Star Health and Allied Insurance Company Limited

**ACCIDENT CARE INDIVIDUAL INSURANCE POLICY**
**Unique Identification No:IRDAI/HLT/SHAI/P-P/V.III/134/2017-18**
**Schedule**

**In consideration of payment of Rs.8540/- towards renewal premium of Policy number: P/171114/02/2022/000728, the policy stands renewed for a further period of 1 year as per the details given below.**

**Renewal Endorsement No : P/171114/02/2023/001109**

| | | | |
|---|---|---|---|
| Customer Code | : AA0003843733 | GSTIN | : 27AAJCS4517L1ZY |
| Customer Name | : GAURI ROHAN KULKARNI | SAC CODE | : 997133/Accident and Health Insurance Services |
| Proposer's Code | : 5688843 | Issuing Office Code | : 171114 |
| Proposer Name | : GAURI ROHAN KULKARNI | Issuing Office Name | : Branch Office - Dadar |
| Address | : 102/A, VASUDHA DOSTI VIHAR, NR KORES RD, VARTAK NGR, THANE (WEST), MUMBAI Thane (M Corp.),Thane,Maharashtra - 400606 | Issuing Office Address | : 201-2nd Floor, Laxmi Commercial Complex Senapati Bapat Marg Opp: Dadar Stn Dadar - Mumbai -400028 |
| Tel/Mobile | : ./9619050363/. | Tel/Mobile | : 022 - 24371067 / 24371060 |
| Email id | : gaurie.j@gmail.com | Email id | : dadar@starhealth.in |
| Proposer GSTIN | : - | Place of Supply | : Maharashtra / State Code : 27 |
| Date of Inception of first policy | : 24-AUG-2016 | Fulfiller Code | : SH6762 |
| Renewal Year | : Sixth Year | **Intermediary Code** | : **BA0000016883** |
| Collection Number | : 1105012232 | **Name** | : **Mr.PRADEEP SHINDE** |
| Collection Date | : 22/08/2022 | **Phone** | : **9867570246/9867570246** |
| Premium : Rs.7238 /- CGST @9% : Rs.651/- SGST / UTGST @9% : Rs.651/- Stamp Duty : Rs . 225 /- Total Premium : Rs . 8540 /- | | **Email id** | : **nonlife@priyarthventures.com** |

Total Premium In Words : Indian Rupees Eight Thousand Five Hundred Forty Only

Period of Insurance : From 24/08/2022 00:00 To Midnight Of 23/08/2023

Total Sum Insured : Rs . 4500000 /-

In words : Rupees Forty-Five Lakhs Only.

**Insured Details :**

| Sl. No | Name of the Insured | Gender | DOB | Age in yrs | Relation with proposer | Occupation | Risk Group | Pre-existing Disabilities | Cumulative Bonus Rs. | Inception Date |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | GAURI ROHAN KULKARNI | F | 30/06/1981 | 41 | SELF | SERVICE | Risk Group II | NIL | 1125000 | 24-AUG-16 |

Entered by : PORTAL

Approved by : PORTAL

Place : DADAR

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

**IRDAI Regn. No 129**
**Corporate Identity Number L66010TN2005PLC056649**
**Email ID : info@starhealth.in**

R.Margabandhu

CN=R Margabandhu, SERIALNUMBER=00f82dcf76fdf6537e3331f8479ef45e7b4f3861b15475488cdf3b2c3c26c3c9, ST=TAMIL NADU, OID.2.5.4.17=600034, OID.2.5.4.20=5138b7b33f2ce960f23148ea208744690e09638750806cp65f89e15179f5fe50a, OU=UNDERWRITING - Chief Risk Officer, O=STAR HEALTH AND ALLIED INSURANCE COMPANY, C=IN. Date :Mon Aug 22 18:59:46 IST 2022

**Attached to and forming part of Policy No:** **P/171114/02/2023/001109**

**Coverage Details :**

| Sl. No | Name of the Insured | Sum Insured (Rs.) | | | | Optional Benefits opted | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Table A | Table B | Table C | Total | Medical Expenses Extension | Hospital Cash | Home Convalescence | Winter Sports |
| 1 | GAURI ROHAN KULKARNI | 0 | 3000000 | 1500000 | 4500000 | Yes | Yes | Yes | No |

**Nominee Details**

| Nominee Details for the proposer | | | | | Appointee Details | | |
|---|---|---|---|---|---|---|---|
| S.No. | Name | Relationship with proposer | Age | % | Appointee Name | Age | Relationship with Nominee |
| 1 | ROHAN F KULKARNI | Spouse | 42 | 100 | | | |

**Sector Classification**

| | | |
|---|---|---|
| Urban | | |

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(s) 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 ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:
"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

**Important**

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

**NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in**

**"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/412/2022/3175 DATED 21-JUL-2022"**

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Dadar on 22nd Day of August 2022.

Entered by : PORTAL

Approved by : PORTAL

Place : DADAR

:

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700 / 28288800 Toll Free Fax No: 1800-425-5522 Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649 Email :support@starhealth.in Website :www.starhealth.in IRDAI Regn.no: 129

## TAX Invoice

| | | | | | |
|---|---|---|---|---|---|
| Invoice No. | : | 27E105Y23P001786 | Customer ID | : | AA0003843733 |
| Invoice Date | : | 22/08/22 | Policy No | : | P/171114/02/2023/001109 |
| **Recipient** | | | **Supplier** | | |
| GSTIN | : | - | GSTIN | : | 27AAJCS4517L1ZY |
| Proposer Name | : | GAURI ROHAN KULKARNI | NAME | : | Star Health and Allied Insurance Co Ltd - Branch Office - Dadar |
| Address | : | 102/A, VASUDHA DOSTI VIHAR, NR KORES RD, VARTAK NGR, THANE (WEST), MUMBAI | Issuing Office Address | : | 201-2nd Floor, Laxmi Commercial Complex Senapati Bapat Marg Opp: Dadar Stn Dadar - Mumbai - 400028 |
| City | : | Thane (M Corp.),Thane,Maharashtra | City | : | DADAR |
| State | : | Maharashtra | State | : | Maharashtra |
| Pincode | : | 400606 | Pincode | : | 400 028 |
| Client Category | : | IND | Place of Supply | : | 27 - Maharashtra |

| 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 | 7238 | 0 | 7238 | | 651 | 651 | | Rs. 8540 |

Total Invoice Value (in Figures) : Rs. 8540

Total Invoice Value (in Words) : Rupees: Eight thousand five hundred forty 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.

**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 : PORTAL

Approved by : PORTAL

Place : DADAR

:

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory