Star Health and Allied Insurance Company Limited

IMPORTANT
06-AUG-22

To,

GAURI ROHAN KULKARNI
102/A, VASUDHA DOSTI VIHAR,
NR KORES RD, VARTAK NGR, THANE (WEST),
MUMBAI
Thane (M Corp.),Thane,Maharashtra -**400606**
Mobile : 96XXXXXX63.

Dear Customer,

Re: Health Insurance Policy - P/171114/01/2023/010086

We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

Kindly note that the above request is very important and if we do not hear anything from you within 15 days, we would presume that the policy issued by us is in order and the contract is concluded.

We would like to mention that we have incorporated the name of the intermediary as indicated by you.

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 COMPREHENSIVE INSURANCE POLICY
SCHEDULE (Floater)
UNIQUE ID:SHAHLIP22028V072122

In consideration of payment of Rs.16922/- towards renewal premium of Policy number: P/171114/01/2022/008735, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/171114/01/2023/010086

Customer Code	: AA0003843733	GSTIN	: 27AAJCS4517L1ZY
Customer Name	: GAURI ROHAN KULKARNI	SAC Code	: 997133/Accident and Health Insurance Services
Proposer's Code	: 12120565	Issuing Office Code	: 171114
Proposer's 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	Address	: 201-2nd Floor, Laxmi Commercial Complex Senapati Bapat Marg Opp: Dadar Stn Dadar - Mumbai -400028
Phone No	: 96XXXXXX63 / .	Phone No	: 022 - 24371067 / 24371060
E-mail Id	: gaXXXXXXX@gmail.com	E-mail Id	: dadar@starhealth.in
Proposer GSTIN	: -	Place of Supply	: Maharashtra / State Code : 27
Proposal date	: 05/09/2019	Fulfiller Code	: SH6762

Date of Inception of first policy : 05-SEP-2019
Renewal Year : Third Year
Collection Number : 1105010864
Receipt Date : 06/08/2022
Premium :Rs 14,340 /-
CGST @9% : 1,291 /- SGST / UTGST @9% : 1,291 /-
Stamp Duty :Rs 1 /- Total Premium :Rs 16,922 /-

Intermediary Code : BA0000016883
Name : Mr.PRADEEP SHINDE
Phone No : 9867570246/9867570246
E-mail Id : nonlife@priyarthventures.com

Total Premium In Words : Rupees Sixteen Thousand Nine Hundred Twenty Two Only Installment Facility Optn :No
Premium Payment Frequency :Annual Installment Amount : Rs. 0
Period of Insurance : FROM 05/09/2022 00:00 TO : Midnight Of 04/09/2023
Scheme Description (Family Size) : 2 ADULTS + 1 CHILD Basic Floater Sum Insured : Rs. 500000 /-
Bonus : Rs. 500000 /-
Sum Insured Under Section 1 (Health) Rs. 500000 /- Policy Term : 1 Year
Capital Sum Insured Under Section 10 (For Accidental Death & Permanent Total Disablement) : Rs. 500000 /-
For Mr / Ms. GAURI KULKARNI Only.

Entered by : PREMIA
Aproved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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

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@starthealth.in Website :www.starhealth.in IRDAI Regn.no: 129

Attached to and forming part of Policy No : P/171114/01/2023/010086

Details of Insured Persons :

Sl. no.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Co-Pay	Buy Back PED Opted	Pre-Existing Disease/s	Inception Date
1	GAURI KULKARNI	F	30/06/1981	41	SELF	12120565-1	0	No	No PED declared	05/09/2019
2	ROHAN KULKARNI	M	10/02/1980	42	SPOUSE	12120565-2	0	No		05/09/2019
Pre Existing Disease : No Pre Existing Disease Declared										
3	SURABHI KULKARNI	F	29/09/2010	11	DEPENDANT CHILD	12120565-3	0	No	No PED declared	05/09/2019

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).

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

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

AYUSH Hospital means a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

1. Central or State Government AYUSH Hospital or
2. Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine/Central Council for Homeopathy; or
3. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
   - i. Having at least 5 in-patient beds;
   - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
   - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   - iv. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Entered by : PREMIA

Aproved by : PORTAL

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

Attached to and forming part of Policy No : **P/171114/01/2023/010086**

Nominee Details

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

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 authorised by and on behalf of the company has set his hand at **Branch Office - Dadar** on **06th Day of August 2022.**

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease

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TAX Invoice

Invoice No.	:	27E105Y23P000452	Customer ID	:	AA0003843733
Invoice Date	:	06/08/22	Policy No	:	P/171114/01/2023/010086
Recipient			**Supplier**		
GSTIN	:	-	GSTIN	:	27AAJCS4517L1ZY
Proposer's 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	Address	:	201-2nd Floor, Laxmi Commercial Complex Senapati Bapat Marg Opp: Dadar Stn Dadar - Mumbai - 400028
City	:		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	14340	0	14340		1291	1291		Rs. 16922

Total Invoice Value (in Figures) : Rs. 16922

Total Invoice Value (in Words) : Rupees: Sixteen thousand nine hundred twenty-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.

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

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