

Star Health and Allied Insurance Company Limited

Family Health Optima Insurance Plan Unique Identification No. IRDAI/HLT/SHAI/P-H/V.III/129/2017-18 Policy Schedule

In consideration of payment of Rs.18160 /- towards renewal premium of Policy number: P/151118/01/2018/029412, the policy stands renewed for a further period of 1 year as per the details given below.

	Renewal Endorsement No	P/151118/01/2019/031433	33	
		GSTIN	2	27AAJCS4517L1ZY
Customer Code	: AA0003391895			
Customer Name	; Mr.MAHADEV A.PATIL	SAC Code		997133/Accident and Health Insurance Services
Proposer Code	: 8994571	Issuing Office Code	245	151118
Proposer Name	: Mr.MAHADEV A.PATIL	Issuing Office Name	es:	Branch Office-Pimpri
Address	H. NO-7, PLOT NO-115, GMC NISARG	Address	.se	Premises No. 6 & 7, 13 & 14, Sunshine Plaza, CTS NO - 4713, Near Ambedkar
	CDC PCNTDA, Chikhali,		~ 0	Chouk,Station Road Above Ratna Hotel,Pimpri, Pune - 411018
	Pimpri Chinchwad, Pune, Maharashtra			
Tel/Mobile	: -/9881519559/-	Tel/Mobile		020-67187610/11/12/14
E-mail id	mahadevpatil2005@gmail.com	E-mail id	ě	pimpri.pune@starhealth.in
Proposer GSTIN	7. F	Place of Supply		
Proposal date	: 25/03/2016	Fulfiller Code		SH9476
Date of inception of first policy	of first policy 29-MAR-16	Intermediary Code	de	BA0000040828
Renewal Year				
Collection No & Dat :	at : 1212034888 & 14/03/2019	Name :	MA	MAHESH DONGARE
Premium : Rai CGST @9% : Rs	Premium :Rs 15390 /- CGST @9% :Rs 1,385/- SGST / UTGST @9% :Rs 1,385/-	Tel/Mobile :	0/96	0/9623581624
Total Premium : F	Total Premium : Rs 18160 /- Stamp Duty : Re 1 /-	E-mail id	mah	mahesh.dongare@rediffmail.com
Total Premium in Words	n Words : Rupees Eighteen Thousand One Hundred Sixty Only	e Hundred Sixty Only		
The first contract of the first factor than the first contract of				

Period of insurance	surance	From: 29/03/2019 00:00:00	To: Midnight of 28/03/2020
Basic Float	Basic Floater Sum Insured: 300000	: 300000	Scheme Description: 2A+2C
In words:	In words: Rupees: Three Lakhs Only	akhs Only	
Bonus: Rs. 135000		Limit of Coverage: Rs. 435000	Recharge Benefit: Rs. 75000

Details of Insured Persons:

29/03/2016	No PED declared	5149447-4	DEPENDANT	20	02/06/1998	≤	MSt.ABHISHEK	4
29/03/2016	No PED declared	5149447-3	DEPENDANT CHILD	25	10/04/1993	п	MSt.ABHILASHA MAHADEV PATIL	ω
		tions	Diseases of Vertebrae, disc and Spinal Cord and their Complications	Cord ar	isc and Spinal	rtebrae, d		PED
29/03/2016		5149447-2	SPOUSE	46	10/10/1972	Ti	Mrs.JAYA MAHADEV PATIL	153
29/03/2016	No PED declared	5149447-1	SELF	50	01/06/1968	3	Mr.MAHADEV APPASAHEB PATIL	>===
Inception Date	Pre-existing Disease	ID Card No	Relationship with Proposer	h Age in Yrs	Gender Date of Birth	Gender	Name of the Insured	No.

Entered By : PREMIA

IRDAI Regn. No 129

Corporate Identity Number U66010TN2005PLC056649 Email ID: support@starhealth.in

For Star Health and Allied Insurani