id</b> : AndheriBO.mumbai@starhealth.in
<b>Proposer GSTIN</b> : -	<b>Place of Supply</b> : -
<b>Proposal date</b> : 17/05/2010	<b>Fulfiller Code</b> : SH7356
<b>Date of Inception of first policy</b> : 17-MAY-10	<b>Intermediary Code</b> : LC0000000406 <b>Name</b> : M/S.GENNEXT INSURANCE BROKERS PVT. LTD  <b>Tel/Mobile</b> : 8980022221/8980022221  <b>E-mail id</b> : mis@gennextinsurance.com
<b>Renewal Year</b> : Eighth Year	
<b>Receipt No &amp; Date</b> : 1412002327 & 21/05/2018	
<b>Premium</b> : Rs 24210 /-	
<b>CGST @9%</b> : Rs 2,179/- <b>SGST / UTGST @9%</b> : Rs 2,179/- <b>Total Premium</b> : Rs 28568 /- <b>Stamp Duty</b> : Re 1 /-	
<b>Total Premium In Words</b> : Rupees Twenty Eight Thousand Five Hundred Sixty Eight Only	

<b>Period of insurance</b> : <b>From</b> : 22/05/2018 00:00:00	<b>To</b> : Midnight of 21/05/2019
<b>Basic Floater Sum Insured</b> : 400000	<b>Scheme Description</b> : 2A
<b>In words</b> : Rupees: Four Lakhs Only	
<b>Bonus: Rs.</b> 180000	<b>Limit of Coverage : Rs.</b> 580000
<b>Recharge Benefit</b> : Rs. 100000	

**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	YOGENDRA SINGH RATHORE	M	05/08/1959	58	SELF	1103251-1	Diabetes and related complications	17/05/2010
2	SUSHMA RATHORE	F	05/04/1962	56	SPOUSE	1103251-2	No PED declared	17/05/2010

**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

**Sector Classification**

Urban		
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Entered By : SH47012

For Star Health and Allied Insurance Company Ltd.

**IRDAI Regn. No 129**

**Corporate Identity Number U66010TN2005PLC056649**

**Email ID : support@starhealth.in**



Authorised Signatory

**Attached to and forming part of Policy No. P/171124/01/2019/001138**

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).

Condition No. 3 regarding delay in payment of claim shall read as follows and not as stated in policy wordings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under 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.

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

**"Consolidated stamp paid vide certificate No.0006287811201718 Dt. 07.03.2018"**

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office Andheri II on 21st Day of May 2018.

Entered By : SH47012

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory