

**IMPORTANT**

28/05/2023

To,

ARIHANT JAIN,  
1/11244 C, 2ND FLOOR, SUBHASH PARK, KIRTI MANDIR CHOWK, NAVEEN SHAHDRA,  
DELHI SHAHDARA DELHI

DMC(U) Part, East, Delhi - **110032**

Mobile : 9971616493.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2024/035691

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  
Super Surplus Insurance Policy  
Unique Id: SHAHLIP22035V062122

|   |  |                     |  |
|---|--|---------------------|--|
| Policy No.  | : P/161130/01/2024/035691  | Previous Policy No. | :  |
| Customer Code   | : AA0029790237   | GSTIN               | : 06AAJCS4517L1Z2  |
| Customer Name   | : ARIHANT JAIN   | SAC Code            | : 997133/Accident and Health Insurance Services                            |
| Proposer Code   | : 33480368   | Issuing Office Code | : 161130/Branch Office - Gurgaon III                                       |
| Proposer's Name   | : ARIHANT JAIN   |                     |  |
| Address   | : 1/11244 C, 2ND FLOOR,SUBHASH PARK,KIRTI MANDIR CHOWK, NAVEEN SHAHDRA, DELHI SHAHDARA DELHI<br><br>DMC(U) Part,East,Delhi | Address             | : Plot no 412/2, K - I Tower<br>M G Road, Sector -14,<br>, Gurgaon -122001 |
| Tel/Mobile  | : /9971616493/   | Tel/Mobile          | : 0124-4797452   |
| E-mail Id   | : jainarihant171@gmail.com   | E-mail Id           | : gurgaon3@starhealth.in   |
| Proposer GSTIN  | : -  | Place of Supply     | : -  |
| Proposal Date   | : 27/05/2023   | Fulfiller Code      | : SO161130   |
| Date of Inception of first policy   | : 27-MAY-2023  | Intermediary Code   | : OL0000000032   |
| Renewal Year  | : NEW  | Name                | : M/S.OFFICE DIRECT - JSPS   |
| Collection Number   | : 1439038529   | Phone               | : 8448789517/8448789517  |
| Collection Date   | : 27/05/2023   | Email id            | : star.jsps@starinsurance.in   |
| Premium   | : Rs.3,005 /-  |                     |  |
| IGST @18%   | : Rs. 541 /-   |                     |  |
| Total Premium   | : Rs. 3,546 /- Stamp Duty : Re. 1 /-   |                     |  |
| Total Premium In Words : Indian Rupees Three Thousand Five Hundred Forty Six Only |  |                     |  |
| Period of Insurance : FROM : 27/05/2023 16:05 Hrs TO: Midnight of 26/05/2024      |  |                     |  |
| Plan Type : GOLD  |  |                     |  |
| 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 | Sum Insured (Rs.) | Defined Limit (Rs.) | Inception Date |
|---------|---------------------|--------|------------|------------|----------------------------|------------|-----------------------|-------------------|---------------------|----------------|
| 1       | ARIHANT JAIN        | MALE   | 26/09/1998 | 24         | SELF                       | 33480368-1 | No PED declared       | 1,00,00,000.00    | 10,00,000.00        | 27/05/2023     |

Nominee Details

| Nominee Details for the proposer |              |                            |     |     | Appointee Details |     |                           |
|----------------------------------|--------------|----------------------------|-----|-----|-------------------|-----|---------------------------|
| S.No.                            | Name         | Relationship with proposer | Age | %   | Appointee Name    | Age | Relationship with Nominee |
| 1                                | SHALINI JAIN | Mother                     | 50  | 100 |                   |     |                           |

Sector Classification :

|       |  |  |
|-------|--|--|
| Urban |  |  |
|-------|--|--|

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 28th Day of May 2023.

Entered by : STAR\_PORTAL  
Approved by : SH64066

Place : Gurgaon  
Date : 09/06/2023

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

Permanent Exclusion Details


| Insured Name | ID Card    | Permanent Exclusion Disease |
|--------------|------------|-----------------------------|
| ARIHANT JAIN | 33480368-1 |                             |

**Emergency Help Line No. 1800 425 2255 / 1800 102 4477**  
e-mail : support@starhealth.in Website : [www.starhealth.in](http://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 the 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.** : 33480368-1

**Name :** ARIHANT JAIN

**Date Of Birth** : 26-SEP-98 **Age** : 24 Years

**Gender** : Male **Office Code** : 161130

**Valid From :** 27-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.

TAX Invoice



|  |  |
|--|--|
| Invoice No. : 6B439Y24P0014679   | Customer ID : AA0029790237   |
| Invoice Date : 28/05/23  | Policy No : P/161130/01/2024/035691  |
| Recipient  | Supplier   |
| GSTIN : -  | GSTIN : 06AAJCS4517L1Z2  |
| Proposer's Name : ARIHANT JAIN   | NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III |
| Address : 1/11244 C, 2ND FLOOR,SUBHASH PARK,KIRTI MANDIR CHOWK, NAVEEN SHAHDRA, DELHI SHAHDARA 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 : 110032   | 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        | 3005  | 0        | 3005         | 541          |             |                      |          | Rs. 3546            |

Total Invoice Value (in Figures) : Rs. 3546

Total Invoice Value (in Words) : Rupees: Three thousand five hundred forty-six 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 : SH64066

Place : Gurgaon

Date : 09/06/2023

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

  
Authorised Signatory

|                     |                                |
|---------------------|--------------------------------|
| Name Of the Product | Super Surplus Insurance Policy |
| Product UIN No.     | SHAHLIP22035V062122            |

Summary of Important Benefits - Gold Plan

| S.No | Particulars of Coverage / Benefits  | Benefit Limits (in Rs.)  |                                  |           |           |                    |           |           |             | Refer to Policy clause No. |
|------|---|--|----------------------------------|-----------|-----------|--------------------|-----------|-----------|-------------|----------------------------|
|      | Sum Insured (in Rs.)  | 5,00,000   | 10,00,000                        | 15,00,000 | 20,00,000 | 25,00,000          | 50,00,000 | 75,00,000 | 1,00,00,000 |                            |
|      | Defined Limit (in Rs.)  | 5,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/-, 25,00,000/- |                                  |           |           |                    |           |           |             |                            |
| 1    | Room Category<br>*Expenses relating to the hospitalization will be considered in proportion to the room rent stated in the policy   | Single Standard A/C Room                                       |                                  |           |           |                    |           |           |             | III (A)                    |
| 2    | Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, Blood, Oxygen, Operation theatre charges, Surgical Appliances, Medicines and Drugs  | Actual   |                                  |           |           |                    |           |           |             | III (B)                    |
| 3    | Ambulance Charges (Per hospitalization) up to   | 3,000  | 3,000                            | 3,000     | 3,000     | 3,000              | 3,000     | 3,000     | 3,000       | III (C)                    |
| 4    | Air Ambulance Charges (Per Policy Period)   | N/A  | Covered up to 10% of Sum Insured |           |           |                    |           |           |             | III (D)                    |
| 5    | Medical Second Opinion<br>E-MAIL: "e_medicalopinion@starhealth.in"  | Available  | Available                        | Available | Available | Available          | Available | Available | Available   | III (E)                    |
| 6    | Pre-Hospitalization Expenses  | 60 days  | 60 days                          | 60 days   | 60 days   | 60 days            | 60 days   | 60 days   | 60 days     | III (F)                    |
| 7    | Post-Hospitalization Expenses   | 90 days  | 90 days                          | 90 days   | 90 days   | 90 days            | 90 days   | 90 days   | 90 days     | III (G)                    |
| 8    | Delivery Expenses (Limit Per Policy Period) up to   | 50,000   | 50,000                           | 50,000    | 50,000    | 50,000             | 50,000    | 50,000    | 50,000      | III (H)                    |
| 9    | Organ Donor Expenses  | Covered up to Sum Insured                                      |                                  |           |           |                    |           |           |             | III (I)                    |
| 10   | Coverage for Modern Treatment   | Available  |                                  |           |           |                    |           |           |             | III (J)                    |
| 11   | Day Care Treatments / Procedures  | All Day Care Procedures are Covered                            |                                  |           |           |                    |           |           |             | Note under Coverage III    |
| 12   | Recharge Benefit  | Defined Limit Rs.  |                                  |           |           | Recharge Limit Rs. |           |           |             | III (K)                    |
|      |   | 5,00,000   |                                  |           |           | 75,000/-           |           |           |             |                            |
|      |   | 10,00,000  |                                  |           |           | 1,00,000/-         |           |           |             |                            |
|      |   | 15,00,000/- and above  |                                  |           |           | 2,50,000/-         |           |           |             |                            |
| 13   | Wellness Services   | Available  |                                  |           |           |                    |           |           |             | III (L)                    |
| 14   | Instalment options(if opted)  | Available  |                                  |           |           |                    |           |           |             | V(13)                      |
|      | <b>Note:</b> The Company's liability will begin only when the aggregate of the hospitalization expenses admissible under this policy during this policy period exceed the <b>Defined limit</b>  |  |                                  |           |           |                    |           |           |             |                            |
|      | <div><div>- <b>Defined Limit</b> means the limit of admissible hospitalization expenses as per the terms of the policy, opted for and mentioned in the Schedule of the policy, up to which the Company will not be liable during the policy period</div><div>- For the purpose of calculating the <b>Defined limit</b>, the pre-hospitalization and post-hospitalization expenses will not be taken into account.</div></div> |  |                                  |           |           |                    |           |           |             |                            |

N/A = Benefits not available to the respective Sum Insured.

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 : SH64066

Place : Gurgaon  
Date : 09/06/2023

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

  
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