

IMPORTANT
18/09/2021

To,

Harbans Lal Pandit,
Mandir walli Galli Akalgarh Navi Abadi
Gaurd Room

Birpara Tea Garden, Jalpaiguri, West Bengal - **735204**
Mobile : 7838058555.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2022/075151

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

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.

Family Health Optima Insurance Plan
SHAHLIP22030V062122

Policy No. : P/161130/01/2022/075151	Previous Policy No. : P/161130/01/2021/047234
Customer Code : AA0007480889	GSTIN : 06AAJCS4517L1Z2
Customer Name : Harbans Lal Pandit	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 9842918	Issuing Office Code : 161130
Proposer Name : Harbans Lal Pandit	Issuing Office Name : Branch Office - Gurgaon III
Address : Mandir walli Galli Akalgarh Navi Abadi Gaurd Room Birpara Tea Garden, Jalpaiguri, West Bengal-735204	Address : 1st Floor,, SCO 4, Sector 14 Market Near Payal Cinema, Gurgaon Gurgaon-122001
Tel/Mobile : /7838058555/	Tel/Mobile : 0124-4797452
E-mail id : pandit_narender@yahoo.com	E-mail id : gurgaon3@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 24/09/2018	Fulfiller Code : SO161130
Date of Inception of first policy : 25-SEP-2018	Intermediary Code : LC0000000619
Renewal Year : Third Year	
Collection Number & Date : 1439099194 & 18/09/2021	
Premium : Rs 22960 /- IGST @18% : Rs 4,133 /- Total Premium : Rs 27093 /- Stamp Duty : Re 1 /-	
Name : M/S.POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	
Tel/Mobile : 1800-258-5970/9971552250	
E-mail id : care@policybazaar.com	
Total Premium In Words : Rupees Twenty Seven Thousand Ninety Three Only	
Installment Facility Optn :No	Premium Payment Frequency :Annual
Installment Amount Rs. : 0	

Period of insurance : From : 25/09/2021 00:00 To : Midnight of 24/09/2022
Basic Floater Sum Insured : 500000
In words : Rupees: Five Lakhs Only
Bonus: Rs. 225000 Limit of Coverage : Rs. 725000 Recharge Benefit : Rs. 150000
Scheme Description : 2ADULT

Details of Insured Persons :

Sl. No.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Pre Existing Disease	Inception Date
1	Renu Devi Pandit	F	06/12/1964	56	SPOUSE	9842918-1	No PED declared	25/09/2018
2	Harbans Lal Pandit	M	12/12/1965	55	SELF	9842918-2	No PED declared	25/09/2018

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Age	Relationship with Nominee
1	Narender Pandit	Son	30	100			

Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Attached to and forming part of Policy No. P/161130/01/2022/075151

Sector Classification

Rural		
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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.

"This policy covers 68 other excluded expenses. Accordingly, exclusion (Code Excl 37) appearing in the policy wordings stands deleted"

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 / 1800 102 4477 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 Branch Office - Gurgaon III on 18th Day of September 2021.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 6F439Y22P0008940	Customer ID : AA0007480889
Invoice Date : 18/09/21	Policy No : P/161130/01/2022/075151
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer Name : Harbans Lal Pandit	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : Mandir walli Galli Akalgarh Navi Abadi Gaurd Room	Tel/Mobile : 1st Floor,, SCO 4, Sector 14 Market Near Payal Cinema, Gurgaon Gurgaon-122001
City : Birpara Tea Garden,Jalpaiguri,West Bengal-735204	City : GURGAON III
State : West Bengal	State : Haryana
Pincode : 735204	Pincode : 122001
Client Category : IND	Place of Supply : 6 - Haryana

HSN / SAC Code	Description of Service(s)	Total A	Discount B	TaxableValue 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	22960	0	22960	4133				Rs. 27093

Total Invoice Value (in Figures) : Rs. 27093
 Total Invoice Value (in Words) : Rupees: Twenty-seven thousand ninety-three 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

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

Entered By : PREMIA
 Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory