

IMPORTANT

31/05/2023

To,

Bariya Kamleshkumar Bhupatsinh,
338 LAXMI NAGAR BEHIND
SARDAR ESTATE AJWA ROAD VADODRA -

Vadodara, Vadodara, Gujarat - **390019**
Mobile : 8200859604.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2024/037613

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

Star Hospital Cash Insurance Policy
UIN: SHAHLIP20046V011920
Policy Schedule

Policy No. : P/161130/01/2024/037613	Previous Policy No. :
Customer Code : AA0029818649	GSTIN : 06AAJCS4517L1Z2
Customer Name : Bariya Kamleshkumar Bhupatsinh	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 33512640	Issuing Office Code : 161130
Proposer Name : Bariya Kamleshkumar Bhupatsinh	Issuing Office Name : Branch Office - Gurgaon III
Address : 338 LAXMI NAGAR BEHIND SARDAR ESTATE AJWA ROAD VADODRA - Vadodara, Vadodara, Gujarat- 390019	Issuing Office Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
Tel/Mobile : /8200859604/	Tel/Mobile : 0124-4797452
E-mail id : kamlesh.bariya94@gmail.com	E-mail id : gurgaon3@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 31/05/2023	Fulfiller Code : SO161130
Date of Inception of first policy : 31-MAY-2023	Intermediary Code : OL0000000032 Name : M/S.OFFICE DIRECT - JSPS Tel/Mobile : 8448789517/8448789517 E-mail id : star.jsps@starinsurance.in
Renewal Year : NEW	
Collection Number : 1439040909	
Collection Date : 31/05/2023	
Premium : Rs 15960/- IGST @18% : 2,873 /- Stamp Duty : Re 1/- Total Premium : Rs 18833/-	

Total Premium In Words : Rupees Eighteen Thousand Eight Hundred Thirty Three Only

PERIOD OF INSURANCE	FROM : 31/05/2023 02:35	TO : Midnight Of 30/05/2024
Policy Term : 1 YEAR	Plan Opted : ENHANCED	
Policy Type : Floater	Scheme Description : 2A+1C	
Hospital Cash Amount per day Rs. 5000 /-	Maximum number of days per year : 90	

Insured Persons Details :

Sl. No.	Name of the Insured	Sex	Date of Birth	Age-Yrs/Mths	Relationship with Proposer	ID Card No	Pre-Existing Disease/s	Inception Date
1	Bariya Kamleshkumar Bhupatsinh	M	25/09/1994	28	SELF	33512640-1	No PED declared	31/05/2023
Pre Existing Disease :								
2	RAVINABEN KAMLESH BARIYA	F	24/01/1999	24	SPOUSE	33512640-2		31/05/2023
Pre Existing Disease : No Pre Existing Disease declared								
3	PRISHA KAMLESH BARIYA	F	30/11/2021	1	DEPENDANT CHILD	33512640-3	No PED declared	31/05/2023
Pre Existing Disease :								

Entered By : STAR_PORTAL
Approved by : BACKDATE

For Star Health and Allied Insurance Company Ltd.

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


Authorised Signatory

Attached to and forming part of Policy No. P/161130/01/2024/037613

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Age	Relationship with proposer	%	Appointee Name	Age	Relationship with Nominee
1	RAVINABEN KAMLESH BARIYA	24	Spouse	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 persons 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.

AYUSH Hospital means a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

1. Central or State Government AYUSH Hospital or
2. Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine/Central Council for Homeopathy; or
3. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Gurgaon III on 31st Day of May 2023.

Entered By : STAR_PORTAL
Approved by : BACKDATE

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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. : 33512640-1

Name : Bariya Kamleshkumar Bhupatsinh

Date Of Birth : 25-SEP-94 **Age** : 28 Years

Gender : Male **Office Code** : 161130

Valid From : 31-MAY-23 **TA/SSM/SM Code** : SO161130

Agent/Broker/TE Code : OL0000000032

IRDAI Regn. No:129



**Star Health and Allied Insurance
Company Limited**

Customer Identity Card

Customer ID No. : 33512640-2

Name : RAVINABEN KAMLESH BARIYA

Date Of Birth : 24-JAN-99 **Age** : 24 Years

Gender : Female **Office Code** : 161130

Valid From : 31-MAY-23 **TA/SSM/SM Code** : SO161130

Agent/Broker/TE Code : OL0000000032

IRDAI Regn. No:129



**Star Health and Allied Insurance
Company Limited**

Customer Identity Card

Customer ID No. : 33512640-3

Name : PRISHA KAMLESH BARIYA

Date Of Birth : 30-NOV-21 **Age** : 1 Years

Gender : Female **Office Code** : 161130

Valid From : 31-MAY-23 **TA/SSM/SM Code** : SO161130

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.

Entered By : STAR_PORTAL
Approved by : BACKDATE

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

TAX Invoice



Invoice No. : 6C439Y24P0000030	Customer ID : AA0029818649
Invoice Date : 31/05/23	Policy No : P/161130/01/2024/037613
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer Name : Bariya Kamleshkumar Bhupatsinh	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : 338 LAXMI NAGAR BEHIND SARDAR ESTATE AJWA ROAD VADODRA -	Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
City : Vadodara,Vadodara,Gujarat-390019	City : GURGAON III
State : Gujarat	State : Haryana
Pincode : 390019	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	15960	0	15960	2873				Rs. 18833

Total Invoice Value (in Figures) : Rs. 18833

Total Invoice Value (in Words) : Rupees: Eighteen thousand eight hundred thirty-three 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

Entered By : STAR_PORTAL

Approved by : BACKDATE

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Name Of the Product	Star Hospital Cash Insurance Policy
Product UIN No.	SHAHLP20046V011920

Summary of Important Benefits

S.No	Particulars of Coverage / Benefits		Benefit Limits (in Rs.)					Refer to Policy clause No.
	Hospital Cash Amount (per day)	Basic Plan	1000	2000	3000			
		Enhanced Plan	3000	4000	5000			
	Number of Hospital Cash Days per Policy Year	Basic Plan	30	60	90	120	180	
		Enhanced Plan	90	120	180			
	Applicable for Basic Plan and Enhanced Plan							
1	Sickness Hospital Cash		Hospital Cash Amount (per day) chosen by the insured for maximum number of days chosen by the insured. (*Deductible: One day deductible is applicable only for Sickness Hospital Cash under Basic plan)					II(A)
2	Accident Hospital Cash		Up to 150% of the Hospital Cash Amount (per day) chosen by the insured for maximum number of days chosen by the insured					II(B)
3	ICU Hospital Cash		Up to 200% of the Hospital Cash Amount (per day) chosen by the insured 1. Where the policy is issued on Individual Basis, ICU Hospital Cash is payable for a maximum of 30 days only per policy year. 2. Where the policy is issued on Floater Basis, ICU Hospital Cash is payable for a maximum of 90 days only per policy year.					II(C)
	Applicable for Enhanced Plan							
4	Convalescence Hospital Cash		Hospitalization is beyond 5 days one day additional Hospital Cash amount					II(D)
5	Child Birth Hospital Cash		Hospital Cash Amount (per day) chosen by the insured for maximum number of days chosen by the insured subject to a waiting period of 2 years from the first commencement of this Star Hospital Cash Insurance Policy . Only female insured persons are eligible for this benefit					II(E)
6	Worldwide Hospital Cash		200% Hospital Cash Amount chosen by the insured person is payable per day.					II(F)
7	Day Care Treatments / Procedures		Day care treatments only for five times in a policy year. a. Fractures (other than hairline fractures) b. Cataract, c. Dilatation and curettage d. Hemodialysis e. Parenteral Chemotherapy f. Radio Therapy g. Coronary Angiography h. Lithotripsy i. Manipulation for Dislocation under General Anesthesia j. Cystoscopy under General Anesthesia					Note under Coverage

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

Entered By : STAR_PORTAL
Approved by : BACKDATE

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory