

IMPORTANT

29/04/2023

To,

Priyanka sheshrao thaware,
103 d wing dahisar shiwangan dahisar east
mumbai

Mumbai,Mumbai (Suburban),Maharashtra -400068
Mobile : 9702542683

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2024/020382

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.

Star Cancer Care Platinum Insurance Policy
Unique Identification No: SHAHLIP22031V022122
Policy Schedule

Policy No. : P/161130/01/2024/020382		Previous Policy No. :	
Customer Code : AA0029523704		GSTIN : 06AAJCS4517L1Z2	
Customer Name : PRIYANKA		SAC Code : 997133/Accident and Health Insurance Services	
Proposer's Code : 33204712		Issuing Office Code : 161130	
Proposer's Name : Priyanka sheshrao thaware		Issuing Office Name : Branch Office - Gurgaon III	
Address : 103 d wing dahisar shiwangan dahisar east mumbai		Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001	
Phone No : nil/9702542683/		Phone No : 0124-4797452	
E-mail Id : priyuusha27@gmail.com		E-mail Id : gurgaon3@starhealth.in	
Proposer GSTIN : -		Place of Supply : -	
Proposal date : 14/04/2023		Fulfiller Code : SH60442	
Date of Inception of first policy : 14-APR-2023		Intermediary Code/Name : OL0000000032 Name : M/S.OFFICE DIRECT - JSPS Phone No : 8448789517/8448789517 E-mail Id : star.jsps@starinsurance.in	
Renewal Year : NEW			
Collection Number : 1439007077			
Collection Date : 10/04/2023			
Premium :Rs 23,605 /- IGST @18% : 4,249 /- Stamp Duty :Rs 1/- Total Premium :Rs 27,854 /-			
Total Premium In Words : Indian Rupees Twenty Seven Thousand Eight Hundred Fifty Four Only			
Installment Facility Optn :No		Premium Payment Frequency :Annual	
		Installment Amount Rs. :0	
PERIOD OF INSURANCE FROM : 14/04/2023 00:00 TO : Midnight Of 13/04/2024 Policy Term : 1 Year			

Insured Details :

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Sum Insured Rs.		Cumulative Bonus	Inception Date
							Section-I	Section-II		
1	PRIYANKA SHESHRAO THAWARE	F	27/10/1988	34	SELF	33204712-1	1000000	0		14/04/2023

Pre Existing Diseases :

Entered by : STAR_PORTAL

Approved by : SH41063

All the amounts mentioned in this policy are in Indian Rupees

For and on behalf of
Star Health and Allied Insurance Company Ltd.



Authorised Signatory

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID : info@starhealth.in

Attached to and forming part of Policy No : P/161130/01/2024/020382

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	Supriya thaware	Sister	33	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.

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 29th Day of April 2023.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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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. : 33204712-1

Name : PRIYANKA SHESHRAO THAWARE

Date Of Birth : 27-OCT-88 **Age** : 34 Years

Gender : Female **Office Code** : 161130

Valid From : 14-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.

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Authorised Signatory

TAX Invoice

Invoice No. : 6A439Y24P0017294	Customer ID : AA0029523704
Invoice Date : 29/04/23	Policy No : P/161130/01/2024/020382
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer's Name : Priyanka sheshrao thaware	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : 103 d wing dahisar shiwangan dahisar east mumbai	Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
City :	City : GURGAON III
State : Maharashtra	State : Haryana
Pincode : 400068	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	23605	0	23605	4249				Rs. 27854

Total Invoice Value (in Figures) : Rs. 27854
Total Invoice Value (in Words) : Rupees: Twenty-seven thousand eight hundred fifty-four 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

IRDAI Regn. No 129 Corporate Identity Number L66010TN2005PLC056649 Email ID :stargst@starhealth.in

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Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Name Of the Product	Star Cancer Care Platinum Insurance Policy
Product UIN No.	SHAHLIP22031V022122

Summary of Important Benefits

S.No	Particulars of Coverage / Benefits	Benefit Limits (in Rs.)			Refer to Policy clause No.
	Applicable for Section- I				
	Sum Insured (in Rs.)	5,00,000	7,50,000	10,00,000	
1	Room Category *Expenses relating to the hospitalization will be considered in proportion to the room rent stated in the policy or actuals whichever is less.	Single Standard A/c Room			B Section I (a)
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	Actual			B Section I (b)
3	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs	Actual			B Section I (c)
4	Emergency Road Ambulance	Actual			B Section I (d)
5	Pre-Hospitalization Medical Expenses	Up to 30 days prior to the date of hospitalization			B Section I (e)
6	Post-Hospitalization Medical Expenses	Up to 60 days from the date of discharge from the hospital not exceeding 2% of the basic sum insured per hospitalization			B Section I (f)
7	All day care procedures	Covered			B Section I (g)
8	Expenses incurred on treatment of Cataract	Basic Sum Insured (Rs.)	Limit of Cataract Surgery (Rs.)		B Section I (h)
		5,00,000/-	30,000/- per eye per person and not exceeding 40,000/- per person per policy period		
		7,50,000/- and 10,00,000/-	40,000/- per eye per person and not exceeding 60,000/- per person per policy period		
9	Cost of Health Checkup	Available after every claim free year up to Rs.2,500/-			B Section I (i)
10	Medical Second Opinion E-MAIL: "e_medicalopinion@starhealth.in"	Available			B Section I (j)
11	Wellness Service	Available			B Section I (k)
12	Rehabilitation and Pain Management	Up to the sub-limit (or) maximum up to 10% of the basic sum insured whichever is less, per policy year.			B Section I (l)
13	Coverage for Modern Treatment	Available			B Section I (m)
14	Hospice Care	Payable up to 20% of sum insured at network providers on indemnity basis,payable once in life time			B Section I (n)
15	Copayment	10% of each and every claim			B Section I (o)
16	Cumulative Bonus	5% of basic sum insured for each claim free year subject to a maximum of 50% of the basic sum insured			C
Applicable for Section -II					
17	Lumpsum Cover for Cancer - When there is a Recurrence / Metastasis and / or Second malignancy unrelated to first cancer(Optional Cover)	2,50,000	3,75,000	5,00,000	B Section II

Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.

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