

IMPORTANT

19-MAY-23

To,

Sumit Sharma
D-261 INDRAPRASTH COLONY, teela shahbajpur Ioni road
ghaziabad

Pavi Sadakpur, Ghaziabad, Uttar Pradesh -201102
Mobile : 8130065370.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2024/031267

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 / 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

| | |
|---|---|
| Policy No. : P/161130/01/2024/031267 | Previous Policy No. : |
| Customer Code : AA0029732991 | GSTIN : 06AAJCS4517L1Z2 |
| Customer Name : SUMIT | SAC Code : 997133/Accident and Health Insurance Services |
| Proposer's Code : 33413672 | Issuing Office Code : 161130 |
| Proposer's Name : Sumit Sharma | Issuing Office Name : Branch Office - Gurgaon III |
| Address : D-261 INDRAPRASTH COLONY, teela shahbajpur Ioni road ghaziabad Pavi Sadakpur, Ghaziabad, Uttar Pradesh-201102 | Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001 |
| Phone No : /8130065370/ | Phone No : 0124-4797452 |
| E-mail Id : ssp3818@gmail.com | E-mail Id : gurgaon3@starhealth.in |
| Proposer GSTIN : - | Place of Supply : - |
| Proposal date : 18/05/2023 | Fulfiller Code : SO161130 |
| Date of Inception of first policy : 18-MAY-2023 | Intermediary Code : OL0000000032 Name : M/S.OFFICE DIRECT - JSPS Phone No : 8448789517/8448789517 E-mail Id : star.jsps@starinsurance.in |
| Renewal Year : NEW | |
| Collection Number : 1439032846 | |
| Collection Date : 18/05/2023 | |
| Premium :Rs 22,925 /- IGST @18% : 4,127 /- Stamp Duty :Rs 1 /- Total Premium :Rs 27,052 /- | |

| | |
|--|---|
| Total Premium In Words : Rupees Twenty Seven Thousand Fifty Two Only | Installment Facility Optn :No |
| Premium Payment Frequency :Annual | Installment Amount Rs. : 0 |
| Period of Insurance : FROM 18/05/2023 00:00 TO : Midnight Of 17/05/2024 | Policy Term : 1 Year |
| Scheme Description (Family Size) : 2 ADULTS + 1 CHILD | Basic Floater Sum Insured : Rs. 1500000 /- |
| Bonus : Rs. 0 /- | |
| Total Sum Insured In Words : Rupees Fifteen Lakhs Only | Policy Type :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 | Sumit Sharma | M | 09/05/1989 | 34 | SELF | 33413672-1 | 0 | | 18/05/2023 |

Pre Existing Disease :

No Pre Existing Disease Declared

| | | | | | | | | | |
|---|---------------|---|------------|----|--------|------------|---|--|------------|
| 2 | vinita Kumari | F | 05/07/1989 | 33 | SPOUSE | 33413672-2 | 0 | | 18/05/2023 |
|---|---------------|---|------------|----|--------|------------|---|--|------------|

Pre Existing Disease :

No Pre Existing Disease Declared

| | | | | | | | | | |
|---|-------|---|------------|---|-----------------|------------|---|-----------------|------------|
| 3 | Misha | F | 16/07/2018 | 4 | DEPENDANT CHILD | 33413672-3 | 0 | No PED declared | 18/05/2023 |
|---|-------|---|------------|---|-----------------|------------|---|-----------------|------------|

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/161130/01/2024/031267

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 | | |
|-------|--|--|

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 | vinita Kumari | Spouse | 33 | 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 May 2023**.

Permanent Exclusion Details

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

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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

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. : 33413672-1

Name : Sumit Sharma

Date Of Birth : 09-MAY-89 **Age** : 34 Years

Gender : Male **Office Code** : 161130

Valid From : 18-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. : 33413672-2

Name : vinita Kumari

Date Of Birth : 05-JUL-89 **Age** : 33 Years

Gender : Female **Office Code** : 161130

Valid From : 18-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. : 33413672-3

Name : Misha

Date Of Birth : 16-JUL-18 **Age** : 4 Years

Gender : Female **Office Code** : 161130

Valid From : 18-MAY-23 **TA/SSM/SM Code** : SO161130

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. : 6B439Y24P0010218 | Customer ID : AA0029732991 |
| Invoice Date : 19/05/23 | Policy No : P/161130/01/2024/031267 |
| Recipient | Supplier |
| GSTIN : - | GSTIN : 06AAJCS4517L1Z2 |
| Proposer's Name : Sumit Sharma | NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III |
| Address : D-261 INDRAPRASTH COLONY, teela shahbajpur Ioni road ghaziabad | Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001 |
| City : Pavi Sadakpur, Ghaziabad, Uttar Pradesh-201102 | City : GURGAON III |
| State : Uttar Pradesh | State : Haryana |
| Pincode : 201102 | 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 | 22925 | 0 | 22925 | 4127 | | | | Rs. 27052 |

Total Invoice Value (in Figures) : Rs. 27052

Total Invoice Value (in Words) : Rupees: Twenty-seven thousand fifty-two 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.inEntered by : STAR_PORTAL
Approved by : SH41063

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>A. Birth of New born baby during the policy year :</div><div>Covered from day 1 subject to a maximum of 25% of the sum insured</div></div><div><div>B. In the subsequent year (on payment of applicable premium for New born):</div><div>Expenses (Including Congenital Internal and External defects/anomalies) are covered up to 100% of the sum insured</div></div><div><div>C.Vaccination Expenses :</div><div><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><div><div>D.Metabolic Screening</div><div>Test for New Born is payable once for each new born subject to a limit of Rs.3,500/-</div></div><div><div>E.Pediatrician Consultation</div><div>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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Approved by : SH41063

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory