

**IMPORTANT**

23-MAY-23

To,

Mr.YASH VARDHAN

Sunita Gupta C/o - Deepak Kumar,Bhatta Bazar,Khiru chowk,Infront of Ravi Vinay hotel Bari hat  
road,Purnea  
Bihar

Purnia,Purnia,Bihar -**854301**

Mobile : 6202142800.

Dear Customer,

**Re: Health Insurance Policy - P/161130/01/2024/033405**

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

*"Let Star Health help you to become healthier and happier. Star Wellness Benefits includes Mind Body healing and other Condition management programmes (Weight management, Diabetes etc....) Visit [www.starhealth.in](http://www.starhealth.in) / customer portal login and start your journey with us to Better Health".*

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.

**YOUNG STAR INSURANCE POLICY  
SCHEDULE (Individual)  
UNIQUE ID:SHAHLIP22036V042122**

|   |  |                               |      |  |                          |                       |                            |
|---|--|-------------------------------|------|--|--------------------------|-----------------------|----------------------------|
| Policy No.  | : P/161130/01/2024/033405  | Previous Policy No.           | :    |  |                          |                       |                            |
| Customer Code   | : AA0029737736   | GSTIN                         | :    | 06AAJCS4517L1Z2  |                          |                       |                            |
| Customer Name   | : YASH   | SAC Code                      | :    | 997133/Accident and Health Insurance Services                            |                          |                       |                            |
| Proposer's Code   | : 33449919   | Issuing Office Code           | :    | 161130   |                          |                       |                            |
| Proposer's Name   | : Mr.YASH VARDHAN  | Issuing Office Name           | :    | Branch Office - Gurgaon III  |                          |                       |                            |
| Address   | : Sunita Gupta C/o - Deepak Kumar,Bhatta Bazar,Khiru chowk,Infront of Ravi Vinay hotel Bari hat road,Purnea Bihar<br><br>Purnia,Purnia,Bihar -854301 | Address                       | :    | Plot no 412/2, K - I Tower<br>M G Road, Sector -14,<br>, Gurgaon -122001 |                          |                       |                            |
| Phone No  | : nil/6202142800/  | Phone No                      | :    | 0124-4797452   |                          |                       |                            |
| E-mail Id   | : m.m.enterprisesburnea@gmail.com  | E-mail Id                     | :    | gurgaon3@starhealth.in   |                          |                       |                            |
| Proposer GSTIN  | : -  | Place of Supply               | :    | -  |                          |                       |                            |
| Proposal date   | : 23/05/2023   | Fulfiller Code                | :    | SH60442  |                          |                       |                            |
| Date of Inception of first policy   | : 23-MAY-2023  | Intermediary Code             | :    | OL0000000032   |                          |                       |                            |
| Renewal Year  | : NEW  |                               | Name | :  | M/S.OFFICE DIRECT - JSPS |                       |                            |
| Collection Number   | : 1439033192   |                               |      | Phone No   | :                        | 8448789517/8448789517 |                            |
| Receipt Date  | : 18/05/2023   |                               |      |  | E-mail Id                | :                     | star.jsps@starinsurance.in |
| Premium :Rs 4,555 /-<br>IGST @18% : 820 /-  |  |                               |      |  |                          |                       |                            |
| Stamp Duty :Rs 1 /-      Total Premium :Rs 5,375 /-                                   |  |                               |      |  |                          |                       |                            |
| Total Premium In Words : Rupees Five Thousand Three Hundred Seventy Five Only         |  | Installment Facility Optn :No |      |  |                          |                       |                            |
| Premium Payment Frequency : Annual  |  | Installment Amount Rs. : 0    |      |  |                          |                       |                            |
| Period of Insurance : FROM 23/05/2023 00:00 TO : Midnight Of 22/05/2024 Term : 1 Year |  |                               |      |  |                          |                       |                            |

**Details of Insured Persons :**

| Sl. no. | Name of the Insured | Sex | Date of Birth | Age in Yrs | Relationship with Proposer | ID Card No | Plan   | Sum Insured | Bonus | Pre Existing Disease | Inception Date |
|---------|---------------------|-----|---------------|------------|----------------------------|------------|--------|-------------|-------|----------------------|----------------|
| 1       | YASH VARDHAN        | M   | 07/08/2001    | 21         | SELF                       | 33449919-1 | SILVER | 500000      | 0     | No PED declared      | 23/05/2023     |

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.

Entered by : STAR\_PORTAL  
Approved by : SH41063

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/161130/01/2024/033405

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.

Sector Classification :

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

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

Nominee Details

| Nominee Details for the proposer |              |                            |     |     | Appointee Details |     |                           |
|----------------------------------|--------------|----------------------------|-----|-----|-------------------|-----|---------------------------|
| S.No.                            | Name         | Relationship with proposer | Age | %   | Appointee Name    | Age | Relationship with Nominee |
| 1                                | Deepak Kumar | Father                     | 54  | 100 |                   |     |                           |

In witness whereof the undersigned being authorised by and on behalf of the company has set his hand at **Branch Office - Gurgaon III** on **23rd Day of May 2023**.

Permanent Exclusion Details

| Insured Name | ID Card | Permanent Exclusion Disease |
|--------------|---------|-----------------------------|
|--------------|---------|-----------------------------|

Entered by : STAR\_PORTAL  
Approved by : SH41063

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](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 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.** : 33449919-1

**Name** : YASH VARDHAN

**Date Of Birth** : 07-AUG-01 **Age** : 21 Years

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

**Valid From** : 23-MAY-23 **TA/SSM/SM Code** : SH60442

**Agent/Broker/TE Code** : OL0000000032

IRDAI Regn. No:129

Entered by : STAR\_PORTAL

Approved by : SH41063

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

## TAX Invoice



|  |  |
|--|--|
| Invoice No. : 6B439Y24P0012381   | Customer ID : AA0029737736   |
| Invoice Date : 23/05/23  | Policy No : P/161130/01/2024/033405  |
| Recipient  | Supplier   |
| GSTIN : -  | GSTIN : 06AAJCS4517L1Z2  |
| Proposer's Name : Mr.YASH VARDHAN  | NAME : Star Health and Allied Insurance Co Ltd<br>- Branch Office - Gurgaon III    |
| Address : Sunita Gupta C/o - Deepak Kumar,Bhatta Bazar,Khiru chowk,Infront of Ravi Vinay hotel<br>Bari hat road,Purnea Bihar | Address : Plot no 412/2, K - I Tower<br>M G Road, Sector -14,<br>, Gurgaon -122001 |
| City :   | City : GURGAON III   |
| State : Bihar  | State : Haryana  |
| Pincode : 854301   | Pincode : 122001   |
| Client Category : IND  | Place of Supply : 6 - Haryana  |

| HSN / SAC Code | Description of Service(s) | Total<br>A | Discount<br>B | TaxableValue<br>C = A - B | IGST @ 18%<br>D = C * IGST | CGST @9%<br>E = C *CGST | UT/SGST@9%<br>F = C *UTGST or SGST | CESS@1%<br>G=C*Cess | Total Invoice Value<br>H =C+D+E +F+G |
|----------------|---------------------------|------------|---------------|---------------------------|----------------------------|-------------------------|------------------------------------|---------------------|--------------------------------------|
| 997133         | Insurance Services        | 4555       | 0             | 4555                      | 820                        |                         |                                    |                     | Rs. 5375                             |

Total Invoice Value (in Figures) : Rs. 5375

Total Invoice Value (in Words) : Rupees: Five thousand three hundred seventy-five 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 : SH41063

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

| Name Of the Product  |  |                         | YOUNG STAR INSURANCE POLICY   |                        |              |           |               |           |                        |           |                            |
|--|--|-------------------------|---|------------------------|--------------|-----------|---------------|-----------|------------------------|-----------|----------------------------|
| Product UIN No.  |  |                         | SHAHLIP22036V042122   |                        |              |           |               |           |                        |           |                            |
| Summary of Important Benefits  |  |                         |   |                        |              |           |               |           |                        |           |                            |
| S.No   | Particulars of Coverage / Benefits   |                         | Benefit Limits (in Rs.)   |                        |              |           |               |           |                        |           | Refer to Policy clause No. |
|  |  |                         | Individual  | Individual and Floater |              |           |               |           |                        |           |                            |
|  | Sum Insured (in Rs.)   |                         | 300000/-  | 500000/-               | 1000000/-    | 1500000/- | 2000000/-     | 2500000/- | 5000000/-              | 7500000/- | 10000000/-                 |
| 1  | Plan Type  |                         | Silver Plan   |                        |              |           |               |           |                        |           |                            |
| 2  | Room Rent (Per Day) - Up to *Hospitalization expenses will be considered in proportion to the eligible Room Rent   |                         | Single Private A/c Room   |                        |              |           |               |           |                        |           | II(A)                      |
| 3  | Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, blood, oxygen, operation theatre charges, Surgical Appliances, Medicines and Drugs |                         | Actual  |                        |              |           |               |           |                        |           | II(B & C)                  |
| 4  | Road Ambulance charges(per policy period)  |                         | Actuals   |                        |              |           |               |           |                        |           | II(D)                      |
| 5  | Pre-Hospitalization Expenses   |                         | Up to 60 days prior to admission  |                        |              |           |               |           |                        |           | II(E)                      |
| 6  | Post-Hospitalization Expenses  |                         | Up to 90 days from the date of discharge  |                        |              |           |               |           |                        |           | II(F)                      |
| 7  | Day Care Procedure   |                         | All day care procedure covered.   |                        |              |           |               |           |                        |           | II(G)                      |
| 8  | Medical Opinion  |                         | E -Medical Opinion" from the Company's expert panel.  |                        |              |           |               |           |                        |           | II(H)                      |
| 9.   | Health Check up  | Sum Insured/policy type | Rs3,00,000/-  |                        | Rs5,00,000/- |           | Rs10,00,000/- |           | Rs15,00,000/-and above |           | II(I)                      |
|  |  | Individual              | 1,500/-   |                        | 2,000/-      |           | 3,000/-       |           | 3,500/-                |           |                            |
|  |  | Floater                 | N/A   |                        | 3,000/-      |           | 4,000/-       |           | 5,000/-                |           |                            |
| 10   | Automatic Restoration of Basic Sum Insured   |                         | Once during policy period by 100%   |                        |              |           |               |           |                        |           | II(J)                      |
| 11   | Cumulative bonus   |                         | The insured person will be eligible for Cumulative bonus calculated at 20% of basic sum insured for each claim free year subject to a maximum of 100% of the basic sum insured. |                        |              |           |               |           |                        |           | II(K)                      |
| 12   | Additional Basic Sum Insured for Road Traffic Accident (RTA)   |                         | 25% of the Sum Insured subject to a maximum of Rs10,00,000/-  |                        |              |           |               |           |                        |           | II(L)                      |
| 13   | Star Wellness Program  |                         | Discount in the Renewal premium for healthy life style through wellness activities.   |                        |              |           |               |           |                        |           | II(M)                      |
| 14   | Special Features   |                         | 10% Discount at the time of renewal after 40years of age.   |                        |              |           |               |           |                        |           | V(22 A)                    |
| 15.  | Coverage for Modern Treatment  |                         | Covered up to the limits  |                        |              |           |               |           |                        |           | II(N)                      |
| 16.  | Instalment Facility (If Opted)   |                         | Available   |                        |              |           |               |           |                        |           | V(13)                      |
| Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached. |  |                         |   |                        |              |           |               |           |                        |           |                            |

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For Star Health and Allied Insurance Company Ltd.

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