

**IMPORTANT**

19-APR-23

To,

TABREZ ALAM  
HOUSE NUMBER 1312 GROUND FLOOR OLD BLOCK H BLOCK  
H 3 FRONT NAVJEEVAN

New Delhi, North, Delhi - **110033**  
Mobile : 9990446023.

Dear Customer,

**Re: Health Insurance Policy - P/161130/01/2024/014873**

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.

**STAR WOMEN CARE INSURANCE POLICY**  
**SCHEDULE (Floater)**  
**UNIQUE ID: SHAHLIP23132V022223**

<b>Policy No.</b> : P/161130/01/2024/014873	<b>Previous Policy No.</b> :
<b>Customer Code</b> : AA0029577208	<b>GSTIN</b> : 06AAJCS4517L1Z2
<b>Customer Name</b> : TABREZ ALAM	<b>SAC Code</b> : 997133/Accident and Health Insurance Services
<b>Proposer's Code</b> : 33233380	<b>Issuing Office Code</b> : 161130
<b>Proposer's Name</b> : TABREZ ALAM	<b>Issuing Office Name</b> : Branch Office - Gurgaon III
<b>Address</b> : HOUSE NUMBER 1312 GROUND FLOOR OLD BLOCK H BLOCK H 3 FRONT NAVJEEVAN  New Delhi,North,Delhi-110033	<b>Address</b> : Plot no 412/2, K - I Tower M G Road, Sector -14,
<b>Phone No</b> : /9990446023/	<b>Phone No</b> : 0124-4797452
<b>E-mail Id</b> : alamtarez0879@gmail.com	<b>E-mail Id</b> : gurgaon3@starhealth.in
<b>Proposer GSTIN</b> : -	<b>Place of Supply</b> : -
<b>Proposal date</b> : 19/04/2023	<b>Fulfiller Code</b> : SO161130
<b>Date of Inception of first policy</b> : 20-APR-2023	<b>Intermediary Code</b> : OL0000000032  <b>Name</b> : M/S.OFFICE DIRECT - JSPS  <b>Phone No</b> : 8448789517/8448789517  <b>E-mail Id</b> : star.jsps@starinsurance.in
<b>Renewal Year</b> : NEW	
<b>Collection Number</b> : 1439013843	
<b>Collection Date</b> : 19/04/2023	
<b>Premium</b> :Rs 18,460 /- <b>IGST @18%</b> : 3,323 /- <b>Stamp Duty</b> :Rs 1 /- <b>Total Premium</b> :Rs 21,783 /-	

<b>Total Premium In Words</b> : Rupees Twenty One Thousand Seven Hundred Eighty Three Only	<b>Installment Facility Optn</b> :No
<b>Premium Payment Frequency</b> :Annual	<b>Installment Amount Rs.</b> : 0
<b>Period of Insurance</b> : FROM 20/04/2023 00:00 TO : Midnight Of 19/04/2024	<b>Policy Term</b> : 1 Year
<b>Scheme Description (Family Size)</b> : 2 ADULTS	<b>Basic Floater Sum Insured</b> : Rs. 1500000 /-
<b>Bonus</b> : Rs. 0 /-	
<b>Total Sum Insured In Words</b> : Rupees Fifteen Lakhs Only	<b>Policy Type</b> :Floater

**Details of Insured Persons :**

Sl. no.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Sum Insured for Optional Cover	Pre Existing Disease	Inception Date
1	TABREZ ALAM	M	01/08/1988	34	SELF	33233380-1	0	No PED declared	20/04/2023
2	AAFRIN PERWEEN	F	13/01/2001	22	SPOUSE	33233380-2	0	No PED declared	20/04/2023

Entered by : STAR\_PORTAL  
Approved by : PORTAL

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/161130/01/2024/014873

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).

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		
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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	AAFRIN PERWEEN	Spouse	22	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 **19th Day of April 2023**.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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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.** : 33233380-1

**Name** : TABREZ ALAM

**Date Of Birth** : 01-AUG-88 **Age** : 34 Years

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

**Valid From** : 20-APR-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.** : 33233380-2

**Name** : AAFRIN PERWEEN

**Date Of Birth** : 13-JAN-01 **Age** : 22 Years

**Gender** : Female **Office Code** : 161130

**Valid From** : 20-APR-23 **TA/SSM/SM Code** : SO161130

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

IRDAI Regn. No:129

Entered by : STAR\_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

**TAX Invoice**

Invoice No. : 6A439Y24P0011624	Customer ID : AA0029577208
Invoice Date : 19/04/23	Policy No : P/161130/01/2024/014873
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer's Name : TABREZ ALAM	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : HOUSE NUMBER 1312 GROUND FLOOR OLD BLOCK H BLOCK H 3 FRONT NAVJEEVAN	Address : Plot no 412/2, K - I Tower M G Road, Sector -14,
City : New Delhi,North,Delhi-110033	City : GURGAON III
State : Delhi	State : Haryana
Pincode : 110033	Pincode : 122001
Client Category : IND	Place of Supply : 6 - Haryana

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value 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	18460	0	18460	3323				Rs. 21783

Total Invoice Value (in Figures) : Rs. 21783  
Total Invoice Value (in Words) : Rupees: Twenty-one thousand seven hundred eighty-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 : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Name Of the Product		Star Women Care Insurance Policy							
Product UIN No.		SHAHLIP23132V022223							
Summary of Important Benefits									
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	1,00,00,000	
1	Room Category *Expenses relating to the Associated Expenses will be considered in proportion to the room rent stated in the policy or actuals whichever is less.	Upto 1% of Sum Insured per day	Any Room (except suite or above category)				Any Room		II. 1
2	Star Mother Cover	Single Private A/c room Note: If the room is not available in the same hospital, the Company will reimburse Rs.2,500/- per day subject to maximum of 7 days per hospitalization towards stay of the mother in the Hotel room if the hotel room is within 2 kms from the hospital.							II. 2
3	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	Actual							II. 3
4	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs	Actual							II. 4
5	Day care procedures	All Day Care Procedures are Covered							II. 5
6	Coverage for Non-medical Items	Actual							II. 6
7	Road Ambulance Expenses	Actual							II. 7
8	Air Ambulance	Up to 10% of the Sum Insured per year is payable							II. 8
9	Pre-Hospitalization Expenses	Up to 60 days prior to the date of hospitalization							II. 9
10	Post-Hospitalization Expenses	Up to 90 days from the date of discharge from the hospital							II. 10
11	Organ Donor Expenses	Actual							II. 11
12	AYUSH Treatment	Actual							II. 12
13	Bariatric Surgery - Limit per policy period (Rs.)	2,50,000	2,50,000	2,50,000	5,00,000	5,00,000	5,00,000	5,00,000	II. 13
14	Coverage for Modern Treatment	Covered up to the limits specified							II. 14
15	Automatic Restoration of Sum Insured	There shall be automatic restoration of the Sum Insured once by 100%							II. 15
16	Cumulative Bonus	In respect of a claim free year of Insurance, bonus of 20% of the expiring Sum Insured from the second year onwards. The maximum allowable bonus shall not exceed 100% of sum insured							II. 16
17	Shared accommodation	Sum of Rs.2,000/- per day subject to a maximum of 7 days (per hospitalization) will be payable for each continuous and completed period of 24 hours of stay in shared accommodation.							II. 17
18	Rehabilitation and Pain Management	Up to the sub-limit (or) maximum up to 10% of the sum insured whichever is less, per policy year							II. 18
19	Assisted Reproduction Treatment - Limit of Liability of the Company for each policy year (Rs.)	50,000	1,00,000	1,50,000	2,00,000	2,00,000	2,50,000	3,00,000	II. 19
20	Ante-Natal Care (Pregnancy Care)-Limit (per policy year)	2,500	2,500	2,500	5,000	5,000	5,000	5,000	II. 20
21	In Utero Fetal Surgery/Repair	The Company will pay the expenses incurred for the list of In Utero Fetal Surgeries and Procedures							II. 21
22	Voluntary Sterilization Expenses	The Company will pay the expenses incurred for Voluntary Sterilization (Tubectomy / Vasectomy), after a waiting period of 24 months from the date of first inception of this policy							II. 22

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23	Miscarriage due to Accident- Limit of liability (Rs.)	25,000	25,000	25,000	35,000	35,000	40,000	40,000	II. 23						
24	Delivery Expenses- Limit per delivery up to Rs.	25,000	50,000	50,000	50,000	75,000	75,000	1,00,000	II. 24						
25	Hospitalization expenses for treatment of New Born Baby	<div><div><div><div><div><b>A. Birth of New born baby during the policy year :</b> Covered from day 1 subject to a maximum of 25% of the sum insured</div><div><b>B. In the subsequent year (on payment of applicable premium for New born):</b> Expenses (Including Congenital Internal and External defects/anomalies) are covered up to 100% of the sum insured</div><div><b>C.Vaccination Expenses :</b><table><tr><td>Sum Insured (Rs.)</td><td>Limit (Rs.)</td></tr><tr><td>5,00,000 and 10,00,000</td><td>2,500</td></tr><tr><td>15,00,000 and above</td><td>3,500</td></tr></table></div><div><b>D.Metabolic Screening</b> Test for New Born is payable once for each new born subject to a limit of Rs.3,500/-</div><div><b>E.Pediatrician Consultation</b> up to 4 consultations per year are payable up to 12 year of age. Each consultation is up to Rs.500/-.</div></div></div></div></div>							Sum Insured (Rs.)	Limit (Rs.)	5,00,000 and 10,00,000	2,500	15,00,000 and above	3,500	II. 25
Sum Insured (Rs.)	Limit (Rs.)														
5,00,000 and 10,00,000	2,500														
15,00,000 and above	3,500														
26	Medical Consultations as an Outpatient - Limit per policy year (up to Rs.)	2,500	2,500	2,500	3,500	3,500	5,000	5,000	II. 26						
27	Preventive Health Check Up	Expenses incurred towards cost of preventive health check-up for the tests mentioned up to the limits for each policy year is payable.							II. 27						
28	Star Wellness Program	This program intends to promote, incentivize and to reward the Insured Persons healthy life style through various wellness activities.							II. 28						
29	Optional Cover (Lump sum on diagnosis of Cancer): (Available on payment of additional premium and shown in the policy schedule)	If the insured person shall contract Cancer as a first incidence, then Company will pay the sum insured stated in the Schedule as lump-sum.							II. 29						
Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.															

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