

IMPORTANT

05-APR-23

To,

RAVINDRA SINGH,
Ravindra Singh , Flat no 13 Kesari Apartment K No 149/2 Export Enclave
Nai Basti Road Deoli , Delhi

New Delhi,South,Delhi - **110062**
Mobile : 9811599723.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2024/006921

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/161130/01/2024/006921	Previous Policy No.	:
Customer Code	: AA0029486381	GSTIN	: 06AAJCS4517L1Z2
Customer Name	: RAVINDRA	SAC Code	: 997133/Accident and Health Insurance Services
Proposer Code	: 33128271	Issuing Office Code	: 161130/Branch Office - Gurgaon III
Proposer's Name	: RAVINDRA SINGH	Fulfiller Code	: SO161130
Address	: Ravindra Singh , Flat no 13 Kesari Apartment K No 149/2 Export Enclave Nai Basti Road Deoli , Delhi New Delhi,South,Delhi	Address	: 412/2, K - I Tower, M G Road, Sector 14, Gurgaon, Haryana
Tel/Mobile	: /9811599723/	Tel/Mobile	: 0124-4797452
E-mail Id	: ravindra264@gmail.com	E-mail Id	: gurgaon3@starhealth.in
Proposer GSTIN	: -	Place of Supply	: -
Proposal Date	: 03/04/2023	Intermediary Code : OL0000000032 Name : M/S.OFFICE DIRECT - JSPS Phone : 8448789517/8448789517 Email id : star.jsps@starinsurance.in	
Date of Inception of first policy	: 03-APR-2023		
Renewal Year	: NEW		
Collection Number	: 1439001927		
Receipt Date	: 03/04/2023		
Premium	: Rs. 4,495 /-		
IGST @18%	:Rs. 809 /-		
Total Premium	: Rs. 5,304 /- Stamp Duty :Re. 1 /-		
Total Premium In Words : Indian Rupees Five Thousand Three Hundred Four Only			
Period of Insurance : FROM : 03/04/2023 12:37 Hrs TO: Midnight of 02/04/2024			

Plan Type :	GOLD	Family Size:	2A+2C
Sum Insured :	Rs. 1000000	Defined Limit (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	RAVINDRA SINGH	MALE	02/06/1977	45	SELF	33128271-1		03/04/2023
Pre Existing Disease : Diabetes & Hypertension and their complications								
2	SHAKUNTALA DEVI	FEMALE	25/06/1980	42	SPOUSE	33128271-2	No PED declared	03/04/2023
3	MAYANK NEGI	MALE	20/01/2004	19	DEPENDANT CHILD	33128271-3	No PED declared	03/04/2023
4	AYUSH NEGI	MALE	01/12/2007	15	DEPENDANT CHILD	33128271-4	No PED declared	03/04/2023

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	SHAKUNTALA DEVI	Spouse	42	100			

Entered by : STAR_PORTAL
Approved by : SH41063

Place : Gurgaon
Date : 08/04/2023

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

Attached to and forming part of Policy No. P/161130/01/2024/006921

Sector Classification :

Urban		
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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.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 05th Day of April 2023.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
RAVINDRA SINGH	33128271-1	
SHAKUNTALA DEVI	33128271-2	
MAYANK NEGI	33128271-3	
AYUSH NEGI	33128271-4	

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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. : 33128271-1
Name : RAVINDRA SINGH
Date Of Birth : 02-JUN-77 Age : 45 Years
Gender : Male Office Code : 161130
Valid From : 03-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. : 33128271-2
Name : SHAKUNTALA DEVI
Date Of Birth : 25-JUN-80 Age : 42 Years
Gender : Female Office Code : 161130
Valid From : 03-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. : 33128271-3
Name : MAYANK NEGI
Date Of Birth : 20-JAN-04 Age : 19 Years
Gender : Male Office Code : 161130
Valid From : 03-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. : 33128271-4
Name : AYUSH NEGI
Date Of Birth : 01-DEC-07 Age : 15 Years
Gender : Male Office Code : 161130
Valid From : 03-APR-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.

Entered by : STAR_PORTAL
Approved by : SH41063

Place : Gurgaon
Date : 08/04/2023

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

Authorised Signatory

TAX Invoice



Invoice No. : 6A439Y24P0003383	Customer ID : AA0029486381
Invoice Date : 05/04/23	Policy No : P/161130/01/2024/006921
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer's Name : RAVINDRA SINGH	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : Ravindra Singh , Flat no 13 Kesari Apartment K No 149/2 Export Enclave Nai Basti Road Deoli , Delhi	Address : 412/2, K - I Tower, M G Road, Sector 14, Gurgaon, Haryana
City :	City : GURGAON III
State : Delhi	State : Haryana
Pincode : 110062	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	4495	0	4495	809				Rs. 5304

Total Invoice Value (in Figures) : Rs. 5304

Total Invoice Value (in Words) : Rupees: Five thousand three hundred four 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

Place : Gurgaon

Date : 08/04/2023

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


Authorised Signatory

Name Of the Product	Star Super Surplus (Floater) Insurance Policy
Product UIN No.	SHAHLIP22034V062122

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.)	3,00,000/-, 5,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/-, 25,00,000/-								
1	Room Category *Expenses relating to the hospitalization will be considered in proportion to the room rent stated in the policy	Single Private A/C Room								III (A)
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, blood, oxygen, operation theatre charges, ICU 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 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)
		3,00,000				50,000/-				
		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)
	Note: The Company's liability will begin only when the aggregate of the hospitalization expenses admissible under this policy during this policy period exceed the Defined limit									
<div><div>- Defined Limit 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 Defined limit, 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.										

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