# Star Health and Allied Insurance Company Limited

**IMPORTANT**

21/03/2022

To,

SOHAM MODI,
Plot no. 280, Road No.25, Jubilee Hills
*
*
Hyderabad,Hyderabad,Telangana -**500033**
Mobile : 8885583001.

Dear Customer,

Re: Health Insurance Policy - P/131112/01/2022/014857

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.

R Margabandhu

CN=R Margabandhu, SERIALNUMBER=00f82dcf76fdf6537e333118479ef45e7b4f3861b15475488cdf3b2c3c26c3c9, ST=TAMIL NADU, OID.2.5.4.17=600034, OID.2.5.4.20=513b7b33f2ce960f23148ea208744690e09638750806ca65f89e15179f5fe50a, OU=UNDERWRITING - Chief Risk Officer, O=STAR HEALTH AND ALLIED INSURANCE COMPANY, C=IN.
Date :Mon Mar 21 18:22:45 IST 2022



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 :U66010TN2005PLC056649 Email :support@starthealth.in Website :www.starhealth.in IRDAI Regn.no: 129

# Star Health and Allied Insurance Company Limited

## Family Health Optima Insurance Plan

**SHAHLIP22030V062122**

| | | | | | |
|---|---|---|---|---|---|
| **Policy No.** | **: P/131112/01/2022/014857** | | **Previous Policy No.** | **:** | **P/131112/01/2021/018770** |
| Customer Code | : AA0001422522 | | GSTIN | : | 36AAJCS4517L1ZZ |
| Customer Name | : MODI PROPERTIES & INVESTMENTS PVT LTD | | SAC Code | : | 997133/Accident and Health Insurance Services |
| Proposer Code | : 8873506 | | Issuing Office Code | : | 131112 |
| Proposer Name | : SOHAM MODI | | Issuing Office Name | : | Branch Office - Tadbund |
| Address | : Plot no. 280, Road No.25, Jubilee Hills * * Hyderabad,Hyderabad,Telangana-500033 | | Address | : | Plot No 6-3-864/4/B,SBN Arcade,3rd Floor,Opp Green Park Hotel, Greenlands, Ameerpet,Hyderabad -500016 |
| Tel/Mobile | : */8885583001/ | | Tel/Mobile | : | 040 - 42222120 |
| E-mail id | : admin@modiproperties.com | | E-mail id | : | tadbund.hyderabad@starhealth.in |
| Proposer GSTIN | : - | | Place of Supply | : | Telangana / State Code : 36 |
| Proposal date | : 26/03/2012 | | Fulfiller Code | : | SH9400 |
| Date of Inception of first policy | : 28-MAR-2012 | | **Intermediary Code** | **:** | **BA0000596027** |
| Renewal Year | : Tenth Year | | **Name** | **:** | **Mrs.KAMBAM KEERTHANA REDDY** |
| Collection Number & Date | : 1023015938 & 21/03/2022 | | **Tel/Mobile** | **:** | **9676033203/9676033203** |
| Premium : Rs 19575 /- CGST @9% : Rs 1,762 /- SGST / UTGST @9% : Rs 1,762 /- Total Premium : Rs 23099 /- Stamp Duty : Re 1 /- | | | **E-mail id** | **:** | **keerthanareddy.kambam@gmail.com** |

**Total Premium In Words : Rupees Twenty Three Thousand Ninety Nine Only**

| | | |
|---|---|---|
| Installment Facility Optn :No | Premium Payment Frequency :Annual | Installment Amount Rs. : 0 |

**Period of insurance : From :** 31/03/2022 00:00 **To :** Midnight of 30/03/2023

**Basic Floater Sum Insured :** 500000

**In words :** Rupees: Five Lakhs Only

**Bonus: Rs.** 300000 **Limit of Coverage : Rs.** 800000 **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 | SOHAM MODI | M | 18/10/1969 | 52 | SELF | 2259717-1 | NIL-waiver of 30 days waiting period and waiver of first year exclusions | 28/03/2012 |
| 2 | TEJAL MODI | F | 19/10/1970 | 51 | SPOUSE | 2259717-2 | NIL-waiver of 30 days waiting period and waiver of first year exclusions | 28/03/2012 |

Entered By : SH63103

Approved By : SH63103

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

**Attached to and forming part of Policy No. P/131112/01/2022/014857**

**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 | TEJAL MODI | Spouse | 51 | 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 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 .**

**"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.GSO5/1648/P/2022 DATED 21-FEB-2022"**

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Tadbund on 21st Day of March 2022.

**Permanent Exclusion Details**

| Insured Name | ID Card | Permanent Exclusion Disease |
|---|---|---|

Entered By : SH63103

Approved By : SH63103

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

# Star Health and Allied Insurance Company Limited

## TAX Invoice

| | | | | | |
|---|---|---|---|---|---|
| Invoice No. | : | 36L023Y22P001090 | Customer ID | : | AA0001422522 |
| Invoice Date | : | 21/03/22 | Policy No | : | P/131112/01/2022/014857 |
| **Recipient** | | | **Supplier** | | |
| GSTIN | : | - | GSTIN | : | 36AAJCS4517L1ZZ |
| Proposer Name | : | SOHAM MODI | NAME | : | Star Health and Allied Insurance Co Ltd - Branch Office - Tadbund |
| Address | : | Plot no. 280, Road No.25, Jubilee Hills * * | Tel/Mobile | : | Plot No 6-3-864/4/B,SBN Arcade,3rd Floor,Opp Green Park Hotel, Greenlands, Ameerpet,Hyderabad - 500016 |
| City | : | Hyderabad,Hyderabad,Telangana-500033 | City | : | TADBUND |
| State | : | Telangana | State | : | |
| Pincode | : | 500033 | Pincode | : | 500009 |
| Client Category | : | CORP | Place of Supply | : | 36 - |

| 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 | 19575 | 0 | 19575 | | 1762 | 1762 | | Rs. 23099 |

Total Invoice Value (in Figures) : Rs. 23099

Total Invoice Value (in Words) : Rupees: Twenty-three thousand ninety-nine 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 : SH63103

Approved By : SH63103

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory