STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

STAR COMPREHENSIVE INSURANCE POLICY - SCHEDULE

Policy No.	: **P/171112/01/2015/010410**	**Previous Policy No.**	: **P/171112/01/2014/007738**
Proposer's Code	: 925507	Issuing Office Code	: 171112
Proposer's Name	: GAURI ROHAN KULKARNI	Issuing Office Name	: Branch Office - Navi Mumbai
Address	: 1001, Juniper, Everest World Kolshet Road, KOLSHET, THANE (W) - 400 607 Thane,Thane,Maharashtra-400607	Address	: 1st Floor, BSEL Tech Park, Sector-30 A, Opp. Vashi Railway Station, Vashi, Navi Mumbai-400705. NAVI MUMBAI
Phone No	: //	Phone No	: 022 - 41121411 / 12 / 44
E-mail Id	: NIL	E-mail Id	: navimumbai@starhealth.in
Proposal date	: 26/12/2009	Fulfiller Code	: SO171112 Sector : Urban
Date of Inception of first policy	: 26/12/2009	**Name**	: **OFFICE DIRECT**
Renewal Year	: Fifth Year	**Phone No**	: **022 - 41121411 / 12 / 44**
Receipt No	: 1103011058	**E-mail Id**	: **navimumbai@starhealth.in**
Date	: 11/01/2015		
Premium	:Rs 23,760.00 Service Tax :Rs 2,937.00		
Stamp Duty	:Re 1.00 Total Premium :Rs 26,697.00		

Total Premium In Words : Rupees Twenty-Six Thousand Six Hundred Ninety-Seven Only

PERIOD OF INSURANCE : FROM 21/01/2015 00:00:00 TO : Midnight Of 20/01/2016

SCHEME - DESCRIPTION : 2A+1C **BASIC FLOATER SUM INSURED : Rs. 1500000 /-**

LIMIT OF COVERAGE : Rs. 3000000 /- **Bonus : Rs. 1500000 /-**

Details of Insured Persons :

Sl. no.	Name of the Insured	Sex	Date of Birth	Age-Yrs/Mths	Relationship with Proposer	ID Card No	Co-Pay	Pre-existing Disease/s
1	GAURI KULKARNI	F	30/06/1981	33 Yrs 6 Mths	SELF	925507-1	0	NIL
2	ROHAN KULKARNI	M	10/02/1980	34 Yrs 11 Mths	SPOUSE	925507-2	0	NIL
3	SURABHI KULKARNI	F	29/09/2010	4 Yrs 3 Mths	DEPENDANT CHILD	925507-3	0	NIL

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

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

IRDA Regn. No 129

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Authorised Signatory

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

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Attached to and forming part of Policy No : P/171112/01/2015/010410

		Limit of Company's liability
SECTION-1	Sum Insured	Rs. 1500000/-
	Ambulance Charges-Per Policy Period	Up to Rs. 4000/-
SECTION-2	1) Delivery Coverage (a) Normal Delivery (b) By Caesarean Section	 Up to Rs. 25000/- Up to Rs. 40000/-
	2) Coverage for New Born (Subject to a valid claim under 1(a) or 1(b) above)	Up to Rs. 100000/-
	3) Vaccination Expenses for New Born (Subject to a valid claim under 1(a) or 1(b) above)	Up to Rs. 1000/-
SECTION-3	Dental / Ophthalmic Coverage	Up to Rs. 10000/-
SECTION-4	Hospital Cash -7 Days per hospitalization & 120 days per policy period.(1 day time excess)	Rs. 1000/- Per day
SECTION-5	Health Check Up	Up to Rs. 12000/-

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.

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

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Chennai on **11th Day of January 2015.**

"Consolidated stamp paid vide certificate No.CSD/199/2014/5859 Dt.29/10/ 2014 "

In the event of the policy being withdrawn in future, intimation about the withdrawal will be sent 3 months prior to the date when renewal falls due.The insured will have the option of migrating to any other similar health insurance policy offered by the Company at the relevant time. Continuity of benefits for waiting period and bonus, if any and if applicable, will be given provided the insured had been renewing the policy without any break (or renewing within the grace period offered)

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Attached to and forming part of Policy No : P/171112/01/2015/010410

No Claim Bonus Provision

Where the sum insured under the policy is Rs.5,00,000/- , the insured person would be entitled to the benefit of bonus calculated at 50% of the basic sum insured under this policy following a claim free year up to a maximum of 100%. In case a claim is made during the policy period, the bonus will be reduced by 50% in the following year. If there is a claim in the succeeding year also the bonus will become zero. The basic sum insured will however not be reduced.

Where the sum insured under the policy is Rs.7,50,000/-, or Rs.10,00,000/- or Rs. 15,00,000/- or Rs.20,00,000/- or Rs.25,00,000/-, the insured person would be entitled to the benefit of bonus calculated at 100% of the basic sum insured under this policy following a claim free year. In case a claim is made during the policy period, the bonus will become zero in the following year. The maximum allowable bonus is 100%

Note : The bonus will be offered on that part of the sum insured that is continuously renewed. Such bonus will be available only upon timely renewal of the policy without break or upon renewal within the grace period allowed. The bonus is not cumulative.

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

Policy No : P/171112/01/2015/010410 **Type Of Policy :** Star Comprehensive Insurance Policy

Issue Office : 171112 - Branch Office - Navi Mumbai

Address : 1st Floor, BSEL Tech Park, Sector-30 A,
Opp. Vashi Railway Station,
Vashi, Navi Mumbai-400705.

Toll Free No : 022 - 41121411 / 12 / 44

Email : navimumbai@starhealth.in

This is to certify that GAURI ROHAN KULKARNI has paid Rs 26697 (Total Premium In Words : Indian Rupees Twenty-Six Thousand Six Hundred Ninety-Seven Only) towards Premium for Hospitalization Insurance vide Policy No: P/171112/01/2015/010410 for the Period 21-JAN-15 To 20-JAN-16 issued on 11-JAN-15 .
Payment received by Cheque/Credit/Debit Card vide collection No:1103011058 1103011058 11-JAN-15

Note :- This Certificate must be surrendred to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

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

Authorised Signatory