

**IMPORTANT**

04-MAY-23

To,

GANESH .  
S/O PRAKASH CHAND E 161 PARTAP VIHAR PART- 3  
KIRARI SULEMAN NAGAR NORTH WEST DELHI DELHI

New Delhi, North West, Delhi - **110086**  
Mobile : 7011768909.

Dear Customer,

**Re: Health Insurance Policy - P/161130/01/2024/023078**

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void ab initio.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 15 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

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](http://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.

**YOUNG STAR INSURANCE POLICY  
SCHEDULE (Individual)  
UNIQUE ID:SHAHLIP22036V042122**

<b>Policy No.</b> : P/161130/01/2024/023078	<b>Previous Policy No.</b> :	
<b>Customer Code</b> : AA0029651916	<b>GSTIN</b> : 06AAJCS4517L1Z2	
<b>Customer Name</b> : GANESH .	<b>SAC Code</b> : 997133/Accident and Health Insurance Services	
<b>Proposer's Code</b> : 33319983	<b>Issuing Office Code</b> : 161130	
<b>Proposer's Name</b> : GANESH .	<b>Issuing Office Name</b> : Branch Office - Gurgaon III	
<b>Address</b> : S/O PRAKASH CHAND E 161 PARTAP VIHAR PART- 3 KIRARI SULEMAN NAGAR NORTH WEST DELHI DELHI  New Delhi,North West,Delhi - 110086	<b>Address</b> : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001	
<b>Phone No</b> : /7011768909/	<b>Phone No</b> : 0124-4797452	
<b>E-mail Id</b> : ganeshmishra1997@gmail.com	<b>E-mail Id</b> : gurgaon3@starhealth.in	
<b>Proposer GSTIN</b> : -	<b>Place of Supply</b> : -	
<b>Proposal date</b> : 04/05/2023	<b>Fulfiller Code</b> : SH49103	
<b>Date of Inception of first policy</b> : 04-MAY-2023	<b>Intermediary Code</b> : LC0000000615 <b>Name</b> : M/S.INSUREGRAM <b>INSURANCE BROKERS PRIVATE LIMITED</b> <b>Phone No</b> : 040-23606060/8143889554 <b>E-mail Id</b> : customercare@insurejoy.com	
<b>Renewal Year</b> : NEW		
<b>Receipt Date</b> : 04/05/2023		
<b>Premium</b> :Rs 4,457 /- <b>IGST @18%</b> : 804 /-		
<b>Stamp Duty</b> :Rs 1 /- <b>Total Premium</b> :Rs 5,261 /-		
<b>Total Premium In Words</b> : Rupees Five Thousand Two Hundred Sixty One Only	<b>Installment Facility Optn</b> :Yes	
<b>Premium Payment Frequency</b> : Quarterly	<b>Installment Amount Rs.</b> : 1315	<b>Collection No:</b> 1439023713
<b>Period of Insurance</b> : FROM 04/05/2023 11:56	<b>TO</b> : Midnight Of 03/05/2024	<b>Term</b> : 1 Year

**Details of Insured Persons :**

Sl. no.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Plan	Sum Insured	Bonus	Pre Existing Disease	Inception Date
1	GANESH .	M	01/04/1997	26	SELF	33319983-1	SILVER	500000	0	No PED declared	04/05/2023

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If

Entered by : STAR\_PORTAL

For Star Health and Allied Insurance Company Ltd.

Approved by : PORTAL

**IRDAI Regn. No 129**

**Corporate Identity Number L66010TN2005PLC056649**

**Email ID : info@starhealth.in**



Authorised Signatory

Attached to and forming part of Policy No : P/161130/01/2024/023078

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.**

**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		
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Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522

**Nominee Details**

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	Girish kumar	Others	41	100			

In witness whereof the undersigned being authorised by and on behalf of the company has set his hand at **Branch Office - Gurgaon III** on **04th Day of May 2023**.

**Permanent Exclusion Details**

Insured Name	ID Card	Permanent Exclusion Disease

**INSTALLMENT PREMIUM CLAUSE**

Sr.No.	Installment Due Dt.	Premium Amount	GST Amount	Total Installment Premium Amount
1	04-MAY-23	1114	201	1315
2	03-AUG-23	1114	201	1315
3	03-NOV-23	1114	201	1315
4	03-FEB-24	1114	201	1315
<b>Total :</b>		<b>4457</b>	<b>804</b>	<b>5261</b>

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**Emergency Help Line No. 1800 425 2255 / 1800 102 4477**

e-mail : support@starhealth.in Website : [www.starhealth.in](http://www.starhealth.in)

**Please quote the Customer Id No. for assistance**

- ▶ This Card is valid until otherwise Cancelled.
- ▶ This ID Card is invalid, if the insurance cover is not in force
- ▶ Immediate intimation to 'Star' through above Tel Nos. is a must in case of Hospitalisation.

At the time of hospitalization, kindly submit any **Government approved photo ID Card.**

Corporate Identity Number: **L66010TN2005PLC056649**



**Star Health and Allied Insurance Company Limited**

### Customer Identity Card

**Customer ID No.** : 33319983-1

**Name** : GANESH .

**Date Of Birth** : 01-APR-97 **Age** : 26 Years

**Gender** : Male **Office Code** : 161130

**Valid From** : 04-MAY-23 **TA/SSM/SM Code** : SH49103

**Agent/Broker/TE Code** : LC0000000615

IRDAI Regn. No:129

Entered by : STAR\_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

**TAX Invoice**



Invoice No. : 6B439Y24P0001955	Customer ID : AA0029651916
Invoice Date : 04/05/23	Policy No : P/161130/01/2024/023078
<b>Recipient</b>	<b>Supplier</b>
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer's Name : GANESH .	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : S/O PRAKASH CHAND E 161 PARTAP VIHAR PART- 3 KIRARI SULEMAN NAGAR NORTH WEST DELHI DELHI	Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
City :	City : GURGAON III
State : Delhi	State : Haryana
Pincode : 110086	Pincode : 122001
Client Category : IND	Place of Supply : 6 - Haryana

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	4692	235	4457	804				Rs. 5261

Total Invoice Value (in Figures) : Rs. 5261  
 Total Invoice Value (in Words) : Rupees: Five thousand two hundred sixty-one 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.

**I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.**

**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 : STAR\_PORTAL  
 Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

<b>Name Of the Product</b>	<b>YOUNG STAR INSURANCE POLICY</b>
<b>Product UIN No.</b>	<b>SHAHLIP22036V042122</b>

**Summary of Important Benefits**

S.No	Particulars of Coverage / Benefits	Benefit Limits (in Rs.)								Refer to Policy clause No.	
		Individual	Individual and Floater								
	Sum Insured (in Rs.)	300000/-	500000/-	1000000/-	1500000/-	2000000/-	2500000/-	5000000/-	7500000/-	10000000/-	
1	Plan Type	Silver Plan									
2	Room Rent (Per Day) - Up to *Hospitalization expenses will be considered in proportion to the eligible Room Rent	Single Private A/c Room								II(A)	
3	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, blood, oxygen, operation theatre charges, Surgical Appliances, Medicines and Drugs	Actual								II(B & C)	
4	Road Ambulance charges(per policy period)	Actuals								II(D)	
5	Pre-Hospitalization Expenses	Up to 60 days prior to admission								II(E)	
6	Post-Hospitalization Expenses	Up to 90 days from the date of discharge								II(F)	
7	Day Care Procedure	All day care procedure covered.								II(G)	
8	Medical Opinion	E -Medical Opinion" from the Company's expert panel.								II(H)	
9.	Health Check up	Sum Insured/policy type	Rs3,00,000/-	Rs5,00,000/-	Rs10,00,000/-	Rs15,00,000/-and above				II(I)	
		Individual	1,500/-	2,000/-	3,000/-	3,500/-					
		Floater	N/A	3,000/-	4,000/-	5,000/-					
10	Automatic Restoration of Basic Sum Insured	Once during policy period by 100%								II(J)	
11	Cumulative bonus	The insured person will be eligible for Cumulative bonus calculated at 20% of basic sum insured for each claim free year subject to a maximum of 100% of the basic sum insured.								II(K)	
12	Additional Basic Sum Insured for Road Traffic Accident (RTA)	25% of the Sum Insured subject to a maximum of Rs10,00,000/-								II(L)	
13	Star Wellness Program	Discount in the Renewal premium for healthy life style through wellness activities.								II(M)	
14	Special Features	10% Discount at the time of renewal after 40years of age.								V(22 A)	
15.	Coverage for Modern Treatment	Covered up to the limits								II(N)	
16.	Instalment Facility (If Opted)	Available								V(13)	

Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.

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Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



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