

**IMPORTANT**

15-MAY-23

To,

ASHUTOSH KUMAR,  
House no 13, Block A1 Manjusha nivas Near Rani Public school Sant nagar,  
Burari Delhi

New Delhi,North,Delhi - **110084**  
Mobile : 8826694215.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2024/029066

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.

Policy Schedule  
Star Super Surplus (Floater) Insurance Policy  
Unique id : SHAHLIP22034V062122

Policy No. : P/161130/01/2024/029066		Previous Policy No. :	
Customer Code	: AA0029693205	GSTIN	: 06AAJCS4517L1Z2
Customer Name	: ASHUTOSH	SAC Code	: 997133/Accident and Health Insurance Services
Proposer Code	: 33367836	Issuing Office Code	: 161130/Branch Office - Gurgaon III
Proposer's Name	: ASHUTOSH KUMAR	Fulfiller Code	: SO161130
Address	: House no 13, Block A1 Manjusha nivas Near Rani Public school Sant nagar, Burari Delhi  New Delhi,North,Delhi	Address	: Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
Tel/Mobile	: /8826694215/	Tel/Mobile	: 0124-4797452
E-mail Id	: ashutosh.kumar@htlive.com	E-mail Id	: gurgaon3@starhealth.in
Proposer GSTIN	: -	Place of Supply	: -
Proposal Date	: 11/05/2023	<b>Intermediary Code : OL0000000032</b>  <b>Name : M/S.OFFICE DIRECT - JSPS</b>  <b>Phone : 8448789517/8448789517</b>  <b>Email id : star.jsps@starinsurance.in</b>	
Date of Inception of first policy	: 11-MAY-2023		
Renewal Year	: NEW		
Collection Number	: 1439028557		
Receipt Date	: 11/05/2023		
Premium	: Rs. 1,540 /-		
IGST @18% :Rs. 277 /-			
Total Premium : Rs. 1,817 /- Stamp Duty :Re. 1 /-			
Total Premium In Words : Indian Rupees One Thousand Eight Hundred Seventeen Only			
Period of Insurance : FROM : 11/05/2023 00:00 Hrs TO: Midnight of 10/05/2024			

Plan Type : SILVER	Family Size: 2A+1C
Sum Insured : Rs. 1000000	Deductible (Rs.) : 500000
Sum Insured in words: Indian Rupees Ten Lakhs Only	
Instalment facility opted: No Instalment : Annual	

Insured Person Details:

Sl. no.	Name of the Insured	Gender	DOB	Age in Yrs	Relationship with Proposer	ID Card No	Pre-existing Diseases	Inception Date
1	ASHUTOSH KUMAR	MALE	01/03/1983	40	SELF	33367836-1	No PED declared	11/05/2023
2	Sarita Kumari	FEMALE	05/04/1986	37	SPOUSE	33367836-2	No PED declared	11/05/2023
3	Rishabh K Ashutosh	MALE	16/12/2010	12	DEPENDANT CHILD	33367836-3	No PED declared	11/05/2023

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	Sarita Kumari	Spouse	37	100			

Sector Classification :

Urban		
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Entered by : STAR\_PORTAL  
Approved by : SH41063

Place : Gurgaon  
Date : 19/05/2023

For and on behalf of  
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/161130/01/2024/029066

Please check whether the details given by you about the Insured persons in the Proposal Form are incorporated correctly in the Policy.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 are deemed to have been accepted by you.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio.

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC. ATTACHED.

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

**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.

In witness whereof the undersigned being duly authorised here in to set his hand at Branch Office - Gurgaon III on 15th Day of May 2023.

**Permanent Exclusion Details**

Insured Name	ID Card	Permanent Exclusion Disease
ASHUTOSH KUMAR	33367836-1	
Sarita Kumari	33367836-2	
Rishabh K Ashutosh	33367836-3	

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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. : 33367836-1  
Name : ASHUTOSH KUMAR  
Date Of Birth : 01-MAR-83 Age : 40 Years  
Gender : Male Office Code : 161130  
Valid From : 11-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. : 33367836-2  
Name : Sarita Kumari  
Date Of Birth : 05-APR-86 Age : 37 Years  
Gender : Female Office Code : 161130  
Valid From : 11-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. : 33367836-3  
Name : Rishabh K Ashutosh  
Date Of Birth : 16-DEC-10 Age : 12 Years  
Gender : Male Office Code : 161130  
Valid From : 11-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.

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TAX Invoice



Invoice No. : 6B439Y24P0007997	Customer ID : AA0029693205
Invoice Date : 15/05/23	Policy No : P/161130/01/2024/029066
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer's Name : ASHUTOSH KUMAR	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : House no 13, Block A1 Manjusha nivas Near Rani Public school Sant nagar, Burari Delhi	Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
City :	City : GURGAON III
State : Delhi	State : Haryana
Pincode : 110084	Pincode : 122001
Client Category : IND	Place of Supply : 6 - Haryana

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	CESS@1%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C *CGST	F = C *UTGST or SGST	G=C*Cess	H=C+D+E+F+G
997133	Insurance Services	1540	0	1540	277				Rs. 1817

Total Invoice Value (in Figures) : Rs. 1817

Total Invoice Value (in Words) : Rupees: One thousand eight hundred seventeen 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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Name Of the Product	Star Super Surplus (Floater) Insurance Policy
Product UIN No.	SHAHLIP22034V062122

Summary of Important Benefits - Silver Plan

S.No	Particulars of Coverage / Benefits		Refer to Policy clause No.
	Sum Insured (in Rs.)	10,00,000	
	Deductible (in Rs.)	3,00,000/- and 5,00,000/-	
1	Room Rent (Per day) - Up to *Expenses relating to the hospitalization will be considered in proportion to the room rent stated in the policy	4,000	II (A)
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	Actual	II (B)
3	Anesthesia, Blood, Oxygen, Operation theatre charges, Surgical Appliances, Medicines and Drugs	Actual	II (B)
4	Pre-Hospitalization Expenses	30 days	II (C)
5	Post-Hospitalization Expenses	60 days	II (D)
6	Coverage for Modern Treatment	Available	II(E)
7	Day Care Treatments / Procedures	All Day Care Procedures are Covered	Note under Coverage II
8	Instalment options(if opted)	Available	V(13)
	<b>Note:</b> The Company's liability will begin only when the hospitalization expenses admissible under this policy exceed the <b>Deductible</b> for every hospitalization.		
	<ul style="list-style-type: none"><li>- <b>Deductible</b> means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.</li><li>- For the purpose of calculating the <b>Deductible</b>, the pre-hospitalization and post-hospitalization expenses will not be taken into account.</li></ul>		

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

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