

IMPORTANT

28/05/2022

To,

Mr.MANOJ KUMAR JAGGI,
H.NO.4, GANGOTRI ENCLAVE,
OPP. HCL COMPOUND, NIRANJANPUR,
DEHRADUN
Dehradun,Dehradun,Uttarakhand -**248001**
Mobile : 9045049097.

Dear Customer,

Re: Health Insurance Policy - P/161115/01/2023/003277

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
SHAHLIP22030V062122

In consideration of payment of Rs.20580/- towards renewal premium of Policy number: P/161115/01/2022/003118, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/161115/01/2023/003277	
Customer Code : AA0005028229	GSTIN : 05AAJCS4517L1Z4
Customer Name : Mr.MANOJ KUMAR JAGGI	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 7016005	Issuing Office Code : 161115
Proposer Name : Mr.MANOJ KUMAR JAGGI	Issuing Office Name : Branch Office - Dehradun
Address : H.NO.4, GANGOTRI ENCLAVE, OPP. HCL COMPOUND, NIRANJANPUR, DEHRADUN Dehradun,Dehradun,Uttarakhand -248001	Address : AS-5, 6 & 7, PLS Plaza, 2nd Floor, 4B Raja Road Dehradun - 248 001.
Tel/Mobile : 0/9045049097/	Tel/Mobile : 0135-6455821, 2659875, 2659901,2659918
E-mail id : manojkumarjaggi@gmail.com	E-mail id : dehradun@starhealth.in
Proposer GSTIN : -	Place of Supply : Uttarakhand / State Code : 5
Proposal date : 29/04/2017	Fulfiller Code : SH24509
Date of Inception of first policy : 29-APR-2017	Intermediary Code : BA0000143811
Renewal Year : Fifth Year	Name : Ms.MANJU PAINULY
Collection Number & Date : 1117003558 & 28/05/2022	Tel/Mobile : 7017135652/7017135652
Premium : Rs 17440 /- CGST @9% : Rs 1,570/- SGST / UTGST @9% : Rs 1,570/- Total Premium : Rs 20580 /- Stamp Duty : Re 1 /-	E-mail id : manju1989@gmail.com
Total Premium In Words : Rupees Twenty Thousand Five Hundred Eighty Only	
Installment Facility Optn :No	Premium Payment Frequency :Annual
Installment Amount Rs. : 0	

Period of insurance : From : 31/05/2022 00:00	To : Midnight of 30/05/2023
Basic Floater Sum Insured : 1000000	
In words : Rupees: Ten Lakhs Only	
Bonus: Rs. 650000	Limit of Coverage : Rs. 1650000
Recharge Benefit : Rs. 150000	
Scheme Description : 2ADULT+2CHILD	

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	MANOJ KUMAR JAGGI	M	09/11/1982	39	SELF	7016005-1	No PED declared	29/04/2017
2	NEHA MANOJ JAGGI	F	13/09/1985	36	SPOUSE	7016005-2		29/04/2017
Pre Existing Disease : Calculous diseases of hepato pancreatico-biliary system								
3	SUMEET JAGGI	M	31/05/2013	9	DEPENDANT CHILD	7016005-3	No PED declared	29/04/2017

Entered By : SH46140
Approved By : SH46140

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

L66010TN2005PLC056649

Attached to and forming part of Policy No. P/161115/01/2023/003277

4	BHAVYANSH JAGGI	M	22/07/2021	0	DEPENDANT CHILD	7016005-4	No PED declared	31/05/2022
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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	NEHA MANOJ JAGGI	Spouse	36	100			

Sector Classification

Urban Social	Informal Sector	Informal Sector includes small scale, self-employed workers typically at a low level of organisation and technology, with the primary objective of generating employment and income, with heterogeneous activities like retail trade, transport, repair and maintenance, construction, personal and domestic services and manufacturing, with the work mostly labour intensive, having often unwritten and informal employer-employee relationship
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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).

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 .

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Dehradun on 28th Day of May 2022.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered By : SH46140

Approved By : SH46140

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 5B117Y23P0001907	Customer ID : AA0005028229
Invoice Date : 28/05/22	Policy No : P/161115/01/2023/003277
Recipient	Supplier
GSTIN : -	GSTIN : 05AAJCS4517L1Z4
Proposer Name : Mr.MANOJ KUMAR JAGGI	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Dehradun
Address : H.NO.4, GANGOTRI ENCLAVE, OPP. HCL COMPOUND, NIRANJANPUR, DEHRADUN	Tel/Mobile : AS-5, 6 & 7, PLS Plaza, 2nd Floor, 4B Raja Road Dehradun - 248 001.
City :	City : DEHRADUN
State : Uttarakhand	State : Uttarakhand
Pincode : 248001	Pincode : 248 001
Client Category : IND	Place of Supply : 5 - Uttarakhand

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	17440	0	17440		1570	1570		Rs. 20580

Total Invoice Value (in Figures) : Rs. 20580
Total Invoice Value (in Words) : Rupees: Twenty thousand five hundred eighty 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 : SH46140
Approved By : SH46140

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory